

The Aerospace Corporation

2027 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	\$1,329.00	\$244.00	\$1,573.00
Single: Over 65	\$172.75	\$244.00	\$416.75
2-Party: Both Under 65	\$2,657.99	\$488.00	\$3,145.99
2-Party: Both Over 65	\$345.50	\$488.00	\$833.50
2-Party: 1 Under 65 & 1 Over 65	\$1,501.75	\$488.00	\$1,989.75
Family: All Under 65	\$4,231.00	\$488.00	\$4,719.00
Family: 2 Over 65 + 1 or more Under 65	\$1,918.50	\$488.00	\$2,406.50
Family: 1 Over 65 + 2 or more Under 65	\$3,074.75	\$488.00	\$3,562.75
Anthem Blue Cross EPO (Under 65) – All State Except for California			
Anthem Medicare Preferred (PPO) (Over 65) – Nationwide			
Single: Under 65	\$1,298.05	\$244.00	\$1,542.05
Single: Over 65	\$172.75	\$244.00	\$416.75
2-Party: Both Under 65	\$2,596.08	\$488.00	\$3,084.08
2-Party: Both Over 65	\$345.50	\$488.00	\$833.50
2-Party: 1 Under 65 & 1 Over 65	\$1,470.80	\$488.00	\$1,958.80
Family: All Under 65	\$4,138.14	\$488.00	\$4,626.14
Family: 2 Over 65 + 1 or more Under 65	\$1,887.55	\$488.00	\$2,375.55
Family: 1 Over 65 + 2 or more Under 65	\$3,012.85	\$488.00	\$3,500.85
Anthem Blue Cross HMO (Under 65) – California**			
Anthem Senior Secure HMO (Over 65) – Southern California**			
Single: Under 65	\$1,298.05	\$244.00	\$1,542.05
Single: Over 65	\$243.14	\$244.00	\$487.14
2-Party: Both Under 65	\$2,596.08	\$488.00	\$3,084.08
2-Party: Both Over 65	\$486.28	\$488.00	\$974.28
2-Party: 1 Under 65 & 1 Over 65	\$1,541.19	\$488.00	\$2,029.19
Family: All Under 65	\$4,138.14	\$488.00	\$4,626.14
Family: 2 Over 65 + 1 or more Under 65	\$2,028.33	\$488.00	\$2,516.33
Family: 1 Over 65 + 2 or more Under 65	\$3,083.24	\$488.00	\$3,571.24
Kaiser Permanente HMO (Under 65) – California**			
Kaiser Senior Advantage HMO (Over 65) – California**			
Single: Under 65	\$664.33	\$244.00	\$908.33
Single: Over 65	\$0.00	\$184.29	\$184.29
2-Party: Both Under 65	\$1,328.66	\$488.00	\$1,816.66
2-Party: Both Over 65	\$0.00	\$368.58	\$368.58
2-Party: 1 Under 65 & 1 Over 65	\$604.62	\$488.00	\$1,092.62
Family: All Under 65	\$2,236.99	\$488.00	\$2,724.99
Family: 2 Over 65 + 1 or more Under 65	\$788.91	\$488.00	\$1,276.91
Family: 1 Over 65 + 2 or more Under 65	\$1,512.95	\$488.00	\$2,000.95

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

**Based on ZIP code availability

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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	\$664.33	\$244.00	\$908.33
Single: Over 65	\$84.42	\$244.00	\$328.42
2-Party: Both Under 65	\$1,328.66	\$488.00	\$1,816.66
2-Party: Both Over 65	\$168.84	\$488.00	\$656.84
2-Party: 1 Under 65 & 1 Over 65	\$748.75	\$488.00	\$1,236.75
Family: All Under 65	\$2,236.99	\$488.00	\$2,724.99
Family: 2 Over 65 + 1 or more Under 65	\$1,077.17	\$488.00	\$1,565.17
Family: 1 Over 65 + 2 or more Under 65	\$1,657.08	\$488.00	\$2,145.08
Kaiser Permanente HMO (Under 65) – Colorado**			
Kaiser Senior Advantage HMO (Over 65) – Colorado**			
Single: Under 65	\$664.33	\$244.00	\$908.33
Single: Over 65	\$0.00	\$230.75	\$230.75
2-Party: Both Under 65	\$1,328.66	\$488.00	\$1,816.66
2-Party: Both Over 65	\$0.00	\$461.50	\$461.50
2-Party: 1 Under 65 & 1 Over 65	\$651.08	\$488.00	\$1,139.08
Family: All Under 65	\$2,236.99	\$488.00	\$2,724.99
Family: 2 Over 65 + 1 or more Under 65	\$881.83	\$488.00	\$1,369.83
Family: 1 Over 65 + 2 or more Under 65	\$1,559.41	\$488.00	\$2,047.41
BLUE CROSS/BLUE SHIELD OF NEW MEXICO HMO (Over 65 Only) – New Mexico**TERMINATED 1/1/2027			
Single: Over 65	N/A	N/A	N/A
2-Party: Both Over 65	N/A	N/A	N/A
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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2027 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

2027 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