

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

**FIRE LOCAL 99 & FIRE MANAGEMENT
PRE-MEDICARE RETIREE HEALTH PLAN**

CITY OF AURORA COMPREHENSIVE HEALTH PLAN

Retiree Cost per Month (PPO)

Eligible Retiree/Surviving Spouse/Medicare Supplemental Coverage*	Monthly Amount **Hire Date Prior to 1/1/2010	Monthly Amount **Hire Date on or after 1/1/2011 with 20 or more years of service	Monthly Amount **Hire Date on or after 1/1/2011 with less than 20 years of service
Retiree	\$243.43	\$442.60	\$1,106.51
Retiree + 1	\$802.24	\$1,106.54	\$2,766.35
Retiree + Family	\$1,200.60	\$1,549.16	\$3,872.91

	Monthly Amount **Hire Date on or after 1/1/2014 with 20 or more years of service	Monthly Amount **Hire Date on or after 1/1/2014 with less than 20 years of service
Retiree	\$553.26	\$1,106.51
Retiree + 1	\$1,383.18	\$2,766.35
Retiree + Family	\$1,936.46	\$3,872.91

Retiree Cost per Month (HMO)

Eligible Retiree/Surviving Spouse/Medicare Supplemental Coverage*	Monthly Amount **Hire Date Prior to 1/1/2010	Monthly Amount **Hire Date on or after 1/1/2011 with 20 or <i>more</i> years of service	Monthly Amount **Hire Date on or after 1/1/2011 with <i>less</i> than 20 years of service
Retiree	\$202.50	\$368.18	\$920.44
Retiree + 1	\$525.82	\$725.27	\$1,813.17
Retiree + Family	\$834.54	\$1,076.83	\$2,692.08

	Monthly Amount **Hire Date on or after 1/1/2014 with 20 or <i>more</i> years of service	Monthly Amount **Hire Date on or after 1/1/2014 with <i>less</i> than 20 years of service
Retiree	\$460.22	\$920.44
Retiree + 1	\$906.59	\$1,813.17
Retiree + Family	\$1,346.04	\$2,692.08

Retiree Cost per Month (HDHP)

Eligible Retiree/Surviving Spouse/Medicare Supplemental Coverage*	Monthly Amount **Hire Date Prior to 1/1/2010	Monthly Amount **Hire Date on or after 1/1/2011 with 20 or <i>more</i> years of service	Monthly Amount **Hire Date on or after 1/1/2011 with <i>less</i> than 20 years of service
Retiree	\$143.17	\$260.31	\$650.79
Retiree + 1	\$471.86	\$650.83	\$1,627.09
Retiree + Family	\$706.12	\$911.12	\$2,277.81

	Monthly Amount **Hire Date on or after 1/1/2014 with 20 or <i>more</i> years of service	Monthly Amount **Hire Date on or after 1/1/2014 with <i>less</i> than 20 years of service
Retiree	\$325.39	\$650.79
Retiree + 1	\$813.54	\$1,627.09
Retiree + Family	\$1,138.90	\$2,277.81

DENTAL PLAN

Retiree Cost Per Month

Eligible Retiree/Surviving Spouse*	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: 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)

Eligible Retiree/Surviving Spouse *	Monthly Amount
Retiree	\$17.76
Retiree + 1	\$44.40
Retiree + Family	\$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.**