

The Aerospace Corporation
2023 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	\$975.82	\$244.00	\$1,219.82
Single: Over 65	\$117.72	\$244.00	\$361.72
2-Party: Both Under 65	\$1,951.63	\$488.00	\$2,439.63
2-Party: Both Over 65	\$235.44	\$488.00	\$723.44
2-Party: 1 Under 65 & 1 Over 65	\$1,093.54	\$488.00	\$1,581.54
Family: All Under 65	\$3,171.46	\$488.00	\$3,659.46
Family: 2 Over 65 + 1 or more Under 65	\$1,455.26	\$488.00	\$1,943.26
Family: 1 Over 65 + 2 or more Under 65	\$2,313.36	\$488.00	\$2,801.36
Anthem Blue Cross EPO (Under 65) – All State Except for California			
Anthem Medicare Preferred (PPO) (Over 65) – Nationwide			
Single: Under 65	\$857.86	\$244.00	\$1,101.86
Single: Over 65	\$117.72	\$244.00	\$361.72
2-Party: Both Under 65	\$1,715.70	\$488.00	\$2,203.70
2-Party: Both Over 65	\$235.44	\$488.00	\$723.44
2-Party: 1 Under 65 & 1 Over 65	\$975.58	\$488.00	\$1,463.58
Family: All Under 65	\$2,817.56	\$488.00	\$3,305.56
Family: 2 Over 65 + 1 or more Under 65	\$1,337.30	\$488.00	\$1,825.30
Family: 1 Over 65 + 2 or more Under 65	\$2,077.44	\$488.00	\$2,565.44
Anthem Blue Cross HMO (Under 65) – California**			
Anthem Senior Secure HMO (Over 65) – Southern California**			
Single: Under 65	\$786.60	\$244.00	\$1,030.60
Single: Over 65	\$86.61	\$244.00	\$330.61
2-Party: Both Under 65	\$1,573.19	\$488.00	\$2,061.19
2-Party: Both Over 65	\$173.22	\$488.00	\$661.22
2-Party: 1 Under 65 & 1 Over 65	\$873.21	\$488.00	\$1,361.21
Family: All Under 65	\$2,603.79	\$488.00	\$3,091.79
Family: 2 Over 65 + 1 or more Under 65	\$1,203.82	\$488.00	\$1,691.82
Family: 1 Over 65 + 2 or more Under 65	\$1,903.81	\$488.00	\$2,391.81
Kaiser Permanente HMO (Under 65) – California**			
Kaiser Senior Advantage HMO (Over 65) – California**			
Single: Under 65	\$370.43	\$244.00	\$614.43
Single: Over 65	\$0.00	\$149.81	\$149.81
2-Party: Both Under 65	\$740.86	\$488.00	\$1,228.86
2-Party: Both Over 65	\$0.00	\$299.62	\$299.62
2-Party: 1 Under 65 & 1 Over 65	\$276.24	\$488.00	\$764.24
Family: All Under 65	\$1,355.29	\$488.00	\$1,843.29
Family: 2 Over 65 + 1 or more Under 65	\$426.05	\$488.00	\$914.05
Family: 1 Over 65 + 2 or more Under 65	\$890.67	\$488.00	\$1,378.67

*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	\$370.43	\$244.00	\$614.43
Single: Over 65	\$43.17	\$244.00	\$287.17
2-Party: Both Under 65	\$740.86	\$488.00	\$1,228.86
2-Party: Both Over 65	\$86.34	\$488.00	\$574.34
2-Party: 1 Under 65 & 1 Over 65	\$413.60	\$488.00	\$901.60
Family: All Under 65	\$1,355.29	\$488.00	\$1,843.29
Family: 2 Over 65 + 1 or more Under 65	\$700.77	\$488.00	\$1,188.77
Family: 1 Over 65 + 2 or more Under 65	\$1,028.03	\$488.00	\$1,516.03
Kaiser Permanente HMO (Under 65) – Colorado**			
Kaiser Senior Advantage HMO (Over 65) – Colorado**			
Single: Under 65	\$370.43	\$244.00	\$614.43
Single: Over 65	\$0.00	\$217.38	\$217.38
2-Party: Both Under 65	\$740.86	\$488.00	\$1,228.86
2-Party: Both Over 65	\$0.00	\$434.76	\$434.76
2-Party: 1 Under 65 & 1 Over 65	\$343.81	\$488.00	\$831.81
Family: All Under 65	\$1,355.29	\$488.00	\$1,843.29
Family: 2 Over 65 + 1 or more Under 65	\$561.19	\$488.00	\$1,049.19
Family: 1 Over 65 + 2 or more Under 65	\$958.24	\$488.00	\$1,446.24
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
2023 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

2023 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