



2019 Tier B 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 qualifies for Medicare Parts A & B due to disability prior to Age 65.

Medical Coverage	Total Monthly Provider Cost
Anthem Blue Cross PPO (Under 65) – Nationwide	
Anthem Medicare Preferred (PPO) (Over 65) – Nationwide	
Single: Under 65	\$1,204.49
Single: Over 65	\$398.89
2-Party: Both Under 65	\$2,408.98
2-Party: Both Over 65	\$797.78
2-Party: 1 Under 65 & 1 Over 65	\$1,603.38
Family: All Under 65	\$3,613.47
Family: 2 Over 65 + 1 or more Under 65	\$2,002.27
Family: 1 Over 65 + 2 or more Under 65	\$2,807.87

Anthem Blue Cross EPO (Under 65) – Non-CA	
Anthem Medicare Preferred (PPO) (Over 65) – Nationwide	
Single: Under 65	\$930.81
Single: Over 65	\$398.89
2-Party: Both Under 65	\$1,861.62
2-Party: Both Over 65	\$797.78
2-Party: 1 Under 65 & 1 Over 65	\$1,329.70
Family: All Under 65	\$2,792.44
Family: 2 Over 65 + 1 or more Under 65	\$1,728.59
Family: 1 Over 65 + 2 or more Under 65	\$2,260.51

Anthem Blue Cross HMO (Under 65) – CA Only**	
Anthem Senior Secure HMO (Over 65) – So. CA Only**	
Single: Under 65	\$735.77
Single: Over 65	\$352.13
2-Party: Both Under 65	\$1,471.54
2-Party: Both Over 65	\$704.26
2-Party: 1 Under 65 & 1 Over 65	\$1,026.13
Family: All Under 65	\$2,207.31
Family: 2 Over 65 + 1 or more Under 65	\$1,378.26
Family: 1 Over 65 + 2 or more Under 65	\$1,700.13

**Based on ZIP Code Availability

CALCULATE YOUR MONTHLY MEDICAL PLAN COST SHARE					
STEP 1: Enter the percent below based on your years of service at retirement (rounded down)		Your %: _____			
YRS	%			YRS	%
10	34%			22	70%
11	37%			23	73%
12	40%			24	76%
13	43%			25	79%
14	46%			26	82%
15	49%			27	85%
16	52%			28	88%
17	55%			29	91%
18	58%			30	94%
19	61%	31	97%		
20	64%	32+	100%		
21	67%				
STEP 2: Enter the maximum Total Defined Dollar Benefit (DDB)* that applies to how many people will be covered: <i>Single = \$235</i> <i>2 Party or Family = \$469</i>		Maximum Monthly DDB*: \$ _____			
STEP 3: Multiply your % from STEP 1 times the DDB in STEP 2 to calculate your service-based DDB:		Your Monthly DDB*: \$ _____			
STEP 4: Your Monthly Cost Share is the difference between your DDB from STEP 3 and the Total Monthly Provider Cost of \$ _____:		Your Monthly Cost Share: \$ _____			
EXAMPLE: You have 20 years of service and select Anthem Medicare Preferred (PPO) with 2-Party, Both Over 65: STEP 1: Your % = 64% based on 20 years of service STEP 2: Maximum DDB for Retiree + Dependent(s) = \$469 STEP 3: 64% x \$469 = \$300.16 is your service-based DDB STEP 4: \$797.78 Total Monthly Provider Cost - 300.16 Your service-based DDB \$497.62 Your monthly cost share					

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



2019 Tier B Retiree Monthly Cost-Sharing Rates

Medical Coverage	Total Monthly Provider Cost
Kaiser Permanente HMO (Under 65) – So. CA Only** Kaiser Senior Advantage HMO (Post-65) – So. CA Only**	
Single: Under 65	\$555.85
Single: Over 65	\$187.10
2-Party: Both Under 65	\$1,111.70
2-Party: Both Over 65	\$374.20
2-Party: 1 Under 65 & 1 Over 65	\$742.95
Family: All Under 65	\$1,667.56
Family: 2 Over 65 + 1 or more Under 65	\$930.05
Family: 1 Over 65 + 2 or more Under 65	\$1,298.80

Kaiser Permanente HMO (Under 65) – No. CA Only** Kaiser Senior Advantage HMO (Over 65) – No. CA Only**	
Single: Under 65	\$555.85
Single: Over 65	\$187.10
2-Party: Both Under 65	\$1,111.70
2-Party: Both Over 65	\$374.20
2-Party: 1 Under 65 & 1 Over 65	\$742.95
Family: All Under 65	\$1,667.56
Family: 2 Over 65 + 1 or more Under 65	\$930.05
Family: 1 Over 65 + 2 or more Under 65	\$1,298.80

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	\$634.82
Single: Over 65	\$306.93
2-Party: Both Under 65	\$1,269.64
2-Party: Both Over 65	\$613.86
2-Party: 1 Under 65 & 1 Over 65	\$941.75
Family: All Under 65	\$1,904.46
Family: 2 Over 65 + 1 or more Under 65	\$1,248.68
Family: 1 Over 65 + 2 or more Under 65	\$1,576.57

**Based on ZIP Code Availability

CALCULATE YOUR MONTHLY MEDICAL PLAN COST SHARE																																																					
<p>STEP 1: Enter the percent below based on your years of service at retirement (rounded down)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">YRS</th> <th style="text-align: left;">%</th> <th style="text-align: left;">YRS</th> <th style="text-align: left;">%</th> </tr> </thead> <tbody> <tr><td>10</td><td>34%</td><td>22</td><td>70%</td></tr> <tr><td>11</td><td>37%</td><td>23</td><td>73%</td></tr> <tr><td>12</td><td>40%</td><td>24</td><td>76%</td></tr> <tr><td>13</td><td>43%</td><td>25</td><td>79%</td></tr> <tr><td>14</td><td>46%</td><td>26</td><td>82%</td></tr> <tr><td>15</td><td>49%</td><td>27</td><td>85%</td></tr> <tr><td>16</td><td>52%</td><td>28</td><td>88%</td></tr> <tr><td>17</td><td>55%</td><td>29</td><td>91%</td></tr> <tr><td>18</td><td>58%</td><td>30</td><td>94%</td></tr> <tr><td>19</td><td>61%</td><td>31</td><td>97%</td></tr> <tr><td>20</td><td>64%</td><td>32+</td><td>100%</td></tr> <tr><td>21</td><td>67%</td><td></td><td></td></tr> </tbody> </table>	YRS	%	YRS	%	10	34%	22	70%	11	37%	23	73%	12	40%	24	76%	13	43%	25	79%	14	46%	26	82%	15	49%	27	85%	16	52%	28	88%	17	55%	29	91%	18	58%	30	94%	19	61%	31	97%	20	64%	32+	100%	21	67%			<p>Your %:</p> <p>_____</p>
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<p>EXAMPLE: You have 15 years of service and select Kaiser Permanente Southern California HMO with Single, Over 65:</p> <p>STEP 1: Your % = 49% based on 15 years of service</p> <p>STEP 2: Maximum DDB for Single Coverage = \$235</p> <p>STEP 3: 49% x \$235 = \$115.15 is your service-based DDB</p> <p>STEP 4: \$187.10 Total Monthly Provider Cost - <u>115.15 Your service-based DDB</u> \$71.95 Your monthly cost share</p>																																																					

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



2019 Tier B Retiree Monthly Cost-Sharing Rates

Medical Coverage	Total Monthly Provider Cost
BLUE CROSS/BLUE SHIELD OF NEW MEXICO HMO – (Over 65 Only) – New Mexico Only**	
Single: Over 65	\$203.00
2-Party: Both Over 65	\$406.00

**Based on ZIP Code Availability

Medical Coverage	Total Monthly Provider Cost
Tricare Supplement (Selman & Co.) – (Under 65 Only) (Military Retirees/Dependents/Survivors)	
Single: Under 65	\$67.50
2-Party: Both Under 65	\$135.00
Family: All Under 65	\$202.50

2019 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

2019 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)	\$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