

**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**

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

**DENTAL PLAN**

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

<b>Single</b>	\$ 41.20
<b>Employee + 1</b>	\$ 83.76
<b>Family</b>	\$111.03