

**CITY OF AURORA  
GROUP HEALTH/DENTAL PREMIUMS  
2021**

**AFSCME LOCAL 1514  
PRE MEDICARE RETIREE HEALTH PLAN**

**CITY OF AURORA COMPREHENSIVE HEALTH PLAN**

**Retiree Cost per Month**

<b>Eligible Retiree/Surviving Spouse/Medicare Supplemental Coverage*</b>	<b>Monthly Amount</b>
Retiree	\$ 194.74
Retiree + 1	\$ 656.20
Retiree + Family	\$ 948.33

**DENTAL PLAN**

**Retiree Cost Per Month**

<b>Eligible Retiree/Surviving Spouse*</b>	<b>2021 Monthly Amount</b>
Retiree	\$ 40.39
Retiree + 1	\$ 82.12
Retiree + Family	\$108.85

\* Eligibility extends only to spouse to whom employee is married at time of retirement.

**For active employees: Check contract for applicable contribution percentage of the prevailing premium based on hire date and years of service.**