

**CITY OF AURORA  
GROUP HEALTH/DENTAL PREMIUMS  
2026**

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

**CITY OF AURORA COMPREHENSIVE HEALTH PLAN**

**Retiree Cost per Month (PPO)**

<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 <i>more</i> years of service</b>	<b>Monthly Amount **Hire Date on or after 1/1/2010 with <i>less</i> 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

	<b>Monthly Amount **Hire Date on or after 1/1/2014 with 20 or <i>more</i> years of service</b>	<b>Monthly Amount **Hire Date on or after 1/1/2014 with <i>less</i> than 20 years of service</b>
<b>Retiree</b>	\$829.88	\$1,106.51
<b>Retiree + 1</b>	\$2,074.76	\$2,766.35
<b>Retiree + Family</b>	\$2,904.68	\$3,872.91

### Retiree Cost per Month (HMO)

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 <i>more</i> years of service	Monthly Amount **Hire Date on or after 1/1/2010 with <i>less</i> than 20 years of service
<b>Retiree</b>	\$211.70	\$368.18	\$920.44
<b>Retiree + 1</b>	\$562.08	\$725.27	\$1,813.17
<b>Retiree + Family</b>	\$861.47	\$1,076.83	\$2,692.08

	Monthly Amount **Hire Date on or after 1/1/2014 with 20 or <i>more</i> years of service	Monthly Amount **Hire Date on or after 1/1/2014 with <i>less</i> than 20 years of service
<b>Retiree</b>	\$690.33	\$920.44
<b>Retiree + 1</b>	\$1,359.88	\$1,813.17
<b>Retiree + Family</b>	\$2,019.06	\$2,692.08

### Retiree Cost per Month (HDHP)

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 <i>more</i> years of service	Monthly Amount **Hire Date on or after 1/1/2010 with <i>less</i> than 20 years of service
<b>Retiree</b>	\$149.68	\$260.31	\$650.79
<b>Retiree + 1</b>	\$504.40	\$650.83	\$1,627.09
<b>Retiree + Family</b>	\$728.90	\$911.12	\$2,277.81

	Monthly Amount **Hire Date on or after 1/1/2014 with 20 or <i>more</i> years of service	Monthly Amount **Hire Date on or after 1/1/2014 with <i>less</i> than 20 years of service
<b>Retiree</b>	\$488.09	\$650.79
<b>Retiree + 1</b>	\$1,220.32	\$1,627.09
<b>Retiree + Family</b>	\$1,708.36	\$2,277.81

## DENTAL PLAN

### Retiree Cost Per Month

Eligible Retiree/Surviving Spouse*	Monthly Amount
<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.

## VISION UPGRADE PLAN

### Retiree Cost Per Month (HMO ONLY)

Eligible Retiree/Surviving Spouse *	Monthly Amount
<b>Retiree</b>	\$17.76
<b>Retiree + 1</b>	\$44.40
<b>Retiree + Family</b>	\$62.16

*\*The above vision upgrade plan is for HMO plan members only or those planning on being in the HMO plan.*

*The vision benefits above are already included in the PPO & HDHP (HSA) plans.*

**\*Eligibility extends only to spouse to whom employee is married at time of retirement.**