

The Aerospace Corporation
2021 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	\$1,024.71	\$244.00	\$1,268.71
Single: Over 65	\$179.55	\$244.00	\$423.55
2-Party: Both Under 65	\$2,049.42	\$488.00	\$2,537.42
2-Party: Both Over 65	\$359.10	\$488.00	\$847.10
2-Party: 1 Under 65 & 1 Over 65	\$1,204.26	\$488.00	\$1,692.26
Family: All Under 65	\$3,318.13	\$488.00	\$3,806.13
Family: 2 Over 65 + 1 or more Under 65	\$1,627.81	\$488.00	\$2,115.81
Family: 1 Over 65 + 2 or more Under 65	\$2,472.97	\$488.00	\$2,960.97
Anthem Blue Cross EPO (Under 65) – All State Except for California			
Anthem Medicare Preferred (PPO) (Over 65) – Nationwide			
Single: Under 65	\$736.44	\$244.00	\$980.44
Single: Over 65	\$179.55	\$244.00	\$423.55
2-Party: Both Under 65	\$1,472.88	\$488.00	\$1,960.88
2-Party: Both Over 65	\$359.10	\$488.00	\$847.10
2-Party: 1 Under 65 & 1 Over 65	\$915.99	\$488.00	\$1,403.99
Family: All Under 65	\$2,453.33	\$488.00	\$2,941.33
Family: 2 Over 65 + 1 or more Under 65	\$1,339.54	\$488.00	\$1,827.54
Family: 1 Over 65 + 2 or more Under 65	\$1,896.43	\$488.00	\$2,384.43
Anthem Blue Cross HMO (Under 65) – California Only**			
Anthem Senior Secure HMO (Over 65) – Southern California Only**			
Single: Under 65	\$531.00	\$244.00	\$775.00
Single: Over 65	\$86.61	\$244.00	\$330.61
2-Party: Both Under 65	\$1,062.00	\$488.00	\$1,550.00
2-Party: Both Over 65	\$173.22	\$488.00	\$661.22
2-Party: 1 Under 65 & 1 Over 65	\$617.61	\$488.00	\$1,105.61
Family: All Under 65	\$1,837.00	\$488.00	\$2,325.00
Family: 2 Over 65 + 1 or more Under 65	\$948.22	\$488.00	\$1,436.22
Family: 1 Over 65 + 2 or more Under 65	\$1,392.61	\$488.00	\$1,880.61
Kaiser Permanente HMO (Under 65) – Southern California Only**			
Kaiser Senior Advantage HMO (Over 65) – Southern California Only**			
Single: Under 65	\$367.14	\$244.00	\$611.14
Single: Over 65	\$0.00	\$170.70	\$170.70
2-Party: Both Under 65	\$734.28	\$488.00	\$1,222.28
2-Party: Both Over 65	\$0.00	\$341.40	\$341.40
2-Party: 1 Under 65 & 1 Over 65	\$293.84	\$488.00	\$781.84
Family: All Under 65	\$1,345.42	\$488.00	\$1,833.42
Family: 2 Over 65 + 1 or more Under 65	\$464.54	\$488.00	\$952.54
Family: 1 Over 65 + 2 or more Under 65	\$904.98	\$488.00	\$1,392.98

*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	\$367.14	\$244.00	\$611.14
Single: Over 65	\$0.00	\$170.70	\$170.70
2-Party: Both Under 65	\$734.28	\$488.00	\$1,222.28
2-Party: Both Over 65	\$0.00	\$341.40	\$341.40
2-Party: 1 Under 65 & 1 Over 65	\$293.84	\$488.00	\$781.84
Family: All Under 65	\$1,345.42	\$488.00	\$1,833.42
Family: 2 Over 65 + 1 or more Under 65	\$464.54	\$488.00	\$952.54
Family: 1 Over 65 + 2 or more Under 65	\$904.98	\$488.00	\$1,392.98
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	\$367.14	\$244.00	\$611.14
Single: Over 65	\$59.21	\$244.00	\$303.21
2-Party: Both Under 65	\$734.28	\$488.00	\$1,222.28
2-Party: Both Over 65	\$118.42	\$488.00	\$606.42
2-Party: 1 Under 65 & 1 Over 65	\$426.35	\$488.00	\$914.35
Family: All Under 65	\$1,345.42	\$488.00	\$1,833.42
Family: 2 Over 65 + 1 or more Under 65	\$729.56	\$488.00	\$1,217.56
Family: 1 Over 65 + 2 or more Under 65	\$1,037.49	\$488.00	\$1,525.49
Kaiser Permanente HMO (Under 65) – Colorado Only **			
Kaiser Senior Advantage HMO (Over 65) – Colorado Only **			
Single: Under 65	\$367.14	\$244.00	\$611.14
Single: Over 65	\$0.00	\$228.82	\$228.82
2-Party: Both Under 65	\$734.28	\$488.00	\$1,222.28
2-Party: Both Over 65	\$0.00	\$457.64	\$457.64
2-Party: 1 Under 65 & 1 Over 65	\$351.96	\$488.00	\$839.96
Family: All Under 65	\$1,345.42	\$488.00	\$1,833.42
Family: 2 Over 65 + 1 or more Under 65	\$580.78	\$488.00	\$1,068.78
Family: 1 Over 65 + 2 or more Under 65	\$963.10	\$488.00	\$1,451.10
BLUE CROSS/BLUE SHIELD OF NEW MEXICO HMO (Over 65 Only) – New Mexico Only**			
Single: Over 65	\$0.00	\$221.30	\$221.30
2-Party: Both Over 65	\$0.00	\$442.60	\$442.60
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	\$132.50	\$132.50
Family: All Under 65	\$0.00	\$178.50	\$178.50

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

**Based on ZIP code availability

The Aerospace Corporation
2021 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

2021 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