

**CITY OF AURORA
GROUP HEALTH/DENTAL PREMIUMS
C.O.B.R.A.
2020**

HEALTH PLAN

**CITY OF AURORA
COMPREHENSIVE HEALTH PLANS OR
HMO ILLINOIS**

C.O.B.R.A. Monthly Premiums

	OAP	VALUE HSA	HMO
Single	\$786.33	\$509.59	\$680.72
Employee + Child(ren)	\$1,572.72	\$1,019.20	\$1,286.83
Employee + Spouse	\$1,965.87	\$1,274.06	\$1,340.95
Family	\$2,752.24	\$1,783.60	\$1,990.97

DENTAL PLAN

CITY OF AURORA

**C.O.B.R.A. Monthly Premiums
2020**

Single	\$ 41.20
Employee + 1	\$ 83.76
Family	\$111.03