



2017 Open Enrollment Guide

R E T I R E E E D I T I O N

This 2017 Retiree Open Enrollment Guide is not an employment contract or an offer to enter into an employment contract, nor does it constitute an agreement by the corporation to continue to maintain the plans described or referred to in this document.

Although the corporation intends to continue these plans, the corporation reserves the right to amend, change, modify, or terminate the plans at any time. The corporation's decisions to amend, change, modify, or terminate these plans may be due to changes in federal or state laws governing welfare benefits, the requirements of the Internal Revenue Code, the requirements of the Employee Retirement Income Security Act of 1974 (ERISA), the provisions of a contract or policy involving an insurance company, or any other reason.

Plan participants and beneficiaries do not have a vested right to any plan benefits. If the plans are amended, changed, modified, or terminated, plan participants and beneficiaries will not be vested in any plan benefits or have any further rights other than payment of covered expenses to which they were entitled before the plans were amended, changed, modified, or terminated.

Any examples in this Retiree Open Enrollment Guide are included for illustrative purposes only. They are not intended as recommendation of action you should take or benefits you should elect.



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Important Messages from Aerospace Employee Benefits

2017 Retiree Open Enrollment: November 1 – 14, 2016

Open Enrollment is your opportunity to make changes to your medical plan election for the upcoming year. Medical coverage for current HMO participants and for non-Medicare eligible (Pre-65) Anthem Blue Cross PPO participants will carry forward to 2017 with updated rates, unless a plan change is made during Open Enrollment.

Medicare-eligible (Post-65) participants currently enrolled in the 2016 Anthem Blue Cross PPO plan will automatically be moved to the new Anthem Medicare Preferred (PPO) plan effective January 1, 2017. Information about the new plan is available on pages 4-5 and also on the Aerospace Retirees Portal at retirees.aerospace.org.

Decide if you want to make a medical plan change:

- 1** Read this Guide for an overview of medical coverage options.
- 2** Visit the Aerospace Retirees Portal at retirees.aerospace.org for a detailed Retiree Medical Plan Comparison Chart for each medical insurance plan, as well as general notices and applicable Aerospace medical enrollment forms if changing plans for 2017.
- 3** Check the enclosed 2017 Retiree Monthly Cost-Sharing Rates sheet for updated cost-sharing information. This information is also found on the Aerospace Retirees Portal at retirees.aerospace.org. Updated cost-sharing amounts will be effective January 1, 2017.

To Keep Your Current Coverage

No further action is necessary. In most circumstances, your current coverage will continue for 2017 with updated cost-sharing rates. Do not complete an enrollment form if you are not changing plans or adding/deleting eligible dependents.

Please note that Medicare-eligible (Post-65) participants currently enrolled in either the 2016 Anthem Blue Cross PPO plan or the Colorado Anthem Medicare Preferred (PPO) plan will automatically be moved to the new Anthem Medicare Preferred (PPO) with Senior Rx Plus plan effective January 1, 2017.

To Make Coverage Changes For 2017

- To change medical plans or dependents:** download and complete the Aerospace Medical Enrollment form for retirees or survivors posted on retirees.aerospace.org. Submit the form to Aerospace Employee Benefits no later than November 14, 2016. You may also call Aerospace Employee Benefits to request a medical enrollment form. If you are eligible for Medicare, Aerospace Employee Benefits will send you additional forms to finalize your enrollment with your new medical plan choice (see page 6). Be sure to complete and return all additional forms by the specified deadline or your enrollment will not be completed. See page 14 for the Aerospace Employee Benefits mailing address.
- To waive retiree medical plan coverage:** download and complete the Retiree Medical Waiver form posted on retirees.aerospace.org. Submit the form to Aerospace Employee Benefits no later than November 14, 2016. Retirees may also call Aerospace Employee Benefits to request a waiver form. Retirees who waive Aerospace retiree medical coverage will no longer receive the monthly Defined Dollar Benefit. If you waive coverage, you cannot re-enroll yourself or your eligible dependents until the next Open Enrollment period unless you have an eligible life event, such as a loss of other medical coverage due to retirement or termination of employment. You must report the life status event to Aerospace Employee Benefits within 31 days of the event to add medical coverage. Once you waive retiree medical coverage, you may contact Aerospace Employee Benefits to request an annual Open Enrollment package. See page 14 for the Aerospace Employee Benefits mailing address.

Note: Survivors do not have the option to “waive” Aerospace group medical coverage. If a survivor cancels Aerospace group medical coverage, he or she cannot re-enroll with Aerospace at a later date.

What's New for 2017?

Non-Medicare Eligible Participants (Pre-65) enrolled in the Anthem Blue Cross PPO or EPO plans:

Express Scripts will handle your prescription coverage under a new arrangement starting January 1, 2017. You will receive a new insurance card, please show this new card to all your providers. There will also be a new prescription drug formulary effective January 1, 2017. Changes may include:

- Covered drugs added to formulary
- Covered drugs removed from the formulary
- Change in cost-sharing prescription tiers. This may increase or decrease your out-of-pocket costs for medications

For more information, please contact Express Scripts at 855.778.1413. During the Aerospace Open Enrollment period, go to express-scripts.com/aerospace. Starting January 1, 2017, go directly to express-scripts.com.

Medicare Eligible Participants (Post-65):

Refund for Anthem Blue Cross PPO for Medicare-eligible participants

There will not be an Anthem medical refund in March 2017 for those who were enrolled in the Anthem Blue Cross PPO plan for Medicare-eligible participants in 2015. The 2015 claims experience was greater than the premiums received during 2015.



What's New for 2017? (continued)

New Anthem Medicare Preferred (PPO) with Senior Rx Plus Plan

Effective January 1, 2017, the current 2016 Anthem Blue Cross PPO plan for Medicare-eligible (Post-65) participants will be replaced with a Medicare Advantage plan called Anthem Medicare Preferred (PPO) with Senior Rx Plus plan. Medicare-eligible participants currently enrolled in the 2016 Anthem Blue Cross PPO plan will automatically be moved to the new Anthem Medicare Preferred (PPO) plan effective January 1, 2017. This new plan is available nationwide. The change does not impact the participants who are currently covered under the 2016 Anthem Blue Cross PPO plan and are not yet Medicare-eligible (Pre-65).

Aerospace Group Medicare HMO participants can view more information on the plan provisions of the new Anthem Medicare Preferred (PPO) with Senior Rx plan at retirees.aerospace.org. To elect the new Anthem Medicare Preferred (PPO) plan, download the Aerospace Medical Enrollment form for retirees or survivors from the above website and mail to Aerospace Employee Benefits (at the address listed on page 14) by November 14, 2016. You will then be sent the Anthem enrollment kit to complete and return to Aerospace Employee Benefits for enrollment into the new plan for 2017.



What is the Anthem Medicare Preferred (PPO) with Senior Rx Plus Plan?

The Anthem Medicare Preferred (PPO) with Senior Rx Plus plan is a Medicare Advantage plan. As with the current 2016 PPO plan, in order to participate in the new 2017 plan, you must be enrolled in both Medicare Parts A and B. Like the 2016 PPO plan, the Anthem Medicare Preferred (PPO) with Senior Rx Plus plan includes prescription drug coverage.

What are some of the features of the 2017 Anthem Medicare Preferred (PPO) with Senior Rx Plus Plan?

- No deductible
- Known copays for services such as primary care physician visits, specialist visits, etc.
- Participants can go to any in-network provider that accepts Medicare and out-of-network providers that accepts Medicare and are willing to bill Anthem Blue Cross directly. Under most circumstances, you no longer have to worry about your provider being part of the Anthem Blue Cross PPO network.
- Claims will be processed more efficiently because they will go directly to Anthem and providers no longer have to bill Medicare first.
- One ID card, instead of two, which will be used for both medical services and prescription drugs.
- Access to wellness programs such as **Healthways Silver Sneakers Fitness** and discounts on weight loss programs and nutritional supplements.

If you have questions on the new 2017 Anthem Medicare Preferred (PPO) with Senior Rx plan, please call the Anthem First Impressions Welcome Center at 877.411.1647, Monday through Friday, 8 a.m. to 9 p.m. (ET). TTY/TDD users should call 711.

What's New for 2017? (continued)

Highlights of the new Anthem Medicare Preferred (PPO) with Senior Rx Plus Plan

Call the Anthem First Impressions Welcome Center phone number listed on page 4 for more detailed information on this new plan.

Plan Provisions for Anthem Medicare Preferred (PPO) with Senior Rx Plus	Participant Copay
Deductible	\$0
Maximum Out-of-Pocket	\$2,500
Primary Care Visit	\$5 copay
Specialty Visit	\$20 copay
Emergency Care	\$50 copay (waived if admitted within 72 hours for the same condition)
Urgent Care	\$10 copay
Lab Tests	\$0
X-Rays	\$20
Specialized Imaging	\$50
Inpatient Hospitalization	\$100 copay per admission Maximum out-of-pocket copay is \$300 per year
Outpatient Physical Therapy	\$10 copay for Medicare-covered visits
Routine Eye Examination	\$0 copay for routine vision exams Limited to one exam per year (\$50 max benefit)
Hearing Aids	\$1,500 maximum benefit every 36 months

Prescription Copays Anthem Medicare Preferred (PPO) with Senior Rx Plus Plan	Retail Pharmacy (per 30-day supply)	Mail-Order Pharmacy (per 90-day supply)
Select Generics	\$0 copay Deductible waived	\$0 copay Deductible waived
Generics	\$10 copay Deductible waived	\$20 copay Deductible waived
Preferred Brands*	\$30 copay	\$60 copay
Non-Preferred Brands and Non-Formulary Drugs*	\$60 copay	\$120 copay
Specialty Drugs (Generic and Brand)	20% coinsurance with a maximum copay of \$100	20% coinsurance with a maximum copay of \$100

*A single, one time, \$100 deductible per calendar year.

2017 Medical Coverage

Medical Plan Options

You may choose from several medical plan options offered by Aerospace depending on your location, military affiliation, and Medicare eligibility status for you and/or your covered dependents. Review the chart below for 2017 options.

Visit retirees.aerospace.org to view each plan's medical plan comparison chart as well as legally mandated general notices.

	Available Aerospace Medical Plan Options	
	Non-Medicare Eligible (Pre-65)	Medicare Eligible (Post-65)
Nationwide	Anthem Blue Cross PPO (Preferred Provider Organization)	New for 2017: Anthem Medicare Preferred (PPO) with Senior Rx Plus <i>(Nationwide)</i>
All States <u>Except</u> California	Anthem Blue Cross EPO (Exclusive Provider Organization)	
California <i>(based on zip code availability)</i>	Anthem Blue Cross HMO	Anthem Blue Cross Senior Secure HMO <i>(Southern California only)</i>
	Kaiser Permanente HMO	Kaiser Permanente Senior Advantage HMO
Maryland, Virginia, Washington D.C. <i>(based on zip code availability)</i>	Kaiser Permanente Mid-Atlantic HMO	Kaiser Permanente Mid-Atlantic Medicare Plus (Cost) HMO
New Mexico <i>(based on zip code availability)</i>	N/A	Blue Cross/Blue Shield of New Mexico HMO
Military retirees and eligible dependents currently enrolled in the TRICARE Standard, Extra or Prime plans	TRICARE Supplement Plan (Selman and Company) <i>(Not available if the retiree and/or covered dependent is eligible for Medicare)</i>	N/A

2017 Medical Coverage (continued)

Eligible Dependents

You may elect to cover your eligible dependents as summarized below.

- **Your legal spouse.** Proof of marriage is required.
- **Your domestic partner.** All domestic partners must be registered as domestic partners with the state of residence and provide proof to Aerospace Employee Benefits. Same-sex partners are eligible. Opposite-sex partners may be eligible if they reside in California and one or both are age 62 or older, and meet the eligibility criteria under Title II of The Social Security Act. Contact Aerospace Employee Benefits for more information.
- **Children.** Your children or your spouse's/covered domestic partner's children generally may be covered up to age 26. If the child is disabled and already on your Aerospace medical plan, he or she may be eligible for coverage beyond age 26. Contact Aerospace Employee Benefits for more information.

Your Monthly Contributions for Medical Coverage

Your Monthly Cost

Your cost for each medical plan option is shown on the enclosed 2017 Retiree Monthly Cost-Sharing Rates sheet as well as at retirees.aerospace.org.

The cost for coverage depends on the medical plan you choose, the number of eligible dependents you cover, and eligibility for Medicare for each participant. Aerospace contributes a monthly fixed dollar amount towards retiree medical coverage, called a Defined Dollar Benefit (DDB). Tier A retirees receive the full DDB and Tier B retirees receive a percentage of the DDB based on years of service rounded down. Note: If the total monthly premium is less than the DDB, your monthly cost will be zero.

How to Make Payments

If you are receiving an Aerospace pension payment, your medical plan cost-sharing amount may be deducted from it. Northern Trust will send you a statement in early January reflecting your 2017 cost-sharing amount along with new gross pension payment information.

If you are not receiving a pension payment, or if your cost-sharing amount for medical is more than your monthly pension, you will receive a quarterly direct billing invoice at your mailing address on file with Aerospace Employee Benefits. If you move in the future, please keep your address updated with Aerospace Employee Benefits. See page 14 for the mailing address.



Medicare and Aerospace Retiree Medical Coverage

Medicare Enrollment Is Required (Post-65)

Medicare Part A (Hospital) and Part B (Medical)

If Medicare eligible, you or your covered spouse/domestic partner **MUST** enroll in Medicare Parts A and B to be eligible for Aerospace Retiree Medical plan coverage.

In some instances, such as End Stage Renal Disease (ESRD), CMS requires a waiting period before Medicare becomes primary. In that instance, under age 65 premiums will apply to the covered participant.

Medicare Part D (Prescription Drug Coverage)

Some medical carriers may require that you complete special forms to enroll in Medicare Part D (prescription coverage). Medicare Part D can only be assigned to one medical insurance plan at a time. Medicare Part D must be assigned to the Aerospace retiree group medical insurance carrier to continue your eligibility.

If you and/or your spouse are newly enrolling in retiree medical and you are over age 65 and have not had continuous Medicare Part D prescription coverage, your medical insurance carrier may charge an additional Late Enrollment Penalty (LEP) amount due to late enrollment in Medicare Part D. You will be responsible for paying this additional LEP amount in addition to the monthly retiree medical cost-sharing amount that you pay to Aerospace if a gap in coverage is determined.

Important: Becoming Medicare Eligible in 2017

If you or your spouse/domestic partner will turn age 65 in 2017, you will receive a letter from Aerospace Employee Benefits notifying you that you must contact the Social Security Administration at 800.772.1213 to sign up for Medicare Parts A and B at least TWO MONTHS prior to your 65th birth month.

- **If enrolled in the Pre-65 Anthem EPO or Pre-65 Anthem Blue Cross PPO**, Aerospace Employee Benefits will also send you the Anthem enrollment form to enroll in the Anthem Medicare Preferred (PPO) with Senior Rx Plus plan. This completed form must be returned to Aerospace Employee Benefits at least THREE WEEKS prior to the month you turn age 65, along with a copy of your Medicare card reflecting coverage in Medicare Parts A and B.
- **If enrolled in a Pre-65 Group HMO**, Aerospace Employee Benefits will also send you the applicable Post-65 Medicare Group HMO enrollment form to complete and return to Aerospace Employee Benefits at least THREE WEEKS prior to the month you turn age 65, along with a copy of your Medicare card reflecting coverage in Medicare Parts A and B. If your Pre-65 Group HMO does not offer an Post-65 Group Medicare HMO Plan in your zip code area, you will have the option to move to the Anthem Medicare Preferred (PPO) with Senior Rx Plan, which is available nationwide.

Important

If you do not provide evidence of Medicare Parts A and B coverage and return the necessary enrollment forms as described above, your **coverage in the Aerospace Retiree Medical Plan will be terminated**. Medical coverage cannot be reinstated until the next Aerospace Open Enrollment period with proof of Medicare coverage.

If you have questions, contact Aerospace Employee Benefits at 310.336.5107 or 800.458.3892.

Medicare and Aerospace Retiree Medical Coverage (continued)

Assigning Medicare Benefits

If you are eligible for Medicare and changing Aerospace medical coverage during open enrollment, Aerospace Employee Benefits will send you the appropriate forms to ensure that your enrollment information is complete. Depending on your situation, you may receive a form to disenroll Medicare from a dropped HMO, a form to enroll in a new Medicare Group HMO, or a form to enroll in the Anthem Medicare Preferred (PPO) with Senior Rx Plus Plan.

You must complete and return these forms to Aerospace Employee Benefits no later than December 13, 2016 or your 2017 medical coverage will not be finalized.



Private Contract Services are Not Covered

Services or supplies provided under a private contract between the member and provider who has opted out of the Medicare program are not covered by Medicare or the Anthem Medicare Preferred (PPO) with Senior Rx Plus Plan. An example would be concierge services. **You would be 100% responsible for the payment of these services.** If you have any questions regarding this exclusion, please call Anthem Customer Service at 877.411.1640.

Retiree Life Insurance Coverage

Retiree Life Insurance

(Closed to New Enrollments)

Retiree group life insurance continues to be offered to current enrollees only. Please note that this coverage is term life insurance and provides only a death benefit; the group coverage does not have a cash value. Current life insurance rates are provided in the enclosed 2017 Retiree Monthly Cost-Sharing Rates sheet on the last page.

You may change your beneficiaries for the life insurance at any time by completing a Retiree Life Insurance Beneficiary Designation Form found on the Aerospace Retirees Portal at retirees.aerospace.org. Return the completed form to Aerospace Employee Benefits.

You may permanently cancel your retiree life coverage at any time by downloading and completing the Retiree Life Insurance Cancellation Form available on the Aerospace Retirees Portal at retirees.aerospace.org. Return the form to Aerospace Employee Benefits. If you cancel life insurance coverage, you will NOT be able to re-enroll since it is a closed plan. Cancellations will be effective the first of the month following receipt of the form.

Contact Aerospace Employee Benefits with questions or in the event of a death claim.

See page 14 for the contact information for Aerospace Employee Benefits.



Retiree Dental Insurance Coverage

Retiree Dental Plan – SafeGuard *(Closed to New Enrollments)*

The SafeGuard dental plan continues to be offered to current enrollees only in California, Florida, and Texas.

SafeGuard is a closed plan, and is not open to new enrollments. Current dental plan rates are provided in the enclosed 2017 Retiree Monthly Cost-Sharing Rates sheet on the last page.

If you need a SafeGuard dental provider directory, call 800.880.1800 (Group Plan SG100).

You may permanently cancel your Safeguard dental coverage at any time by downloading and completing the Aerospace Retiree Dental Plan Form available on the Aerospace Retirees Portal at retirees.aerospace.org. Return the form to Aerospace Employee Benefits. Once you cancel dental coverage, you will NOT be able to re-enroll since it is a closed plan. Cancellations will be effective the first of the month following receipt of the form.

See page 14 for the Aerospace Employee Benefits mailing address.



Frequently Asked Questions

Q My spouse is working and is covering me under his/her medical insurance. If I waive my retiree medical coverage with Aerospace, can I re-enroll again with the Aerospace Retiree Medical Plan later?

A Yes. If you are a retiree and had previously waived Aerospace retiree medical coverage because you were covered by another medical plan outside of Aerospace, you may re-enroll in an Aerospace Retiree Medical Plan within 31 days of a life event such as loss of other coverage due to termination of spouse's employment. You will need to provide proof of the life event and complete the required enrollment forms.

If you did not lose outside medical coverage but would like to re-enroll in an Aerospace Retiree Medical Plan, you may do so during the Aerospace Open Enrollment period. Contact Aerospace Employee Benefits by October 31 to request an open enrollment package. Aerospace Open Enrollment is held in early November each year with an effective date of January 1. Open enrollment information is also available on the Aerospace Retirees Portal at www.retirees.aerospace.org.

Q If I marry after retirement, can I add my new spouse to my Aerospace retiree medical plan?

A Yes, a retiree may enroll a new spouse as an eligible dependent within 31 days of the marriage date. You will need to provide a copy of the marriage certificate. Otherwise, you may add the new spouse during the next Aerospace Open Enrollment period with proof of the marriage.

Q Can my survivor continue Aerospace medical coverage in the event of my death?

A Yes. Only if the survivor meets the Aerospace eligibility requirements for survivor medical coverage and are not eligible for another group medical plan.

If the survivor is on Aerospace medical plan and subsequently remarries, he or she will no longer be eligible for Aerospace medical coverage and will need to terminate medical coverage at the end of the month of the new remarriage date.

Q How does an HMO differ from a PPO or EPO?

A Each plan differs in the benefits offered, and you should review the detailed medical plan comparison charts at the Aerospace Retirees Portal at retirees.aerospace.org. However, there are general differences in the plans regarding the providers you may use and receive plan benefits:

- **A Health Maintenance Organization (HMO)** decides how much, the kind, and the location of the patient's medical care. Referrals from your primary care physician may be required to see a specialist. In most HMOs, the enrollee must use the doctors and hospitals that are members of the HMO network, or with which the HMO has contract agreements. HMOs also have limited benefits outside of their service area, generally for covered emergencies.
- **Exclusive Provider Organization (EPO)** is similar to an HMO in that you must use the EPO providers except in the case of a covered emergency. However, you would not need a referral to see an EPO specialist.
- **A Preferred Provider Organization (PPO)** lets you choose from most licensed providers (including those outside of the United States). However, if you are under age 65, you will generally have a lower out-of-pocket cost when you use in-network providers. Medicare-eligible participants must use a provider who accepts Medicare. Note that private contract providers, such as "concierge" providers, are excluded from coverage under the Anthem Medicare Preferred (PPO) with Senior Rx Plus plan.

Q I have questions about TRICARE retiree coverage. Who do I talk to?

A Contact TRICARE (Selman and Company) directly at (800) 638-2610 or visit www.selmantricareresource.com

Types of Changes During the Year

Your coverage choices will stay in effect through December 31, 2017 unless you have an eligible life status event and report the event with any eligible changes to Aerospace Employee Benefits within 31 days of the event. You may also need to take action during the year as shown below.

Subject	Actions Needed	Contact
<p>Address Change</p> <p>Important: Aerospace Employee Benefits Department must be notified within 31 days if you are moving out of your HMO plan area</p>	<p>Report your new mailing address to Aerospace Employee Benefits in writing with your signature. Your new address will be sent to your medical carrier and to Northern Trust if you have a pension payment.</p> <p>If you are receiving an AERP pension, update your address as needed for 1099-R tax statements, Northern Trust Electronic Deposit Forms, and state tax withholding.</p>	<ul style="list-style-type: none"> • Aerospace Employee Benefits • Change of address, tax and Northern Trust direct deposit forms are available on the Aerospace Retiree Portal at retirees.aerospace.org • Social Security Administration • Aerospace Federal Credit Union, if applicable
<p>Death of Retiree, Dependent, or Survivor</p>	<p>Aerospace will need the following:</p> <ul style="list-style-type: none"> • Deceased's name, badge number, and Social Security number • Date of death • Spouse or other contact's name, phone number, and address 	<ul style="list-style-type: none"> • Aerospace Employee Benefits • Social Security Administration • Aerospace Federal Credit Union, if applicable
<p>Life Status Event</p> <p>Such as marriage, divorce, birth/adoption, death or loss of other medical coverage due to change in employment or moving out of HMO zip code area</p>	<p>Changes must be reported to Aerospace Employee Benefits within 31 days if event impacts medical or Safeguard dental plan, if applicable. Appropriate documentation (such as marriage, birth or death certificate or divorce decree) will be required, as well as an Enrollment Form if changing applicable benefits coverage.</p>	<ul style="list-style-type: none"> • Aerospace Employee Benefits • Retiree Medical Enrollment Form is available on the Aerospace Retiree Portal (retirees.aerospace.org)
<p>Beneficiary Change for Aerospace Retiree Life Insurance</p> <p>(closed plan)</p>	<p>If applicable, complete retiree life insurance beneficiary designation form to update beneficiary's name and address.</p>	<ul style="list-style-type: none"> • Aerospace Employee Benefits • Retiree Life Insurance Beneficiary Designation form is available on the Aerospace Retiree Portal (retirees.aerospace.org)
<p>Retiree, Dependent or Survivor Becomes Eligible for Medicare (Age 65)</p>	<p>Enrollment in Medicare Parts A, B, and D are required when you and/or your eligible dependent reaches age 65 and becomes Medicare-eligible. Aerospace Employee Benefits will send information and required actions to you at least two months prior to the date you turn age 65.</p>	<ul style="list-style-type: none"> • Aerospace Employee Benefits • Social Security Administration
<p>Dental or Life Insurance Cancellation</p> <p>(both plans are closed)</p>	<p>Current participants may permanently cancel either plan during the year. Dental and Life insurance plans are closed and not available to new enrollees. If you cancel dental or life insurance, you cannot re-enroll later.</p>	<ul style="list-style-type: none"> • Aerospace Employee Benefits • Dental and Life insurance cancellation forms available on the Aerospace Retiree Portal (retirees.aerospace.org)

Benefit Resources and Contacts

Resource	Address/Website/Email	Telephone/Fax
<p>Aerospace Employee Benefits</p> <ul style="list-style-type: none"> • Address changes • Benefit questions • Request forms • Dependent status changes • Report death of retiree/dependent/survivor 	<p><u>U.S. Mail:</u> The Aerospace Corporation Employee Benefits Mail Station M3-433 P.O. Box 92957 Los Angeles, CA 90009-2957</p> <p><u>Overnight Mail:</u> The Aerospace Corporation Employee Benefits Mail Station M3/433 355 South Douglas St. El Segundo, CA 90245-4617</p> <p><u>Aerospace Retiree Portal:</u> retirees.aerospace.org</p>	<p>310.336.5107 or 800.458.3892</p> <p>Fax: 310.563.7930</p> <p>When leaving a message, please provide first and last name, badge number, area code and phone number, and subject matter. Your call will be returned within 24 hours.</p>
<p>The Northern Trust Co.</p> <ul style="list-style-type: none"> • Update direct deposit info • Change tax withholdings for Federal and State, if applicable • Request pension payment statement or copy of Form 1099-R 	<p>The Northern Trust Co. Benefit Payment Services 50 S. La Salle – C2N Chicago, IL 60603</p> <p>northerntrust.com/bppweb</p>	<p>312.557.9700</p>
<p>Aerospace Retirees' Club</p>	<p>P.O. Box 2194 El Segundo, CA 90245-1294</p> <p>e-mail: aeroretirees@gmail.com</p>	<p>310.336.2582</p> <p>(Aerospace voicemail box)</p>
<p>Aerospace Federal Credit Union</p>	<p>www.aerofcu.org</p>	<p>800.795.2325 or 310.336.5030</p>
<p>Social Security Administration</p>	<p>www.socialsecurity.gov</p>	<p>800.772.1213</p>

Benefit Resources and Contacts (continued)

Resource	Website	Phone Number
Medical Carriers		
Anthem Blue Cross PPO – Nationwide <i>(Non-Medicare eligible/Pre-65)</i> <ul style="list-style-type: none"> <i>Express Scripts (Pre-65 only)</i> 	www.anthem.com/ca	800.756.7274
	express-scripts.com	855.778.1413
NEW: Anthem Medicare Preferred (PPO) with Senior Rx Plus Plan – Nationwide <i>(Medicare eligible/Post-65)</i>	www.anthem.com/ca	877.411.1640 <i>(starts 1/1/2017)</i> First Impressions: 877.411.1647
Anthem Blue Cross EPO - All states <u>except</u> California <i>(Non-Medicare eligible/Pre-65)</i> <ul style="list-style-type: none"> <i>Express Scripts (Pre-65 only)</i> 	www.anthem.com/ca	800.756.7274
	express-scripts.com	855.778.1413
NEW: Anthem Medicare Preferred (PPO) with Senior Rx Plus Plan – Nationwide <i>(Medicare eligible/Post-65)</i>	www.anthem.com/ca	877.411.1640 <i>(starts 1/1/2017)</i> First Impressions: 877.411.1647
Anthem Blue Cross HMO <i>(Non-Medicare eligible/Pre-65)</i> <i>Based on zip code availability in California</i>	www.anthem.com/ca	800.756.7274 <i>(valid through 12/31/2016)</i>
		844.855.1950 <i>(starts 1/1/2017)</i>
Anthem Blue Cross Senior Secure HMO (Medicare eligible/Post-65) <i>Based on zip code availability in Southern California</i>		800.225.2273
Blue Cross Blue Shield of New Mexico HMO <i>(Medicare eligible/Post-65)</i> <i>Based on zip code availability in New Mexico</i>	www.bcbsnm.com	877.299.1008
Kaiser Permanente HMO Northern and Southern California <i>(Non-Medicare eligible/Pre-65)</i> <i>Based on zip code availability</i>	www.kp.org	800.464.4000
		800.443.0815
Kaiser Permanente Senior Advantage HMO Northern and Southern California <i>(Medicare eligible/Post-65)</i> <i>Based on zip code availability</i>	www.kp.org/medicare	
Kaiser Permanente Mid-Atlantic HMO Maryland, Virginia and Washington D.C. <i>(Non-Medicare eligible/Pre-65)</i> <i>Based on zip code availability</i>	www.kp.org	301.468.6000 (metro area) 800.777.7902 (out of area)
		Kaiser Permanente Mid-Atlantic Medicare Plus (Cost) HMO Maryland, Virginia and Washington D.C. <i>(Medicare eligible/Post-65)</i> <i>Based on zip code availability</i>

Benefit Resources and Contacts (continued)

Resource	Website	Phone Number
Medical Carriers		
TRICARE Supplement Plan – Selman and Company All states <i>(Non-Medicare eligible/Pre-65)</i> Group #0001834	www.selmantricareresource.com	800.638.2610
Dental Carrier (closed plan, not open to new enrollment)		
SafeGuard, a MetLife Company California, Florida, and Texas Group Plan #SG100	www.safeguard.net	800.880.1800



Notice Regarding Use of Social Security Numbers

Under Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007 (MMSEA), the Centers for Medicare and Medicaid Services (CMS) generally requires Social Security numbers for retirees and dependents to assist with reporting under the Medicare Secondary Payer requirements. Accordingly, when you enroll in the Aerospace Retiree Medical Plan, you are required to provide Social Security numbers for yourself and any dependents you wish to enroll to assist us in complying with this requirement.



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