

**CITY OF AURORA  
GROUP HEALTH/DENTAL PREMIUMS  
C.O.B.R.A.  
2017**

**HEALTH PLAN**

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

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

	<b>OAP</b>	<b>HDHP</b>	<b>HMO</b>
Single	\$ 799.65	\$ 509.59	\$ 625.79
Employee + Child(ren)	\$1,599.37	\$1,019.20	\$1,183.00
Employee + Spouse	\$1,999.19	\$1,274.06	\$1,232.75
Family	\$2,798.88	\$1,783.60	\$1,830.33

**DENTAL PLAN**

**CITY OF AURORA**

**C.O.B.R.A. Monthly Premiums  
2017**

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