The Aerospace Corporation

2026 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	$1,269.17	$244.00	$1,513.17
Single: Over 65	$161.43	$244.00	$405.43
2-Party: Both Under 65	$2,538.33	$488.00	$3,026.33
2-Party: Both Over 65	$322.86	$488.00	$810.86
2-Party: 1 Under 65 & 1 Over 65	$1,430.60	$488.00	$1,918.60
Family: All Under 65	$4,051.51	$488.00	$4,539.51
Family: 2 Over 65 + 1 or more Under 65	$1,836.03	$488.00	$2,324.03
Family: 1 Over 65 + 2 or more Under 65	$2,943.77	$488.00	$3,431.77
Anthem Blue Cross EPO (Under 65) – All State Except for California **Anthem Medicare Preferred (PPO)** (Over 65) – Nationwide			
Single: Under 65	$1,239.40	$244.00	$1,483.40
Single: Over 65	$161.43	$244.00	$405.43
2-Party: Both Under 65	$2,478.78	$488.00	$2,966.78
2-Party: Both Over 65	$322.86	$488.00	$810.86
2-Party: 1 Under 65 & 1 Over 65	$1,400.83	$488.00	$1,888.83
Family: All Under 65	$3,962.19	$488.00	$4,450.19
Family: 2 Over 65 + 1 or more Under 65	$1,806.26	$488.00	$2,294.26
Family: 1 Over 65 + 2 or more Under 65	$2,884.23	$488.00	$3,372.23
Anthem Blue Cross HMO (Under 65) – California** **Anthem Senior Secure HMO** (Over 65) – Southern California**			
Single: Under 65	$1,239.40	$244.00	$1,483.40
Single: Over 65	$200.91	$244.00	$444.91
2-Party: Both Under 65	$2,478.78	$488.00	$2,966.78
2-Party: Both Over 65	$401.82	$488.00	$889.82
2-Party: 1 Under 65 & 1 Over 65	$1,440.31	$488.00	$1,928.31
Family: All Under 65	$3,962.19	$488.00	$4,450.19
Family: 2 Over 65 + 1 or more Under 65	$1,885.22	$488.00	$2,373.22
Family: 1 Over 65 + 2 or more Under 65	$2,923.71	$488.00	$3,411.71
Kaiser Permanente HMO (Under 65) – California** **Kaiser Senior Advantage HMO** (Over 65) – California**			
Single: Under 65	$674.98	$244.00	$918.98
Single: Over 65	$0.00	$189.44	$189.44
2-Party: Both Under 65	$1,349.96	$488.00	$1,837.96
2-Party: Both Over 65	$0.00	$378.88	$378.88
2-Party: 1 Under 65 & 1 Over 65	$620.42	$488.00	$1,108.42
Family: All Under 65	$2,268.94	$488.00	$2,756.94
Family: 2 Over 65 + 1 or more Under 65	$809.86	$488.00	$1,297.86
Family: 1 Over 65 + 2 or more Under 65	$1,539.40	$488.00	$2,027.40

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

***Based on ZIP code availability*

The Aerospace Corporation

2026 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	$674.98	$244.00	$918.98
Single: Over 65	$84.42	$244.00	$328.42
2-Party: Both Under 65	$1,349.96	$488.00	$1,837.96
2-Party: Both Over 65	$168.84	$488.00	$656.84
2-Party: 1 Under 65 & 1 Over 65	$759.40	$488.00	$1,247.40
Family: All Under 65	$2,268.94	$488.00	$2,756.94
Family: 2 Over 65 + 1 or more Under 65	$1,087.82	$488.00	$1,575.82
Family: 1 Over 65 + 2 or more Under 65	$1,678.38	$488.00	$2,166.38
Kaiser Permanente HMO (Under 65) – Colorado** **Kaiser Senior Advantage HMO** (Over 65) – Colorado**			
Single: Under 65	$674.98	$244.00	$918.98
Single: Over 65	$0.00	$228.47	$228.47
2-Party: Both Under 65	$1,349.96	$488.00	$1,837.96
2-Party: Both Over 65	$0.00	$456.94	$456.94
2-Party: 1 Under 65 & 1 Over 65	$659.45	$488.00	$1,147.45
Family: All Under 65	$2,268.94	$488.00	$2,756.94
Family: 2 Over 65 + 1 or more Under 65	$887.92	$488.00	$1,375.92
Family: 1 Over 65 + 2 or more Under 65	$1,578.43	$488.00	$2,066.43
BLUE CROSS/BLUE SHIELD OF NEW MEXICO HMO (Over 65 Only) – New Mexico**			
Single: Over 65	$34.50	$244.00	$278.50
2-Party: Both Over 65	$69.00	$488.00	$557.00
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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2026 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

2026 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)	$3.76	$6.92
$2,500 (Pre-retirement coverage $10,000 - $14,999)	$4.95	$9.10
$3,750 (Pre-retirement coverage $15,000 - $19,999)	$7.43	$13.65
$5,000 (Pre-retirement coverage $20,000 - $24,999)	$9.90	$18.20
$6,250 (Pre-retirement coverage $25,000 - $29,999)	$12.38	$22.75
$7,500 (Pre-retirement coverage $30,000 +)	$14.85	$27.30