

**CITY OF AURORA
GROUP HEALTH/DENTAL PREMIUMS
2018**

**AFSCME LOCAL 1514
PRE MEDICARE RETIREE HEALTH PLAN**

CITY OF AURORA COMPREHENSIVE HEALTH PLAN

Retiree Cost per Month

| Eligible Retiree/Surviving Spouse/Medicare Supplemental Coverage* | Monthly Amount |
|--|-----------------------|
| Retiree | \$ 216.37** |
| Retiree + 1 | \$ 728.40** |
| Retiree + Family | \$1,053.70** |

DENTAL PLAN

Retiree Cost Per Month

| Eligible Retiree/Surviving Spouse* | 2018 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.

** Subject to change pending collective bargaining.