

**CALCULATE YOUR 2027 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 2027 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: \$833.50 Total Monthly Provider Cost

- 312.32 Your service-based DDB

\$521.18 Your monthly cost share

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

The Aerospace Corporation
2027 Tier B Retiree Monthly Cost-Sharing Rates

Medical Coverage	Total Monthly Provider Cost
Anthem Blue Cross PPO (Under 65) – Nationwide	
Anthem Medicare Preferred (PPO) (Over 65) – Nationwide	
Single: Under 65	\$1,573.00
Single: Over 65	\$416.75
2-Party: Both Under 65	\$3,145.99
2-Party: Both Over 65	\$833.50
2-Party: 1 Under 65 & 1 Over 65	\$1,989.75
Family: All Under 65	\$4,719.00
Family: 2 Over 65 + 1 or more Under 65	\$2,406.50
Family: 1 Over 65 + 2 or more Under 65	\$3,562.75
Anthem Blue Cross EPO (Under 65) – Non-California	
Anthem Medicare Preferred (PPO) (Over 65) – Nationwide	
Single: Under 65	\$1,542.05
Single: Over 65	\$416.75
2-Party: Both Under 65	\$3,084.08
2-Party: Both Over 65	\$833.50
2-Party: 1 Under 65 & 1 Over 65	\$1,958.80
Family: All Under 65	\$4,626.14
Family: 2 Over 65 + 1 or more Under 65	\$2,375.55
Family: 1 Over 65 + 2 or more Under 65	\$3,500.85
Anthem Blue Cross HMO (Under 65) – California*	
Anthem Senior Secure HMO (Over 65) – Southern California*	
Single: Under 65	\$1,542.05
Single: Over 65	\$487.14
2-Party: Both Under 65	\$3,084.08
2-Party: Both Over 65	\$974.28
2-Party: 1 Under 65 & 1 Over 65	\$2,029.19
Family: All Under 65	\$4,626.14
Family: 2 Over 65 + 1 or more Under 65	\$2,516.33
Family: 1 Over 65 + 2 or more Under 65	\$3,571.24
Kaiser Permanente HMO (Under 65) – California*	
Kaiser Senior Advantage HMO (Over 65) – California*	
Single: Under 65	\$908.33
Single: Over 65	\$184.29
2-Party: Both Under 65	\$1,816.66
2-Party: Both Over 65	\$368.58
2-Party: 1 Under 65 & 1 Over 65	\$1,092.62
Family: All Under 65	\$2,724.99
Family: 2 Over 65 + 1 or more Under 65	\$1,276.91
Family: 1 Over 65 + 2 or more Under 65	\$2,000.95

*Based on ZIP Code Availability

The Aerospace Corporation
2027 Tier B Retiree Monthly Cost-Sharing Rates

Medical Coverage	Total Monthly Provider Cost
Kaiser Permanente Mid-Atlantic HMO (Under 65) – MD/VA/Wash. D.C.*	
Kaiser Mid-Atlantic Medicare Plus (Cost) HMO (Over 65) – MD/VA/Wash. D.C.*	
Single: Under 65	\$908.33
Single: Over 65	\$328.42
2-Party: Both Under 65	\$1,816.66
2-Party: Both Over 65	\$656.84
2-Party: 1 Under 65 & 1 Over 65	\$1,236.75
Family: All Under 65	\$2,724.99
Family: 2 Over 65 + 1 or more Under 65	\$1,565.17
Family: 1 Over 65 + 2 or more Under 65	\$2,145.08
Kaiser Permanente HMO (Under 65) – Colorado*	
Kaiser Senior Advantage HMO (Over 65) – Colorado*	
Single: Under 65	\$908.33
Single: Over 65	\$230.75
2-Party: Both Under 65	\$1,816.66
2-Party: Both Over 65	\$461.50
2-Party: 1 Under 65 & 1 Over 65	\$1,139.08
Family: All Under 65	\$2,724.99
Family: 2 Over 65 + 1 or more Under 65	\$1,369.83
Family: 1 Over 65 + 2 or more Under 65	\$2,047.41
TRICARE SUPPLEMENT (SELMAN & COMPANY) – (Under 65 Only)	
(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
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