

**CITY OF AURORA
GROUP HEALTH/DENTAL PREMIUMS
C.O.B.R.A.
2024**

HEALTH PLAN

**CITY OF AURORA
COMPREHENSIVE HEALTH PLANS OR
HMO ILLINOIS**

C.O.B.R.A. Monthly Premiums

	OAP	VALUE HSA	HMO
Single	\$ 901.10	\$ 529.97	\$ 772.08
Employee + Child(ren)	\$1,802.26	\$1,059.97	\$1,459.52
Employee + Spouse	\$2,252.79	\$1,325.02	\$1,520.91
Family	\$3,153.93	\$1,854.95	\$2,258.16

DENTAL PLAN

C.O.B.R.A. Monthly Premiums

Single	\$ 41.20
Employee + 1	\$ 83.76
Family	\$111.03