

**CITY OF AURORA  
GROUP HEALTH/DENTAL PREMIUMS  
C.O.B.R.A.  
2019**

**HEALTH PLAN**

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

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

	<b>OAP</b>	<b>OAP 375</b>	<b>HDHP</b>	<b>HMO</b>
Single	\$741.82	\$856.42	\$509.59	\$619.40
Employee + Child(ren)	\$1,483.69	\$1,712.93	\$1,019.20	\$1,170.91
Employee + Spouse	\$1,854.59	\$2,141.13	\$1,274.06	\$1,220.15
Family	\$2,596.45	\$2,997.60	\$1,783.60	\$1,811.62

**DENTAL PLAN**

**CITY OF AURORA**

**C.O.B.R.A. Monthly Premiums  
2019**

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