

**CITY OF AURORA  
GROUP HEALTH/DENTAL PREMIUMS  
RETIREE 2026**

**APPO & POLICE MANAGEMENT  
PRE-MEDICARE RETIREE HEALTH PLAN**

**CITY OF AURORA COMPREHENSIVE HEALTH PLAN**

**Retiree Cost Per Month (PPO)**

<b>Eligible Retiree/Surviving Spouse/Medicare Supplemental Coverage*</b>	<b>Monthly Amount</b>
<b>Retiree</b>	\$243.43
<b>Retiree + 1</b>	\$802.24
<b>Retiree + Family</b>	\$1,200.60

**Retiree Cost Per Month (HMO)**

<b>Eligible Retiree/Surviving Spouse/Medicare Supplemental Coverage*</b>	<b>Monthly Amount</b>
<b>Retiree</b>	\$202.50
<b>Retiree + 1</b>	\$525.82
<b>Retiree + Family</b>	\$834.54

**Retiree Cost Per Month (HDHP)**

<b>Eligible Retiree/Surviving Spouse/Medicare Supplemental Coverage*</b>	<b>Monthly Amount</b>
<b>Retiree</b>	\$143.17
<b>Retiree + 1</b>	\$471.86
<b>Retiree + Family</b>	\$706.12

## **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.**

## **VISION UPGRADE PLAN**

### **Retiree Cost Per Month**

**(HMO ONLY)**

<b>Eligible Retiree/Surviving Spouse *</b>	<b>Monthly Amount</b>
<b>Retiree</b>	\$17.76
<b>Retiree + 1</b>	\$44.40
<b>Retiree + Family</b>	\$62.16

*\*The above vision upgrade plan is for HMO plan members only or those planning on being in the HMO plan.*

*The vision benefits above are already included in the PPO & HDHP (HSA) plans.*

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