

**CITY OF AURORA  
GROUP HEALTH/DENTAL PREMIUMS  
2024**

**EXECUTIVE & NON-EXEMPT  
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 **Hire Date Prior to 1/1/2010</b>	<b>Monthly Amount **Hire Date on or after 1/1/2010 with 20 or more years of service</b>	<b>Monthly Amount **Hire Date on or after 1/1/2014 with 20 or more years of service</b>	<b>Monthly Amount **Hire Date on or after 1/1/2010 with less than 20 years of service</b>
<b>Retiree</b>	\$247.08	\$429.71	\$805.71	\$1,074.28
<b>Retiree + 1</b>	\$832.59	\$1,074.31	\$2,014.34	\$2,685.78
<b>Retiree + Family</b>	\$1,203.24	\$1,504.04	\$2,820.08	\$3,760.11

**DENTAL PLAN**

**Retiree Cost Per Month**

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

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

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