CITY OF AURORA GROUP HEALTH/DENTAL PREMIUMS 2021

EXECUTIVES & NON-EXEMPT PRE MEDICARE RETIREE HEALTH PLAN

CITY OF AURORACOMPREHENSIVE HEALTH PLAN

| Kethee Cost per Month | |
|----------------------------|----------------|
| Eligible Retiree/Surviving | |
| Spouse/Medicare | |
| Supplemental Coverage* | Monthly Amount |
| Retiree | \$ 194.74 |
| Retiree + 1 | \$ 656.20 |
| Retiree + Family | \$ 948.33 |

Retiree Cost per Month

DENTAL PLAN

Retiree Cost Per Month

| Eligible Retiree/Surviving Spouse* | 2021 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 pay plan for applicable contribution percentage of the prevailing premium based on hire date and years of service.