

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

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	\$427.90
2-Party: Both Under 65	\$2,408.98
2-Party: Both Over 65	\$855.80
2-Party: 1 Under 65 & 1 Over 65	\$1,632.39
Family: All Under 65	\$3,613.47
Family: 2 Over 65 + 1 or more Under 65	\$2,060.29
Family: 1 Over 65 + 2 or more Under 65	\$2,836.88
Anthem Blue Cross EPO (Under 65) – Non-California	
Anthem Medicare Preferred (PPO) (Over 65) – Nationwide	
Single: Under 65	\$930.81
Single: Over 65	\$427.90
2-Party: Both Under 65	\$1,861.62
2-Party: Both Over 65	\$855.80
2-Party: 1 Under 65 & 1 Over 65	\$1,358.71
Family: All Under 65	\$2,792.44
Family: 2 Over 65 + 1 or more Under 65	\$1,786.61
Family: 1 Over 65 + 2 or more Under 65	\$2,289.52
Anthem Blue Cross HMO (Under 65) – California Only**	
Anthem Senior Secure HMO (Over 65) – Southern California Only**	
Single: Under 65	\$735.77
Single: Over 65	\$333.84
2-Party: Both Under 65	\$1,471.54
2-Party: Both Over 65	\$667.68
2-Party: 1 Under 65 & 1 Over 65	\$1,069.61
Family: All Under 65	\$2,207.31
Family: 2 Over 65 + 1 or more Under 65	\$1,403.45
Family: 1 Over 65 + 2 or more Under 65	\$1,805.38
Kaiser Permanente HMO (Under 65) – Southern California Only**	
Kaiser Senior Advantage HMO (Over 65) – Southern California Only**	
Single: Under 65	\$584.88
Single: Over 65	\$190.85
2-Party: Both Under 65	\$1,169.76
2-Party: Both Over 65	\$381.70
2-Party: 1 Under 65 & 1 Over 65	\$775.73
Family: All Under 65	\$1,754.64
Family: 2 Over 65 + 1 or more Under 65	\$966.58
Family: 1 Over 65 + 2 or more Under 65	\$1,360.61

***Based on ZIP Code Availability*

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

Medical Coverage	Total Monthly Provider Cost
Kaiser Permanente HMO (Under 65) – Northern California Only**	
Kaiser Senior Advantage HMO (Over 65) – Northern California Only**	
Single: Under 65	\$584.88
Single: Over 65	\$190.85
2-Party: Both Under 65	\$1,169.76
2-Party: Both Over 65	\$381.70
2-Party: 1 Under 65 & 1 Over 65	\$775.73
Family: All Under 65	\$1,754.64
Family: 2 Over 65 + 1 or more Under 65	\$966.58
Family: 1 Over 65 + 2 or more Under 65	\$1,360.61
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	\$603.08
Single: Over 65	\$313.99
2-Party: Both Under 65	\$1,206.16
2-Party: Both Over 65	\$627.98
2-Party: 1 Under 65 & 1 Over 65	\$917.07
Family: All Under 65	\$1,809.24
Family: 2 Over 65 + 1 or more Under 65	\$1,231.06
Family: 1 Over 65 + 2 or more Under 65	\$1,520.15
BLUE CROSS/BLUE SHIELD OF NEW MEXICO HMO (Over 65 Only) – NM Only**	
Single: Over 65	\$218.00
2-Party: Both Over 65	\$436.00
TRICARE SUPPLEMENT (SELMAN & COMPANY) – (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

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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