

**CALCULATE YOUR 2025 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 2025 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*

**The Aerospace Corporation**  
**2025 Tier B Retiree Monthly Cost-Sharing Rates**

Medical Coverage	Total Monthly Provider Cost
<b>Anthem Blue Cross PPO (Under 65) – Nationwide</b>	
<b>Anthem Medicare Preferred (PPO) (Over 65) – Nationwide</b>	
Single: Under 65	\$1,371.24
Single: Over 65	\$356.58
2-Party: Both Under 65	\$2,742.47
2-Party: Both Over 65	\$713.16
2-Party: 1 Under 65 & 1 Over 65	\$1,727.82
Family: All Under 65	\$4,113.72
Family: 2 Over 65 + 1 or more Under 65	\$2,084.40
Family: 1 Over 65 + 2 or more Under 65	\$3,099.06
<b>Anthem Blue Cross EPO (Under 65) – Non-California</b>	
<b>Anthem Medicare Preferred (PPO) (Over 65) – Nationwide</b>	
Single: Under 65	\$1,344.26
Single: Over 65	\$356.58
2-Party: Both Under 65	\$2,688.50
2-Party: Both Over 65	\$713.16
2-Party: 1 Under 65 & 1 Over 65	\$1,700.84
Family: All Under 65	\$4,032.77
Family: 2 Over 65 + 1 or more Under 65	\$2,057.42
Family: 1 Over 65 + 2 or more Under 65	\$3,045.10
<b>Anthem Blue Cross HMO (Under 65) – California*</b>	
<b>Anthem Senior Secure HMO (Over 65) – Southern California*</b>	
Single: Under 65	\$1,344.26
Single: Over 65	\$387.89
2-Party: Both Under 65	\$2,688.50
2-Party: Both Over 65	\$775.78
2-Party: 1 Under 65 & 1 Over 65	\$1,732.15
Family: All Under 65	\$4,032.77
Family: 2 Over 65 + 1 or more Under 65	\$2,120.04
Family: 1 Over 65 + 2 or more Under 65	\$3,076.41
<b>Kaiser Permanente HMO (Under 65) – California*</b>	
<b>Kaiser Senior Advantage HMO (Over 65) – California*</b>	
Single: Under 65	\$765.82
Single: Over 65	\$177.99
2-Party: Both Under 65	\$1,531.64
2-Party: Both Over 65	\$355.98
2-Party: 1 Under 65 & 1 Over 65	\$943.81
Family: All Under 65	\$2,297.46
Family: 2 Over 65 + 1 or more Under 65	\$1,121.80
Family: 1 Over 65 + 2 or more Under 65	\$1,709.63

\*Based on ZIP Code Availability

**The Aerospace Corporation**  
**2025 Tier B Retiree Monthly Cost-Sharing Rates**

Medical Coverage	Total Monthly Provider Cost
<b>Kaiser Permanente Mid-Atlantic HMO (Under 65) – MD/VA/Wash. D.C.*</b>	
<b>Kaiser Mid-Atlantic Medicare Plus (Cost) HMO (Over 65) – MD/VA/Wash. D.C.*</b>	
Single: Under 65	\$765.82
Single: Over 65	\$311.11
2-Party: Both Under 65	\$1,531.64
2-Party: Both Over 65	\$622.22
2-Party: 1 Under 65 & 1 Over 65	\$1,076.93
Family: All Under 65	\$2,297.46
Family: 2 Over 65 + 1 or more Under 65	\$1,388.04
Family: 1 Over 65 + 2 or more Under 65	\$1,842.75
<b>Kaiser Permanente HMO (Under 65) – Colorado*</b>	
<b>Kaiser Senior Advantage HMO (Over 65) – Colorado*</b>	
Single: Under 65	\$765.82
Single: Over 65	\$217.38
2-Party: Both Under 65	\$1,531.64
2-Party: Both Over 65	\$434.76
2-Party: 1 Under 65 & 1 Over 65	\$983.20
Family: All Under 65	\$2,297.46
Family: 2 Over 65 + 1 or more Under 65	\$1,200.58
Family: 1 Over 65 + 2 or more Under 65	\$1,749.02
<b>BLUE CROSS/BLUE SHIELD OF NEW MEXICO HMO (Over 65 Only) – New Mexico*</b>	
Single: Over 65	\$253.20
2-Party: Both Over 65	\$506.40
<b>TRICARE SUPPLEMENT (SELMAN &amp; COMPANY) – (Under 65 Only)</b> (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

**The Aerospace Corporation**  
*2025 Retiree Dental Monthly Premiums*

Dental Coverage	Your Monthly Cost (You pay the full cost)
<b>SafeGuard - (A MetLife Company) – Group #SG100</b> <b>This is a closed plan open only to current enrollees</b>	
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)	
<b>Term Life Insurance</b> <b>This is a closed plan open only to current enrollees</b>		
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