

**CITY OF AURORA  
GROUP HEALTH/DENTAL PREMIUMS  
2023**

**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 1/1/2010 with less than 20 years of service</b>
Retiree	\$ 237.58	\$ 413.18	\$1,032.96
Retiree + 1	\$ 800.57	\$1,032.99	\$2,582.48
Retiree + Family	\$1,156.96	\$1,446.20	\$3,615.49

**DENTAL PLAN**

**Retiree Cost Per Month**

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

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