

**CITY OF AURORA
GROUP HEALTH/DENTAL PREMIUMS
RETIREE 2020**

**AURORA SUPERVISORS ASSOCIATION
PRE MEDICARE RETIREE HEALTH PLAN**

CITY OF AURORA COMPREHENSIVE HEALTH PLAN

| Eligible Retiree/Surviving Spouse/Medicare Supplemental Coverage* | Monthly Amount |
|--|-----------------------|
| Retiree | \$ 194.74 |
| Retiree + 1 | \$ 635.04 |
| Retiree + Family | \$ 948.33 |

DENTAL PLAN

Retiree Cost Per Month

| Eligible Retiree/Surviving Spouse* | 2020 Monthly Amount |
|---|----------------------------|
| 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.