

**CALCULATE YOUR 2024 MONTHLY
MEDICAL PLAN COST SHARE FOR TIER B**

STEP 1: Enter the percent below based on your years of service at retirement (rounded down)

<u>YRS</u>	<u>%</u>	<u>YRS</u>	<u>%</u>
10	34%	22	70%
11	37%	23	73%
12	40%	24	76%
13	43%	25	79%
14	46%	26	82%
15	49%	27	85%
16	52%	28	88%
17	55%	29	91%
18	58%	30	94%
19	61%	31	97%
20	64%	32+	100%
21	67%		

Your Percentage Based on Years of Service:

_____ %

STEP 2: Enter the maximum 2024 Total Defined Dollar Benefit (DDB)* that applies to how many people will be covered:

- 1 Party = \$244*
- 2 Party or Family = \$488*

Maximum Monthly DDB*:

\$ _____

STEP 3: Multiply your Percentage from STEP 1 times the DDB in STEP 2 to calculate your service-based DDB:

Your Monthly DDB*:

\$ _____

STEP 4: Your Monthly Cost Share is the difference between your DDB from STEP 3 and the Total Monthly Provider Cost of \$ _____:

Your Monthly Cost Share:

\$ _____

EXAMPLE: You have 20 years of service and select *Anthem Medicare Preferred (PPO) with 2-Party, Both Over 65:*

- STEP 1: Your % = 64% based on 20 years of service*
- STEP 2: Maximum DDB for Retiree + Dependent(s) = \$488*
- STEP 3: 64% x \$488 = \$312.32 is your service-based DDB*
- STEP 4: \$713.16 Total Monthly Provider Cost*
- 312.32 Your service-based DDB
\$400.84 Your monthly cost share

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

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2024 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	\$1,317.92
Single: Over 65	\$356.58
2-Party: Both Under 65	\$2,635.83
2-Party: Both Over 65	\$713.16
2-Party: 1 Under 65 & 1 Over 65	\$1,674.50
Family: All Under 65	\$3,953.76
Family: 2 Over 65 + 1 or more Under 65	\$2,031.08
Family: 1 Over 65 + 2 or more Under 65	\$2,992.42
Anthem Blue Cross EPO (Under 65) – Non-California	
Anthem Medicare Preferred (PPO) (Over 65) – Nationwide	
Single: Under 65	\$1,271.84
Single: Over 65	\$356.58
2-Party: Both Under 65	\$2,543.66
2-Party: Both Over 65	\$713.16
2-Party: 1 Under 65 & 1 Over 65	\$1,628.42
Family: All Under 65	\$3,815.50
Family: 2 Over 65 + 1 or more Under 65	\$1,985.00
Family: 1 Over 65 + 2 or more Under 65	\$2,900.26
Anthem Blue Cross HMO (Under 65) – California*	
Anthem Senior Secure HMO (Over 65) – Southern California*	
Single: Under 65	\$1,232.23
Single: Over 65	\$324.85
2-Party: Both Under 65	\$2,464.44
2-Party: Both Over 65	\$649.70
2-Party: 1 Under 65 & 1 Over 65	\$1,557.08
Family: All Under 65	\$3,696.67
Family: 2 Over 65 + 1 or more Under 65	\$1,881.93
Family: 1 Over 65 + 2 or more Under 65	\$2,789.31
Kaiser Permanente HMO (Under 65) – California*	
Kaiser Senior Advantage HMO (Over 65) – California*	
Single: Under 65	\$708.75
Single: Over 65	\$172.38
2-Party: Both Under 65	\$1,417.50
2-Party: Both Over 65	\$344.76
2-Party: 1 Under 65 & 1 Over 65	\$881.13
Family: All Under 65	\$2,126.25
Family: 2 Over 65 + 1 or more Under 65	\$1,053.51
Family: 1 Over 65 + 2 or more Under 65	\$1,589.88

*Based on ZIP Code Availability

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 2024 Tier B Retiree Monthly Cost-Sharing Rates

Medical Coverage	Total Monthly Provider Cost
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	\$708.75
Single: Over 65	\$305.11
2-Party: Both Under 65	\$1,417.50
2-Party: Both Over 65	\$610.22
2-Party: 1 Under 65 & 1 Over 65	\$1,013.86
Family: All Under 65	\$2,126.25
Family: 2 Over 65 + 1 or more Under 65	\$1,318.97
Family: 1 Over 65 + 2 or more Under 65	\$1,722.61
Kaiser Permanente HMO (Under 65) – Colorado*	
Kaiser Senior Advantage HMO (Over 65) – Colorado*	
Single: Under 65	\$708.75
Single: Over 65	\$217.38
2-Party: Both Under 65	\$1,417.50
2-Party: Both Over 65	\$434.76
2-Party: 1 Under 65 & 1 Over 65	\$926.13
Family: All Under 65	\$2,126.25
Family: 2 Over 65 + 1 or more Under 65	\$1,143.51
Family: 1 Over 65 + 2 or more Under 65	\$1,634.88
BLUE CROSS/BLUE SHIELD OF NEW MEXICO HMO (Over 65 Only) – New Mexico*	
Single: Over 65	\$230.20
2-Party: Both Over 65	\$460.40
TRICARE SUPPLEMENT (SELMAN & COMPANY) – (Under 65 Only) (Military Retirees/Dependents/Survivors)	
Single: Under 65	\$67.50
2-Party: Both Under 65	\$132.50
Family: All Under 65	\$178.50

*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