

**CITY OF AURORA  
GROUP HEALTH/DENTAL PREMIUMS  
RETIREE 2018**

**Electricians  
PRE MEDICARE RETIREE HEALTH PLAN**

**CITY OF AURORA COMPREHENSIVE HEALTH PLAN**

<b>Eligible Retiree/Surviving Spouse/Medicare Supplemental Coverage*</b>	<b>Monthly Amount</b>
Retiree	\$ 282.23**
Retiree + 1	\$ 882.00**
Retiree + Family	\$1,317.12**

**DENTAL PLAN**

**Retiree Cost Per Month**

<b>Eligible Retiree/Surviving Spouse*</b>	<b>2018 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.**

**\*\* Subject to change pending collective bargaining.**