The Aerospace Corporation
2026 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 2026 EE Cost / Month	Monthly Retiree Transition Cost Under Temporary Subsidy: Lesser of (1) & (2)	Monthly Transition Subsidy Amount
Anthem Blue Cross PPO - Nationwide (Under 65) / Ar	(1)	roformed BBO (O)	or GE\	(2)	(3)	(1) - (3)
Single: Under 65	\$1,269.17	\$244.00	\$1,513.17	\$267.82	\$267.82	\$1,001.35
Single: Over 65	\$161.43	\$244.00	\$405.43	\$267.82	\$161.43	\$0.00
2 Party: Retiree & Spouse Under 65	\$2,538.33	\$488.00	\$3,026.33	\$588.65	\$588.65	\$1,949.68
2 Party: Retiree & Child(ren) Under 65	\$2,538.33	\$488.00	\$3,026.33	\$481.70	\$481.70	\$2,056.63
2 Party: Retiree & Spouse Over 65	\$322.86	\$488.00	\$810.86	\$588.65	\$322.86	\$0.00
2 Party: Retiree & Spouse 1 Under 65 & 1 Over 65	\$1,430.60	\$488.00	\$1,918.60	\$588.65	\$588.65	\$841.95
2 Party: Retiree & Child(ren) 1 Over 65	\$1,430.60	\$488.00	\$1,918.60	\$481.70	\$481.70	\$948.90
Family: All Under 65	\$4,051.51	\$488.00	\$4,539.51	\$829.26	\$829.26	\$3,222.25
Family: 2 Over 65 + 1 or more Under 65	\$1,836.03	\$488.00	\$2,324.03	\$829.26	\$829.26	\$1,006.77
Family: 1 Over 65 + 2 or more Under 65	\$2,943.77	\$488.00	\$3,431.77	\$829.26	\$829.26	\$2,114.51
Anthem Blue Cross EPO Non-CA (Under 65) / Anthem Medicare Preferred PPO (Over 65)					<b>4020.20</b>	Ψ=, · · · · · · ·
Single: Under 65	\$1,239.40	\$244.00	\$1,483.40	\$262.56	\$262.56	\$976.84
Single: Over 65	\$161.43	\$244.00	\$405.43	\$262.56	\$161.43	\$0.00
2 Party: Retiree & Spouse Under 65	\$2,478.78	\$488.00	\$2,966.78	\$577.07	\$577.07	\$1,901.71
2 Party: Retiree & Child(ren) Under 65	\$2,478.78	\$488.00	\$2,966.78	\$472.23	\$472.23	\$2,006.55
2 Party: Retiree & Spouse Over 65	\$322.86	\$488.00	\$810.86	\$577.07	\$322.86	\$0.00
2 Party: Retiree & Spouse 1 Under 65 & 1 Over 65	\$1,400.83	\$488.00	\$1,888.83	\$577.07	\$577.07	\$823.76
2 Party: Retiree & Child(ren) 1 Over 65	\$1,400.83	\$488.00	\$1,888.83	\$472.23	\$472.23	\$928.60
Family: All Under 65	\$3,962.19	\$488.00	\$4,450.19	\$812.95	\$812.95	\$3,149.24
Family: 2 Over 65 + 1 or more Under 65	\$1,806.26	\$488.00	\$2,294.26	\$812.95	\$812.95	\$993.31
Family: 1 Over 65 + 2 or more Under 65	\$2,884.23	\$488.00	\$3,372.23	\$812.95	\$812.95	\$2,071.28
Anthem Blue Cross HMO CA (Under 65) / Anthem Blue	e Cross Senior S	ecure HMO (Ove	r 65)			
Single: Under 65	\$1,239.40	\$244.00	\$1,483.40	\$262.56	\$262.56	\$976.84
Single: Over 65	\$200.91	\$244.00	\$444.91	\$262.56	\$200.91	\$0.00
2 Party: Retiree & Spouse Under 65	\$2,478.78	\$488.00	\$2,966.78	\$577.07	\$577.07	\$1,901.71
2 Party: Retiree & Child(ren) Under 65	\$2,478.78	\$488.00	\$2,966.78	\$472.23	\$472.23	\$2,006.55
2 Party: Retiree & Spouse Over 65	\$401.82	\$488.00	\$889.82	\$577.07	\$401.82	\$0.00
2 Party: Retiree & Spouse 1 Under 65 & 1 Over 65	\$1,440.31	\$488.00	\$1,928.31	\$577.07	\$577.07	\$863.24
2 Party: Retiree & Child(ren) 1 Over 65	\$1,440.31	\$488.00	\$1,928.31	\$472.23	\$472.23	\$968.08
Family: All Under 65	\$3,962.19	\$488.00	\$4,450.19	\$812.95	\$812.95	\$3,149.24
Family: 2 Over 65 + 1 or more Under 65	\$1,885.22	\$488.00	\$2,373.22	\$812.95	\$812.95	\$1,072.27
Family: 1 Over 65 + 2 or more Under 65	\$2,923.71	\$488.00	\$3,411.71	\$812.95	\$812.95	\$2,110.76



The Aerospace Corporation
2026 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 2026 EE Cost / Month	Monthly Retiree Transition Cost Under Temporary Subsidy: Lesser of (1) & (2)"	Monthly Transition Subsidy Amount
Kaisan Bannanan anta IIMO California (IIIndan CE) / Kaisa	(1)	ana LIMO (Orran CE	•\	(2)	(3)	(1) - (3)
Kaiser Permanente HMO California (Under 65) / Kaise	<b>#040.04</b>	\$218.81	\$456.17			
Single: Under 65 Single: Over 65	\$674.98 \$0.00	\$244.00 \$189.44	\$918.98 \$189.44	\$218.81 \$218.81	\$0.00	\$0.00
2 Party: Retiree & Spouse Under 65	\$1,349.96	\$488.00	\$1,837.96	\$480.81	\$480.81	\$869.15
2 Party: Retiree & Child(ren) Under 65 2 Party: Retiree & Spouse Over 65	\$1,349.96 \$0.00	\$488.00	\$1,837.96 \$378.88	\$393.48	\$393.48	\$956.48
2 Party: Retiree & Spouse Over 65 2 Party: Retiree & Spouse 1 Under 65 & 1 Over 65	\$620.42	\$378.88		\$480.81	\$0.00 \$480.81	\$0.00
	\$620.42	\$488.00 \$488.00	\$1,108.42 \$1,108.42	\$480.81 \$393.48	\$393.48	\$139.61 \$226.94
2 Party: Retiree & Child(ren) 1 Over 65						
Family: All Under 65	\$2,268.94	\$488.00	\$2,756.94	\$677.31	\$677.31	\$1,591.63
Family: 2 Over 65 + 1 or more Under 65	\$809.86	\$488.00 \$488.00	\$1,297.86	\$677.31	\$677.31	\$132.55
Family: 1 Over 65 + 2 or more Under 65	\$1,539.40		\$2,027.40	\$677.31	\$677.31	\$862.09
Kaiser Permanente HMO Mid-Atlantic - Wash DC (Und			\$918.98	<b>#040.04</b>	<b>CO10.01</b>	¢456.47
Single: Under 65	\$674.98	\$244.00		\$218.81	\$218.81 \$84.42	\$456.17
Single: Over 65 2 Party: Retiree & Spouse Under 65	\$84.42 \$1,349.96	\$244.00 \$488.00	\$328.42 \$1,837.96	\$218.81 \$480.81	\$480.81	\$0.00 \$869.15
2 Party: Retiree & Spouse Orider 65 2 Party: Retiree & Child(ren) Under 65	\$1,349.96	\$488.00	\$1,837.96	\$393.48	\$393.48	\$956.48
2 Party: Retiree & Spouse Over 65	\$1,349.90	\$488.00	\$656.84	\$480.81	\$168.84	\$0.00
2 Party: Retiree & Spouse Over 65	\$759.40	\$488.00	\$1,247.40	\$480.81	\$480.81	\$278.59
·	\$759.40	\$488.00	\$1,247.40	\$393.48	\$393.48	\$365.92
2 Party: Retiree & Child(ren) 1 Over 65 Family: All Under 65	\$2,268.94	\$488.00	\$2,756.94	\$677.31	\$677.31	\$1,591.63
Family: 2 Over 65 + 1 or more Under 65	\$1,087.82	\$488.00	\$1,575.82	\$677.31	\$677.31	\$410.51
		\$488.00				
Family: 1 Over 65 + 2 or more Under 65  Kaiser Permanente HMO Colorado (Under 65) / Kaiser	\$1,678.38	7	\$2,166.38	\$677.31	\$677.31	\$1,001.07
Single: Under 65	\$674.98	\$244.00	\$918.98	\$218.81	\$218.81	\$456.17
Single: Order 65	\$0.00	\$228.47	\$228.47	\$218.81	\$0.00	\$0.00
2 Party: Retiree & Spouse Under 65	\$1,349.96	\$488.00	\$1,837.96	\$480.81	\$480.81	\$869.15
2 Party: Retiree & Spouse Orider 65	\$1,349.96	\$488.00	\$1,837.96	\$393.48	\$393.48	\$956.48
2 Party: Retiree & Spouse Over 65	\$0.00	\$456.94	\$456.94	\$480.81	\$0.00	\$0.00
2 Party: Retiree & Spouse Over 65	\$659.45	\$488.00	\$1,147.45	\$480.81	\$480.81	\$178.64
2 Party: Retiree & Spouse 1 Order 65 & 1 Over 65	\$659.45	\$488.00	\$1,147.45	\$393.48	\$393.48	\$265.97
Family: All Under 65	\$2,268.94	\$488.00	\$2,756.94	\$677.31	\$677.31	\$1,591.63
Family: 2 Over 65 + 1 or more Under 65	\$887.92	\$488.00	\$1,375.92	\$677.31	\$677.31	\$210.61
Family: 1 Over 65 + 2 or more Under 65	\$1,578.43	\$488.00	\$2,066.43	\$677.31	\$677.31	\$901.12



## **The Aerospace Corporation**

2026 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 2026 EE Cost / Month	Monthly Retiree Transition Cost Under Temporary Subsidy: Lesser of (1) & (2)**	Monthly Transition Subsidy Amount		
	(1)			(2)	(3)	(1) - (3)		
Blue Cross Blue Shield HMO of New Mexico (Medic	are Only)							
Single: Under 65	NOT AVAILABLE							
Single: Over 65	\$34.50	\$244.00	\$278.50	N/A	\$34.50	\$0.00		
2 Party: Both Under 65	NOT AVAILABLE							
2 Party: Both Over 65	\$69.00	\$488.00	\$557.00	N/A	\$69.00	\$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	- Military Retirees							
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



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

<sup>\*\*</sup>The Transition Period applies through July 31st following the retirement date