CITY OF AURORA
GROUP HEALTH/DENTAL PREMIUMS
2026

IT/MAP
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 1/1/2010 with 20 or *more* years of service	Monthly Amount **Hire Date on or after 1/1/2010 with *less* than 20 years of service
Retiree	$254.50	$442.60	$1,106.51
Retiree + 1	$857.57	$1,106.54	$2,766.35
Retiree + Family	$1,239.33	$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	$829.88	$1,106.51
Retiree + 1	$2,074.76	$2,766.35
Retiree + Family	$2,904.68	$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 1/1/2010 with 20 or *more* years of service	Monthly Amount **Hire Date on or after 1/1/2010 with *less* than 20 years of service
Retiree	$211.70	$368.18	$920.44
Retiree + 1	$562.08	$725.27	$1,813.17
Retiree + Family	$861.47	$1,076.83	$2,692.08

	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	$690.33	$920.44
Retiree + 1	$1,359.88	$1,813.17
Retiree + Family	$2,019.06	$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 1/1/2010 with 20 or *more* years of service	Monthly Amount **Hire Date on or after 1/1/2010 with *less* than 20 years of service
Retiree	$149.68	$260.31	$650.79
Retiree + 1	$504.40	$650.83	$1,627.09
Retiree + Family	$728.90	$911.12	$2,277.81

	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	$488.09	$650.79
Retiree + 1	$1,220.32	$1,627.09
Retiree + Family	$1,708.36	$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.**