The Aerospace Corporation 2025 Aerospace Retiree Medical Monthly Cost-Sharing: Tier A and Transition Rates

Medical Coverage	Monthly Retiree Cost (Tier A)	Monthly DDB Amount Paid by Plan*	Monthly Premium	CY 2025 EE Cost / Month	Monthly Retiree Transition Cost Under Temporary Subsidy: Lesser of (1) & (2) <sup>™</sup>	Monthly Transition Subsidy Amount
	(1)			(2)	(3)	(1) - (3)
Anthem Blue Cross PPO - Nationwide (Under 65) / An						
Single: Under 65	\$1,127.24	\$244.00	\$1,371.24	\$227.99	\$227.99	\$899.25
Single: Over 65	\$112.58	\$244.00	\$356.58	\$227.99	\$112.58	\$0.00
2 Party: Retiree & Spouse Under 65	\$2,254.47	\$488.00	\$2,742.47	\$501.07	\$501.07	\$1,753.40
2 Party: Retiree & Child(ren) Under 65	\$2,254.47	\$488.00	\$2,742.47	\$410.04	\$410.04	\$1,844.43
2 Party: Retiree & Spouse Over 65	\$225.16	\$488.00	\$713.16	\$501.07	\$225.16	\$0.00
2 Party: Retiree & Spouse 1 Under 65 & 1 Over 65	\$1,239.82	\$488.00	\$1,727.82	\$501.07	\$501.07	\$738.75
2 Party: Retiree & Child(ren) 1 Over 65	\$1,239.82	\$488.00	\$1,727.82	\$410.04	\$410.04	\$829.78
Family: All Under 65	\$3,625.72	\$488.00	\$4,113.72	\$705.87	\$705.87	\$2,919.85
Family: 2 Over 65 + 1 or more Under 65	\$1,596.40	\$488.00	\$2,084.40	\$705.87	\$705.87	\$890.53
Family: 1 Over 65 + 2 or more Under 65	\$2,611.06	\$488.00	\$3,099.06	\$705.87	\$705.87	\$1,905.19
Anthem Blue Cross EPO Non-CA (Under 65) / Anthem	Medicare Prefer	red PPO (Over 6				
Single: Under 65	\$1,100.26	\$244.00	\$1,344.26	\$223.52	\$223.52	\$876.74
Single: Over 65	\$112.58	\$244.00	\$356.58	\$223.52	\$112.58	\$0.00
2 Party: Retiree & Spouse Under 65	\$2,200.50	\$488.00	\$2,688.50	\$491.21	\$491.21	\$1,709.29
2 Party: Retiree & Child(ren) Under 65	\$2,200.50	\$488.00	\$2,688.50	\$401.98	\$401.98	\$1,798.52
2 Party: Retiree & Spouse Over 65	\$225.16	\$488.00	\$713.16	\$491.21	\$225.16	\$0.00
2 Party: Retiree & Spouse 1 Under 65 & 1 Over 65	\$1,212.84	\$488.00	\$1,700.84	\$491.21	\$491.21	\$721.63
2 Party: Retiree & Child(ren) 1 Over 65	\$1,212.84	\$488.00	\$1,700.84	\$401.98	\$401.98	\$810.86
Family: All Under 65	\$3,544.77	\$488.00	\$4,032.77	\$691.98	\$691.98	\$2,852.79
Family: 2 Over 65 + 1 or more Under 65	\$1,569.42	\$488.00	\$2,057.42	\$691.98	\$691.98	\$877.44
Family: 1 Over 65 + 2 or more Under 65	\$2,557.10	\$488.00	\$3,045.10	\$691.98	\$691.98	\$1,865.12
Anthem Blue Cross HMO CA (Under 65) / Anthem Blu	e Cross Senior S	ecure HMO (Ove	r 65)			
Single: Under 65	\$1,100.26	\$244.00	\$1,344.26	\$223.52	\$223.52	\$876.74
Single: Over 65	\$143.89	\$244.00	\$387.89	\$223.52	\$143.89	\$0.00
2 Party: Retiree & Spouse Under 65	\$2,200.50	\$488.00	\$2,688.50	\$491.21	\$491.21	\$1,709.29
2 Party: Retiree & Child(ren) Under 65	\$2,200.50	\$488.00	\$2,688.50	\$401.98	\$401.98	\$1,798.52
2 Party: Retiree & Spouse Over 65	\$287.78	\$488.00	\$775.78	\$491.21	\$287.78	\$0.00
2 Party: Retiree & Spouse 1 Under 65 & 1 Over 65	\$1,244.15	\$488.00	\$1,732.15	\$491.21	\$491.21	\$752.94
2 Party: Retiree & Child(ren) 1 Over 65	\$1,244.15	\$488.00	\$1,732.15	\$401.98	\$401.98	\$842.17
Family: All Under 65	\$3,544.77	\$488.00	\$4,032.77	\$691.98	\$691.98	\$2,852.79
Family: 2 Over 65 + 1 or more Under 65	\$1,632.04	\$488.00	\$2,120.04	\$691.98	\$691.98	\$940.06
Family: 1 Over 65 + 2 or more Under 65	\$2,588.41	\$488.00	\$3,076.41	\$691.98	\$691.98	\$1,896.43



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Medical Coverage	Monthly Retiree Cost (Tier A)	Monthly DDB Amount Paid by Plan*	Monthly Premium	CY 2025 EE Cost / Month	Monthly Retiree Transition Cost Under Temporary Subsidy: Lesser of (1) & (2) <sup>⋯</sup>	Monthly Transition Subsidy Amount
	(1)			(2)	(3)	(1) - (3)
Kaiser Permanente HMO California (Under 65) / Kaiser Senior Advantage HMO (Over 65)						
Single: Under 65	\$521.82	\$244.00	\$765.82	\$167.83	\$167.83	\$353.99
Single: Over 65	\$0.00	\$177.99	\$177.99	\$167.83	\$0.00	\$0.00
2 Party: Retiree & Spouse Under 65	\$1,043.64	\$488.00	\$1,531.64	\$368.69	\$368.69	\$674.95
2 Party: Retiree & Child(ren) Under 65	\$1,043.64	\$488.00	\$1,531.64	\$301.74	\$301.74	\$741.90
2 Party: Retiree & Spouse Over 65	\$0.00	\$355.98	\$355.98	\$368.69	\$0.00	\$0.00
2 Party: Retiree & Spouse 1 Under 65 & 1 Over 65	\$455.81	\$488.00	\$943.81	\$368.69	\$368.69	\$87.12
2 Party: Retiree & Child(ren) 1 Over 65	\$455.81	\$488.00	\$943.81	\$301.74	\$301.74	\$154.07
Family: All Under 65	\$1,809.46	\$488.00	\$2,297.46	\$519.34	\$519.34	\$1,290.12
Family: 2 Over 65 + 1 or more Under 65	\$633.80	\$488.00	\$1,121.80	\$519.34	\$519.34	\$114.46
Family: 1 Over 65 + 2 or more Under 65	\$1,221.63	\$488.00	\$1,709.63	\$519.34	\$519.34	\$702.29
Kaiser Permanente HMO Mid-Atlantic - Wash DC (Und						
Single: Under 65	\$521.82	\$244.00	\$765.82	\$167.83	\$167.83	\$353.99
Single: Over 65	\$67.11	\$244.00	\$311.11	\$167.83	\$67.11	\$0.00
2 Party: Retiree & Spouse Under 65	\$1,043.64	\$488.00	\$1,531.64	\$368.69	\$368.69	\$674.95
2 Party: Retiree & Child(ren) Under 65	\$1,043.64	\$488.00	\$1,531.64	\$301.74	\$301.74	\$741.90
2 Party: Retiree & Spouse Over 65	\$134.22	\$488.00	\$622.22	\$368.69	\$134.22	\$0.00
2 Party: Retiree & Spouse 1 Under 65 & 1 Over 65	\$588.93	\$488.00	\$1,076.93	\$368.69	\$368.69	\$220.24
2 Party: Retiree & Child(ren) 1 Over 65	\$588.93	\$488.00	\$1,076.93	\$301.74	\$301.74	\$287.19
Family: All Under 65	\$1,809.46	\$488.00	\$2,297.46	\$519.34	\$519.34	\$1,290.12
Family: 2 Over 65 + 1 or more Under 65	\$900.04	\$488.00	\$1,388.04	\$519.34	\$519.34	\$380.70
Family: 1 Over 65 + 2 or more Under 65	\$1,354.75	\$488.00	\$1,842.75	\$519.34	\$519.34	\$835.41
Kaiser Permanente HMO Colorado (Under 65) / Kaiser	r Senior Advanta	ge HMO (Over 65	5)			
Single: Under 65	\$521.82	\$244.00	\$765.82	\$167.83	\$167.83	\$353.99
Single: Over 65	\$0.00	\$217.38	\$217.38	\$167.83	\$0.00	\$0.00
2 Party: Retiree & Spouse Under 65	\$1,043.64	\$488.00	\$1,531.64	\$368.69	\$368.69	\$674.95
2 Party: Retiree & Child(ren) Under 65	\$1,043.64	\$488.00	\$1,531.64	\$301.74	\$301.74	\$741.90
2 Party: Retiree & Spouse Over 65	\$0.00	\$434.76	\$434.76	\$368.69	\$0.00	\$0.00
2 Party: Retiree & Spouse 1 Under 65 & 1 Over 65	\$495.20	\$488.00	\$983.20	\$368.69	\$368.69	\$126.51
2 Party: Retiree & Child(ren) 1 Over 65	\$495.20	\$488.00	\$983.20	\$301.74	\$301.74	\$193.46
Family: All Under 65	\$1,809.46	\$488.00	\$2,297.46	\$519.34	\$519.34	\$1,290.12
Family: 2 Over 65 + 1 or more Under 65	\$712.58	\$488.00	\$1,200.58	\$519.34	\$519.34	\$193.24
Family: 1 Over 65 + 2 or more Under 65	\$1,261.02	\$488.00	\$1,749.02	\$519.34	\$519.34	\$741.68



## The Aerospace Corporation

2025 Aerospace Retiree Medical Monthly Cost-Sharing: Tier A and Transition Rates

Medical Coverage	Monthly Retiree Cost (Tier A)	Monthly DDB Amount Paid by Plan*	Monthly Premium	CY 2025 EE Cost / Month	Monthly Retiree Transition Cost Under Temporary Subsidy: Lesser of (1) & (2) <sup>™</sup>	Monthly Transition Subsidy Amount		
	(1)			(2)	(3)	(1) - (3)		
•	oss Blue Shield HMO of New Mexico (Medicare Only)							
Single: Under 65	NOT AVAILABLE							
Single: Over 65	\$9.20	\$244.00	\$253.20	N/A	\$9.20	\$0.00		
2 Party: Both Under 65	NOT AVAILABLE							
2 Party: Both Over 65	\$18.40	\$488.00	\$506.40	N/A	\$18.40	\$0.00		
2 Party: 1 Under 65 & 1 Over 65		NOT AVAILABLE						
Family: All Under 65		NOT AVAILABLE						
Family: 2 Over 65 + 1 or more Under 65		NOT AVAILABLE						
Family: 1 Over 65 + 2 or more Under 65		NOT AVAILABLE						
Tricare Supplement (Selman & Company) (Under 6	5) - Military Retiree	S						
Single: Under 65	\$0.00	\$67.50	\$67.50	\$69.42	\$0.00	\$0.00		
Single: Over 65	NOT AVAILABLE							
2 Party: Both Under 65	\$0.00	\$132.50	\$132.50	\$134.42	\$0.00	\$0.00		
2 Party: Both Over 65	NOT AVAILABLE							
2 Party: 1 Under 65 & 1 Over 65	NOT AVAILABLE							
Family: All Under 65	\$0.00	\$178.50	\$178.50	\$180.42	\$0.00	\$0.00		
Family: 2 Over 65 + 1 or more Under 65	NOT AVAILABLE							
Family: 1 Over 65 + 2 or more Under 65	NOT AVAILABLE							

Anthem Blue Cross Senior Secure HMO is only available in Southern California

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

\*\*The Transition Period applies through July 31st following the retirement date

