



## 2019 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 65<sup>th</sup> birth month.

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

Medical Coverage	Your Monthly Cost Share	Amount Paid by Plan *	Total Monthly Premium
<b>Anthem Blue Cross PPO (Under 65) – Nationwide</b>			
<b>Anthem Medicare Preferred (PPO) (Over 65) – Nationwide</b>			
Single: Under 65	\$969.49	\$235.00	\$1,204.49
Single: Over 65	\$163.89	\$235.00	\$398.89
2-Party: Both Under 65	\$1,939.98	\$469.00	\$2,408.98
2-Party: Both Over 65	\$328.78	\$469.00	\$797.78
2-Party: 1 Under 65 & 1 Over 65	\$1,134.38	\$469.00	\$1,603.38
Family: All Under 65	\$3,144.47	\$469.00	\$3,613.47
Family: 2 Over 65 + 1 or more Under 65	\$1,533.27	\$469.00	\$2,002.27
Family: 1 Over 65 + 2 or more Under 65	\$2,338.87	\$469.00	\$2,807.87
<b>Anthem Blue Cross EPO (Under 65) – All States Except for California</b>			
<b>Anthem Medicare Preferred (PPO) (Over 65) – Nationwide</b>			
Single: Under 65	\$695.81	\$235.00	\$930.81
Single: Over 65	\$163.89	\$235.00	\$398.89
2-Party: Both Under 65	\$1,392.62	\$469.00	\$1,861.62
2-Party: Both Over 65	\$328.78	\$469.00	\$797.78
2-Party: 1 Under 65 & 1 Over 65	\$860.70	\$469.00	\$1,329.70
Family: All Under 65	\$2,323.44	\$469.00	\$2,792.44
Family: 2 Over 65 + 1 or more Under 65	\$1,259.59	\$469.00	\$1,728.59
Family: 1 Over 65 + 2 or more Under 65	\$1,791.51	\$469.00	\$2,260.51
<b>Anthem Blue Cross HMO (Under 65) – California Only**</b>			
<b>Anthem Senior Secure HMO (Over 65) – Southern California Only**</b>			
Single: Under 65	\$500.77	\$235.00	\$735.77
Single: Over 65	\$117.13	\$235.00	\$352.13
2-Party: Both Under 65	\$1,002.54	\$469.00	\$1,471.54
2-Party: Both Over 65	\$235.26	\$469.00	\$704.26
2-Party: 1 Under 65 & 1 Over 65	\$557.13	\$469.00	\$1,026.13
Family: All Under 65	\$1,738.31	\$469.00	\$2,207.31
Family: 2 Over 65 + 1 or more Under 65	\$909.26	\$469.00	\$1,378.26
Family: 1 Over 65 + 2 or more Under 65	\$1,231.13	\$469.00	\$1,700.13

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

\*\* Based on ZIP code availability



## 2019 Tier A Retiree Monthly Cost-Sharing Rates

Medical Coverage	Your Monthly Cost Share	Amount Paid by Plan *	Total Monthly Premium
<b>Kaiser Permanente HMO (Under 65) – Southern California Only**</b>			
<b>Kaiser Senior Advantage HMO (Over 65) – Southern California Only**</b>			
<b>Single: Under 65</b>	<b>\$320.85</b>	\$235.00	\$555.85
<b>Single: Over 65</b>	<b>\$0.00</b>	\$187.10	\$187.10
<b>2-Party: Both Under 65</b>	<b>\$642.70</b>	\$469.00	\$1,111.70
<b>2-Party: Both Over 65</b>	<b>\$0.00</b>	\$374.20	\$374.20
<b>2-Party: 1 Under 65 &amp; 1 Over 65</b>	<b>\$273.95</b>	\$469.00	\$742.95
<b>Family: All Under 65</b>	<b>\$1,198.56</b>	\$469.00	\$1,667.56
<b>Family: 2 Over 65 + 1 or more Under 65</b>	<b>\$461.05</b>	\$469.00	\$930.05
<b>Family: 1 Over 65 + 2 or more Under 65</b>	<b>\$829.80</b>	\$469.00	\$1,298.80
<b>Kaiser Permanente HMO (Under 65) – Northern California Only**</b>			
<b>Kaiser Senior Advantage HMO (Over 65) – Northern California Only**</b>			
<b>Single: Under 65</b>	<b>\$320.85</b>	\$235.00	\$555.85
<b>Single: Over 65</b>	<b>\$0.00</b>	\$187.10	\$187.10
<b>2-Party: Both Under 65</b>	<b>\$642.70</b>	\$469.00	\$1,111.70
<b>2-Party: Both Over 65</b>	<b>\$0.00</b>	\$374.20	\$374.20
<b>2-Party: 1 Under 65 &amp; 1 Over 65</b>	<b>\$273.95</b>	\$469.00	\$742.95
<b>Family: All Under 65</b>	<b>\$1,198.56</b>	\$469.00	\$1,667.56
<b>Family: 2 Over 65 + 1 or more Under 65</b>	<b>\$461.05</b>	\$469.00	\$930.05
<b>Family: 1 Over 65 + 2 or more Under 65</b>	<b>\$829.80</b>	\$469.00	\$1,298.80
<b>Kaiser Permanente Mid-Atlantic HMO (Under 65) – Maryland/Virginia/Washington D.C.**</b>			
<b>Kaiser Mid-Atlantic Medicare Plus (Cost) HMO (Over 65) – Maryland/Virginia/Washington D.C.**</b>			
<b>Single: Under 65</b>	<b>\$399.82</b>	\$235.00	\$634.82
<b>Single: Over 65</b>	<b>\$71.93</b>	\$235.00	\$306.93
<b>2-Party: Both Under 65</b>	<b>\$800.64</b>	\$469.00	\$1,269.64
<b>2-Party: Both Over 65</b>	<b>\$144.86</b>	\$469.00	\$613.86
<b>2-Party: 1 Under 65 &amp; 1 Over 65</b>	<b>\$472.75</b>	\$469.00	\$941.75
<b>Family: All Under 65</b>	<b>\$1,435.46</b>	\$469.00	\$1,904.46
<b>Family: 2 Over 65 + 1 or more Under 65</b>	<b>\$779.68</b>	\$469.00	\$1,248.68
<b>Family: 1 Over 65 + 2 or more Under 65</b>	<b>\$1,107.57</b>	\$469.00	\$1,576.57

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

\*\* Based on ZIP code availability



## 2019 Tier A Retiree Monthly Cost-Sharing Rates

Medical Coverage	Your Monthly Cost Share	Amount Paid by Plan *	Total Monthly Premium
<b>BLUE CROSS/BLUE SHIELD OF NEW MEXICO HMO – (Over 65 Only) – New Mexico Only**</b>			
Single: Over 65	\$0.00	\$203.00	\$203.00
2-Party: Both Over 65	\$0.00	\$406.00	\$406.00
<b>TRICARE SUPPLEMENT (SELMAN &amp; COMPANY) – Nationwide (Only military retirees/dependents who are all under Age 65 only)</b>			
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

## 2019 Retiree Dental Monthly Premiums

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

## 2019 Retiree Life Insurance Monthly Premiums

Life Insurance Coverage	Your Monthly Cost (You pay the full cost)	
<b>Term Life Insurance</b> <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)	\$3.13	\$6.28
\$2,500 (Pre-retirement coverage \$10,000 - \$14,999)	\$4.12	\$8.26
\$3,750 (Pre-retirement coverage \$15,000 - \$19,999)	\$6.18	\$12.39
\$5,000 (Pre-retirement coverage \$20,000 - \$24,999)	\$8.25	\$16.52
\$6,250 (Pre-retirement coverage \$25,000 - \$29,999)	\$10.31	\$20.64
\$7,500 (Pre-retirement coverage \$30,000 +)	\$12.37	\$24.77