

The Aerospace Corporation

2024 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	\$1,073.92	\$244.00	\$1,317.92
Single: Over 65	\$112.58	\$244.00	\$356.58
2-Party: Both Under 65	\$2,147.83	\$488.00	\$2,635.83
2-Party: Both Over 65	\$225.16	\$488.00	\$713.16
2-Party: 1 Under 65 & 1 Over 65	\$1,186.50	\$488.00	\$1,674.50
Family: All Under 65	\$3,465.76	\$488.00	\$3,953.76
Family: 2 Over 65 + 1 or more Under 65	\$1,543.08	\$488.00	\$2,031.08
Family: 1 Over 65 + 2 or more Under 65	\$2,504.42	\$488.00	\$2,992.42
Anthem Blue Cross EPO (Under 65) – All State Except for California			
Anthem Medicare Preferred (PPO) (Over 65) – Nationwide			
Single: Under 65	\$1,027.84	\$244.00	\$1,271.84
Single: Over 65	\$112.58	\$244.00	\$356.58
2-Party: Both Under 65	\$2,055.66	\$488.00	\$2,543.66
2-Party: Both Over 65	\$225.16	\$488.00	\$713.16
2-Party: 1 Under 65 & 1 Over 65	\$1,140.42	\$488.00	\$1,628.42
Family: All Under 65	\$3,327.50	\$488.00	\$3,815.50
Family: 2 Over 65 + 1 or more Under 65	\$1,497.00	\$488.00	\$1,985.00
Family: 1 Over 65 + 2 or more Under 65	\$2,412.26	\$488.00	\$2,900.26
Anthem Blue Cross HMO (Under 65) – California**			
Anthem Senior Secure HMO (Over 65) – Southern California**			
Single: Under 65	\$988.23	\$244.00	\$1,232.23
Single: Over 65	\$80.85	\$244.00	\$324.85
2-Party: Both Under 65	\$1,976.44	\$488.00	\$2,464.44
2-Party: Both Over 65	\$161.70	\$488.00	\$649.70
2-Party: 1 Under 65 & 1 Over 65	\$1,069.08	\$488.00	\$1,557.08
Family: All Under 65	\$3,208.67	\$488.00	\$3,696.67
Family: 2 Over 65 + 1 or more Under 65	\$1,393.93	\$488.00	\$1,881.93
Family: 1 Over 65 + 2 or more Under 65	\$2,301.31	\$488.00	\$2,789.31
Kaiser Permanente HMO (Under 65) – California**			
Kaiser Senior Advantage HMO (Over 65) – California**			
Single: Under 65	\$464.75	\$244.00	\$708.75
Single: Over 65	\$0.00	\$172.38	\$172.38
2-Party: Both Under 65	\$929.50	\$488.00	\$1,417.50
2-Party: Both Over 65	\$0.00	\$344.76	\$344.76
2-Party: 1 Under 65 & 1 Over 65	\$393.13	\$488.00	\$881.13
Family: All Under 65	\$1,638.25	\$488.00	\$2,126.25
Family: 2 Over 65 + 1 or more Under 65	\$565.51	\$488.00	\$1,053.51
Family: 1 Over 65 + 2 or more Under 65	\$1,101.88	\$488.00	\$1,589.88

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

**Based on ZIP code availability

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Medical Coverage	Your Monthly Cost Share	Amount Paid by Plan*	Total Monthly Premium
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	\$464.75	\$244.00	\$708.75
Single: Over 65	\$61.11	\$244.00	\$305.11
2-Party: Both Under 65	\$929.50	\$488.00	\$1,417.50
2-Party: Both Over 65	\$122.22	\$488.00	\$610.22
2-Party: 1 Under 65 & 1 Over 65	\$525.86	\$488.00	\$1,013.86
Family: All Under 65	\$1,638.25	\$488.00	\$2,126.25
Family: 2 Over 65 + 1 or more Under 65	\$830.97	\$488.00	\$1,318.97
Family: 1 Over 65 + 2 or more Under 65	\$1,234.61	\$488.00	\$1,722.61
Kaiser Permanente HMO (Under 65) – Colorado**			
Kaiser Senior Advantage HMO (Over 65) – Colorado**			
Single: Under 65	\$464.75	\$244.00	\$708.75
Single: Over 65	\$0.00	\$217.38	\$217.38
2-Party: Both Under 65	\$929.50	\$488.00	\$1,417.50
2-Party: Both Over 65	\$0.00	\$434.76	\$434.76
2-Party: 1 Under 65 & 1 Over 65	\$438.13	\$488.00	\$926.13
Family: All Under 65	\$1,638.25	\$488.00	\$2,126.25
Family: 2 Over 65 + 1 or more Under 65	\$655.51	\$488.00	\$1,143.51
Family: 1 Over 65 + 2 or more Under 65	\$1,146.88	\$488.00	\$1,634.88
BLUE CROSS/BLUE SHIELD OF NEW MEXICO HMO (Over 65 Only) – New Mexico**			
Single: Over 65	\$0.00	\$230.20	\$230.20
2-Party: Both Over 65	\$0.00	\$460.40	\$460.40
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

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2024 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

2024 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