

**CITY OF AURORA
GROUP HEALTH/DENTAL PREMIUMS
C.O.B.R.A.
2018**

HEALTH PLAN

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

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

	OAP	HDHP	HMO
Single	\$ 839.63	\$ 509.59	\$ 639.87
Employee + Child(ren)	\$1,679.34	\$1,019.20	\$1,209.62
Employee + Spouse	\$2,099.15	\$1,274.06	\$1,260.49
Family	\$2,938.82	\$1,783.60	\$1,871.51

DENTAL PLAN

CITY OF AURORA

**C.O.B.R.A. Monthly Premiums
2018**

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