

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

**EXECUTIVE & NON-EXEMPT
PRE-MEDICARE RETIREE HEALTH PLAN**

CITY OF AURORA COMPREHENSIVE HEALTH PLAN

Retiree Cost per Month

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 1/1/2014 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	\$829.88	\$1,106.51
Retiree + 1	\$857.57	\$1,106.54	\$2,074.77	\$2,766.35
Retiree + Family	\$1,239.33	\$1,549.16	\$2,904.68	\$3,872.91

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.**