

The Aerospace Corporation
 2020 Tier A Retiree Monthly Cost-Sharing Rates

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	\$960.49	\$244.00	\$1,204.49
Single: Over 65	\$183.90	\$244.00	\$427.90
2-Party: Both Under 65	\$1,920.98	\$488.00	\$2,408.98
2-Party: Both Over 65	\$367.80	\$488.00	\$855.80
2-Party: 1 Under 65 & 1 Over 65	\$1,144.39	\$488.00	\$1,632.39
Family: All Under 65	\$3,125.47	\$488.00	\$3,613.47
Family: 2 Over 65 + 1 or more Under 65	\$1,572.29	\$488.00	\$2,060.29
Family: 1 Over 65 + 2 or more Under 65	\$2,348.88	\$488.00	\$2,836.88
Anthem Blue Cross EPO (Under 65) – All State Except for California			
Anthem Medicare Preferred (PPO) (Over 65) – Nationwide			
Single: Under 65	\$686.81	\$244.00	\$930.81
Single: Over 65	\$183.90	\$244.00	\$427.90
2-Party: Both Under 65	\$1,373.62	\$488.00	\$1,861.62
2-Party: Both Over 65	\$367.80	\$488.00	\$855.80
2-Party: 1 Under 65 & 1 Over 65	\$870.71	\$488.00	\$1,358.71
Family: All Under 65	\$2,304.44	\$488.00	\$2,792.44
Family: 2 Over 65 + 1 or more Under 65	\$1,298.61	\$488.00	\$1,786.61
Family: 1 Over 65 + 2 or more Under 65	\$1,801.52	\$488.00	\$2,289.52
Anthem Blue Cross HMO (Under 65) – California Only**			
Anthem Senior Secure HMO (Over 65) – Southern California Only**			
Single: Under 65	\$491.77	\$244.00	\$735.77
Single: Over 65	\$89.84	\$244.00	\$333.84
2-Party: Both Under 65	\$983.54	\$488.00	\$1,471.54
2-Party: Both Over 65	\$179.68	\$488.00	\$667.68
2-Party: 1 Under 65 & 1 Over 65	\$581.61	\$488.00	\$1,069.61
Family: All Under 65	\$1,719.31	\$488.00	\$2,207.31
Family: 2 Over 65 + 1 or more Under 65	\$915.45	\$488.00	\$1,403.45
Family: 1 Over 65 + 2 or more Under 65	\$1,317.38	\$488.00	\$1,805.38
Kaiser Permanente HMO (Under 65) – Southern California Only**			
Kaiser Senior Advantage HMO (Over 65) – Southern California Only**			
Single: Under 65	\$340.88	\$244.00	\$584.88
Single: Over 65	\$0.00	\$190.85	\$190.85
2-Party: Both Under 65	\$681.76	\$488.00	\$1,169.76
2-Party: Both Over 65	\$0.00	\$381.70	\$381.70
2-Party: 1 Under 65 & 1 Over 65	\$287.73	\$488.00	\$775.73
Family: All Under 65	\$1,266.64	\$488.00	\$1,754.64
Family: 2 Over 65 + 1 or more Under 65	\$478.58	\$488.00	\$966.58
Family: 1 Over 65 + 2 or more Under 65	\$872.61	\$488.00	\$1,360.61

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

**Based on ZIP code availability

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Kaiser Permanente HMO (Under 65) – Northern California Only**			
Kaiser Senior Advantage HMO (Over 65) – Northern California Only**			
Single: Under 65	\$340.88	\$244.00	\$584.88
Single: Over 65	\$0.00	\$190.85	\$190.85
2-Party: Both Under 65	\$681.76	\$488.00	\$1,169.76
2-Party: Both Over 65	\$0.00	\$381.70	\$381.70
2-Party: 1 Under 65 & 1 Over 65	\$287.73	\$488.00	\$775.73
Family: All Under 65	\$1,266.64	\$488.00	\$1,754.64
Family: 2 Over 65 + 1 or more Under 65	\$478.58	\$488.00	\$966.58
Family: 1 Over 65 + 2 or more Under 65	\$872.61	\$488.00	\$1,360.61
Kaiser Permanente Mid-Atlantic HMO (Under 65) – Maryland/Virginia/Washington D.C.**			
Kaiser Mid-Atlantic Medicare Plus (Cost) HMO (Over 65) – Maryland/Virginia/Washington D.C.**			
Single: Under 65	\$359.08	\$244.00	\$603.08
Single: Over 65	\$69.99	\$244.00	\$313.99
2-Party: Both Under 65	\$718.16	\$488.00	\$1,206.16
2-Party: Both Over 65	\$139.98	\$488.00	\$627.98
2-Party: 1 Under 65 & 1 Over 65	\$429.07	\$488.00	\$917.07
Family: All Under 65	\$1,321.24	\$488.00	\$1,809.24
Family: 2 Over 65 + 1 or more Under 65	\$743.06	\$488.00	\$1,231.06
Family: 1 Over 65 + 2 or more Under 65	\$1,032.15	\$488.00	\$1,520.15
BLUE CROSS/BLUE SHIELD OF NEW MEXICO HMO (Over 65 Only) – New Mexico Only**			
Single: Over 65	\$0.00	\$218.00	\$218.00
2-Party: Both Over 65	\$0.00	\$436.00	\$436.00
TRICARE SUPPLEMENT (SELMAN & COMPANY) – Nationwide (Only military retirees/dependents who are all under age 65 only)			
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

The Aerospace Corporation
2020 Retiree Dental Monthly Premiums

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

2020 Retiree Life Insurance Monthly Premiums

Life Insurance Coverage	Your Monthly Cost (You pay the full cost)	
Term Life Insurance		
This is a closed plan open only to current enrollees		
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