

**CITY OF AURORA  
GROUP HEALTH/DENTAL PREMIUMS  
2025**

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

**CITY OF AURORA COMPREHENSIVE HEALTH PLAN**

**Retiree Cost per Month**

<b>Eligible Retiree/Surviving Spouse/Medicare Supplemental Coverage*</b>	<b>Monthly Amount **Hire Date Prior to 1/1/2010</b>	<b>Monthly Amount **Hire Date on or after 1/1/2010 with 20 or more years of service</b>	<b>Monthly Amount **Hire Date on or after 1/1/2010 with less than 20 years of service</b>
<b>Retiree</b>	\$254.50	\$442.60	\$1,106.51
<b>Retiree + 1</b>	\$857.57	\$1,106.54	\$2,766.35
<b>Retiree + Family</b>	\$1,239.33	\$1,549.16	\$3,872.91

**DENTAL PLAN**

**Retiree Cost Per Month**

<b>Eligible Retiree/Surviving Spouse*</b>	<b>Monthly Amount</b>
<b>Retiree</b>	\$ 40.39
<b>Retiree + 1</b>	\$ 82.12
<b>Retiree + Family</b>	\$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.