

The Aerospace Corporation
 2022 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	\$969.17	\$244.00	\$1,213.17
Single: Over 65	\$158.37	\$244.00	\$402.37
2-Party: Both Under 65	\$1,938.34	\$488.00	\$2,426.34
2-Party: Both Over 65	\$316.74	\$488.00	\$804.74
2-Party: 1 Under 65 & 1 Over 65	\$1,127.54	\$488.00	\$1,615.54
Family: All Under 65	\$3,151.52	\$488.00	\$3,639.52
Family: 2 Over 65 + 1 or more Under 65	\$1,529.91	\$488.00	\$2,017.91
Family: 1 Over 65 + 2 or more Under 65	\$2,340.71	\$488.00	\$2,828.71
Anthem Blue Cross EPO (Under 65) – All State Except for California			
Anthem Medicare Preferred (PPO) (Over 65) – Nationwide			
Single: Under 65	\$769.86	\$244.00	\$1,013.86
Single: Over 65	\$158.37	\$244.00	\$402.37
2-Party: Both Under 65	\$1,539.71	\$488.00	\$2,027.71
2-Party: Both Over 65	\$316.74	\$488.00	\$804.74
2-Party: 1 Under 65 & 1 Over 65	\$928.23	\$488.00	\$1,416.23
Family: All Under 65	\$2,553.57	\$488.00	\$3,041.57
Family: 2 Over 65 + 1 or more Under 65	\$1,330.60	\$488.00	\$1,818.60
Family: 1 Over 65 + 2 or more Under 65	\$1,942.09	\$488.00	\$2,430.09
Anthem Blue Cross HMO (Under 65) – California**			
Anthem Senior Secure HMO (Over 65) – Southern California**			
Single: Under 65	\$632.96	\$244.00	\$876.96
Single: Over 65	\$86.61	\$244.00	\$330.61
2-Party: Both Under 65	\$1,265.93	\$488.00	\$1,753.93
2-Party: Both Over 65	\$173.22	\$488.00	\$661.22
2-Party: 1 Under 65 & 1 Over 65	\$719.57	\$488.00	\$1,207.57
Family: All Under 65	\$2,142.90	\$488.00	\$2,630.90
Family: 2 Over 65 + 1 or more Under 65	\$1,050.18	\$488.00	\$1,538.18
Family: 1 Over 65 + 2 or more Under 65	\$1,596.53	\$488.00	\$2,084.53
Kaiser Permanente HMO (Under 65) – California**			
Kaiser Senior Advantage HMO (Over 65) – California**			
Single: Under 65	\$389.58	\$244.00	\$633.58
Single: Over 65	\$0.00	\$161.66	\$161.66
2-Party: Both Under 65	\$779.16	\$488.00	\$1,267.16
2-Party: Both Over 65	\$0.00	\$323.32	\$323.32
2-Party: 1 Under 65 & 1 Over 65	\$307.24	\$488.00	\$795.24
Family: All Under 65	\$1,412.74	\$488.00	\$1,900.74
Family: 2 Over 65 + 1 or more Under 65	\$468.90	\$488.00	\$956.90
Family: 1 Over 65 + 2 or more Under 65	\$940.82	\$488.00	\$1,428.82

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

**Based on ZIP code availability

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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	\$389.58	\$244.00	\$633.58
Single: Over 65	\$42.60	\$244.00	\$286.60
2-Party: Both Under 65	\$779.16	\$488.00	\$1,267.16
2-Party: Both Over 65	\$85.20	\$488.00	\$573.20
2-Party: 1 Under 65 & 1 Over 65	\$432.18	\$488.00	\$920.18
Family: All Under 65	\$1,412.74	\$488.00	\$1,900.74
Family: 2 Over 65 + 1 or more Under 65	\$718.78	\$488.00	\$1,206.78
Family: 1 Over 65 + 2 or more Under 65	\$1,065.76	\$488.00	\$1,553.76
Kaiser Permanente HMO (Under 65) – Colorado**			
Kaiser Senior Advantage HMO (Over 65) – Colorado**			
Single: Under 65	\$389.58	\$244.00	\$633.58
Single: Over 65	\$0.00	\$217.38	\$217.38
2-Party: Both Under 65	\$779.16	\$488.00	\$1,267.16
2-Party: Both Over 65	\$0.00	\$434.76	\$434.76
2-Party: 1 Under 65 & 1 Over 65	\$362.96	\$488.00	\$850.96
Family: All Under 65	\$1,412.74	\$488.00	\$1,900.74
Family: 2 Over 65 + 1 or more Under 65	\$580.34	\$488.00	\$1,068.34
Family: 1 Over 65 + 2 or more Under 65	\$996.54	\$488.00	\$1,484.54
BLUE CROSS/BLUE SHIELD OF NEW MEXICO HMO (Over 65 Only) – New Mexico**			
Single: Over 65	\$0.00	\$223.50	\$223.50
2-Party: Both Over 65	\$0.00	\$447.00	\$447.00
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	\$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
2022 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

2022 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