

The Aerospace Corporation
2025 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	\$1,127.24	\$244.00	\$1,371.24
Single: Over 65	\$112.58	\$244.00	\$356.58
2-Party: Both Under 65	\$2,254.47	\$488.00	\$2,742.47
2-Party: Both Over 65	\$225.16	\$488.00	\$713.16
2-Party: 1 Under 65 & 1 Over 65	\$1,239.82	\$488.00	\$1,727.82
Family: All Under 65	\$3,625.72	\$488.00	\$4,113.72
Family: 2 Over 65 + 1 or more Under 65	\$1,596.40	\$488.00	\$2,084.40
Family: 1 Over 65 + 2 or more Under 65	\$2,611.06	\$488.00	\$3,099.06
Anthem Blue Cross EPO (Under 65) – All State Except for California			
Anthem Medicare Preferred (PPO) (Over 65) – Nationwide			
Single: Under 65	\$1,100.26	\$244.00	\$1,344.26
Single: Over 65	\$112.58	\$244.00	\$356.58
2-Party: Both Under 65	\$2,200.50	\$488.00	\$2,688.50
2-Party: Both Over 65	\$225.16	\$488.00	\$713.16
2-Party: 1 Under 65 & 1 Over 65	\$1,212.84	\$488.00	\$1,700.84
Family: All Under 65	\$3,544.77	\$488.00	\$4,032.77
Family: 2 Over 65 + 1 or more Under 65	\$1,569.42	\$488.00	\$2,057.42
Family: 1 Over 65 + 2 or more Under 65	\$2,557.10	\$488.00	\$3,045.10
Anthem Blue Cross HMO (Under 65) – California**			
Anthem Senior Secure HMO (Over 65) – Southern California**			
Single: Under 65	\$1,100.26	\$244.00	\$1,344.26
Single: Over 65	\$143.89	\$244.00	\$387.89
2-Party: Both Under 65	\$2,200.50	\$488.00	\$2,688.50
2-Party: Both Over 65	\$287.78	\$488.00	\$775.78
2-Party: 1 Under 65 & 1 Over 65	\$1,244.15	\$488.00	\$1,732.15
Family: All Under 65	\$3,544.77	\$488.00	\$4,032.77
Family: 2 Over 65 + 1 or more Under 65	\$1,632.04	\$488.00	\$2,120.04
Family: 1 Over 65 + 2 or more Under 65	\$2,588.41	\$488.00	\$3,076.41
Kaiser Permanente HMO (Under 65) – California**			
Kaiser Senior Advantage HMO (Over 65) – California**			
Single: Under 65	\$521.82	\$244.00	\$765.82
Single: Over 65	\$0.00	\$177.99	\$177.99
2-Party: Both Under 65	\$1,043.64	\$488.00	\$1,531.64
2-Party: Both Over 65	\$0.00	\$355.98	\$355.98
2-Party: 1 Under 65 & 1 Over 65	\$455.81	\$488.00	\$943.81
Family: All Under 65	\$1,809.46	\$488.00	\$2,297.46
Family: 2 Over 65 + 1 or more Under 65	\$633.80	\$488.00	\$1,121.80
Family: 1 Over 65 + 2 or more Under 65	\$1,221.63	\$488.00	\$1,709.63

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

**Based on ZIP code availability

The Aerospace Corporation
2025 Tier A Retiree Monthly Cost-Sharing Rates

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	\$521.82	\$244.00	\$765.82
Single: Over 65	\$67.11	\$244.00	\$311.11
2-Party: Both Under 65	\$1,043.64	\$488.00	\$1,531.64
2-Party: Both Over 65	\$134.22	\$488.00	\$622.22
2-Party: 1 Under 65 & 1 Over 65	\$588.93	\$488.00	\$1,076.93
Family: All Under 65	\$1,809.46	\$488.00	\$2,297.46
Family: 2 Over 65 + 1 or more Under 65	\$900.04	\$488.00	\$1,388.04
Family: 1 Over 65 + 2 or more Under 65	\$1,354.75	\$488.00	\$1,842.75
Kaiser Permanente HMO (Under 65) – Colorado**			
Kaiser Senior Advantage HMO (Over 65) – Colorado**			
Single: Under 65	\$521.82	\$244.00	\$765.82
Single: Over 65	\$0.00	\$217.38	\$217.38
2-Party: Both Under 65	\$1,043.64	\$488.00	\$1,531.64
2-Party: Both Over 65	\$0.00	\$434.76	\$434.76
2-Party: 1 Under 65 & 1 Over 65	\$495.20	\$488.00	\$983.20
Family: All Under 65	\$1,809.46	\$488.00	\$2,297.46
Family: 2 Over 65 + 1 or more Under 65	\$712.58	\$488.00	\$1,200.58
Family: 1 Over 65 + 2 or more Under 65	\$1,261.02	\$488.00	\$1,749.02
BLUE CROSS/BLUE SHIELD OF NEW MEXICO HMO (Over 65 Only) – New Mexico**			
Single: Over 65	\$9.20	\$244.00	\$253.20
2-Party: Both Over 65	\$18.40	\$488.00	\$506.40
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

The Aerospace Corporation
2025 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

2025 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