



2017 Tier A Retiree Monthly Cost-Sharing Rates

Medical Plan Rates: pages 1-3, Dental and Life Insurance Rates: page 3

Note: Cost sharing amount for Post-65 begins at the start of the 65th birth month.

Contact Aerospace Employee Benefits at (310) 336-5107 if either retiree and/or spouse under age 65 qualifies for Medicare Parts A & B due to disability.

Medical Coverage	Your Monthly Cost Share	Amount Paid by Plan*	Total Monthly Premium
Anthem Blue Cross PPO (Under 65) – Nationwide			
Anthem Medicare Preferred (PPO) (Over 65) – Nationwide			
Single: Under 65	\$889.61	\$235.00	\$1,124.61
Single: Over 65	\$163.89	\$235.00	\$398.89
2-Party: Both Under 65	\$1,780.23	\$469.00	\$2,249.23
2-Party: Both Over 65	\$328.78	\$469.00	\$797.78
2-Party: 1 Under 65 & 1 Over 65	\$1,054.50	\$469.00	\$1,523.50
Family: All Under 65	\$2,904.84	\$469.00	\$3,373.84
Family: 2 Over 65 + 1 or more Under 65	\$1,453.39	\$469.00	\$1,922.39
Family: 1 Over 65 + 2 or more Under 65	\$2,179.12	\$469.00	\$2,648.12
Anthem Blue Cross EPO (Under 65) – Non-CA			
Anthem Medicare Preferred (PPO) (Over 65) – Nationwide			
Single: Under 65	\$632.08	\$235.00	\$867.08
Single: Over 65	\$163.89	\$235.00	\$398.89
2-Party: Both Under 65	\$1,265.16	\$469.00	\$1,734.16
2-Party: Both Over 65	\$328.78	\$469.00	\$797.78
2-Party: 1 Under 65 & 1 Over 65	\$796.97	\$469.00	\$1,265.97
Family: All Under 65	\$2,132.24	\$469.00	\$2,601.24
Family: 2 Over 65 + 1 or more Under 65	\$1,195.86	\$469.00	\$1,664.86
Family: 1 Over 65 + 2 or more Under 65	\$1,664.05	\$469.00	\$2,133.05
Anthem Blue Cross HMO (Under 65) – CA Only**			
Anthem Senior Secure HMO (Over 65) – So. CA Only**			
Single: Under 65	\$425.37	\$235.00	\$660.37
Single: Over 65	\$125.35	\$235.00	\$360.35
2-Party: Both Under 65	\$851.74	\$469.00	\$1,320.74
2-Party: Both Over 65	\$251.70	\$469.00	\$720.70
2-Party: 1 Under 65 & 1 Over 65	\$496.28	\$469.00	\$965.28
Family: All Under 65	\$1,512.11	\$469.00	\$1,981.11
Family: 2 Over 65 + 1 or more Under 65	\$856.63	\$469.00	\$1,325.63
Family: 1 Over 65 + 2 or more Under 65	\$1,101.21	\$469.00	\$1,570.21

* Defined Dollar Benefit (DDB) paid from Post-Retirement Hospital/Medical Plan

** Based on ZIP code availability



2017 Tier A Retiree Monthly Cost-Sharing Rates

Medical Coverage	Your Monthly Cost Share	Amount Paid by Plan*	Total Monthly Premium
Kaiser Permanente HMO (Under 65) – So. CA Only**			
Kaiser Senior Advantage HMO (Post-65) – So. CA Only**			
Single: Under 65	\$241.90	\$235.00	\$476.90
Single: Over 65	\$0.00	\$169.05	\$169.05
2-Party: Both Under 65	\$484.80	\$469.00	\$953.80
2-Party: Both Over 65	\$0.00	\$338.10	\$338.10
2-Party: 1 Under 65 & 1 Over 65	\$176.95	\$469.00	\$645.95
Family: All Under 65	\$961.70	\$469.00	\$1,430.70
Family: 2 Over 65 + 1 or more Under 65	\$346.00	\$469.00	\$815.00
Family: 1 Over 65 + 2 or more Under 65	\$653.85	\$469.00	\$1,122.85
Kaiser Permanente HMO (Under 65) – No. CA Only**			
Kaiser Senior Advantage HMO (Over 65) – No. CA Only**			
Single: Under 65	\$241.90	\$235.00	\$476.90
Single: Over 65	\$0.00	\$169.05	\$169.05
2-Party: Both Under 65	\$484.80	\$469.00	\$953.80
2-Party: Both Over 65	\$0.00	\$338.10	\$338.10
2-Party: 1 Under 65 & 1 Over 65	\$176.95	\$469.00	\$645.95
Family: All Under 65	\$961.70	\$469.00	\$1,430.70
Family: 2 Over 65 + 1 or more Under 65	\$346.00	\$469.00	\$815.00
Family: 1 Over 65 + 2 or more Under 65	\$653.85	\$469.00	\$1,122.85
Kaiser Permanente Mid-Atlantic HMO (Under 65) – MD/VA/Wash. D.C.**			
Kaiser Mid-Atlantic Medicare Plus (Cost) HMO (Over 65) – MD/VA/Wash. D.C.**			
Single: Under 65	\$335.17	\$235.00	\$570.17
Single: Over 65	\$63.00	\$235.00	\$298.00
2-Party: Both Under 65	\$671.35	\$469.00	\$1,140.35
2-Party: Both Over 65	\$127.00	\$469.00	\$596.00
2-Party: 1 Under 65 & 1 Over 65	\$399.17	\$469.00	\$868.17
Family: All Under 65	\$1,241.52	\$469.00	\$1,710.52
Family: 2 Over 65 + 1 or more Under 65	\$697.17	\$469.00	\$1,166.17
Family: 1 Over 65 + 2 or more Under 65	\$969.35	\$469.00	\$1,438.35

* Defined Dollar Benefit (DDB) paid from Post-Retirement Hospital/Medical Plan

** Based on ZIP code availability



2017 Tier A Retiree Monthly Cost-Sharing Rates

Medical Coverage	Your Monthly Cost Share	Amount Paid by Plan*	Total Monthly Premium
BLUE CROSS/BLUE SHIELD OF NEW MEXICO HMO – (Over 65) – New Mexico Only**			
Single: Over 65	\$0.00	\$188.90	\$188.90
2-Party: Both Over 65	\$0.00	\$377.80	\$377.80
TRICARE SUPPLEMENT (SELMAN & COMPANY) – Nationwide (Only military retirees/dependents who are all under 65)			
Single: Under 65	\$0.00	\$67.50	\$67.50
2-Party: Both Under 65	\$0.00	\$135.00	\$135.00
Family: All Under 65	\$0.00	\$202.50	\$202.50

* Defined Dollar Benefit (DDB) paid from Post-Retirement Hospital/Medical Plan

** Based on ZIP code availability

2017 Retiree Dental Monthly Premiums

Dental Coverage	Your Monthly Cost (You pay the full cost)
SafeGuard - (A MetLife Company) – Group #SG100 <i>This is a closed plan open only to current enrollees.</i>	
Single	\$23.25
2-Party	\$43.50
Family	\$65.75

2017 Retiree Life Insurance Monthly Premiums

Life Insurance Coverage	Your Monthly Cost (You pay the full cost)	
Term Life Insurance <i>This is a closed plan open only to current enrollees.</i>		
Term Life Policy Amount	Age 65 – 69	Age 70 +
\$1,900 (Pre-retirement coverage under \$10,000)	\$6.33	\$12.68
\$2,500 (Pre-retirement coverage \$10,000 - \$14,999)	\$8.33	\$16.68
\$3,750 (Pre-retirement coverage \$15,000 - \$19,999)	\$12.49	\$25.02
\$5,000 (Pre-retirement coverage \$20,000 - \$24,999)	\$16.66	\$33.36
\$6,250 (Pre-retirement coverage \$25,000 - \$29,999)	\$20.82	\$41.70
\$7,500 (Pre-retirement coverage \$30,000 +)	\$24.98	\$50.04