

**CITY OF AURORA
GROUP HEALTH/DENTAL PREMIUMS
C.O.B.R.A.
2026**

HEALTH PLAN

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

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

	PPO	VALUE HSA	HMO
Single	\$932.68	\$588.69	\$775.86
Employee + Child(ren)	\$2,331.75	\$1,471.81	\$1,528.37
Employee + Spouse	\$1,865.43	\$1,177.40	\$1,466.67
Family	\$3,264.47	\$2,060.44	\$2,269.23

DENTAL PLAN

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

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