

The Aerospace Corporation
 2022 Renewal Summary: Monthly COBRA Rates

Coverage/Plan/Tier	Active Plan Cost	2% COBRA Load	COBRA Rate
Medical + EAP¹			
Anthem Blue Cross EPO			
Single	\$762.46	\$15.25	\$777.71
EE+SP	\$1,675.29	\$33.51	\$1,708.80
EE+CH	\$1,371.00	\$27.42	\$1,398.42
Family	\$2,359.91	\$47.20	\$2,407.11
Anthem Blue Cross PPO			
Single	\$777.73	\$15.55	\$793.28
EE+SP	\$1,708.90	\$34.18	\$1,743.08
EE+CH	\$1,398.50	\$27.97	\$1,426.47
Family	\$2,407.26	\$48.15	\$2,455.41
Anthem Blue Cross Premier CDHP			
Single	\$655.83	\$13.12	\$668.95
EE+SP	\$1,440.71	\$28.81	\$1,469.52
EE+CH	\$1,179.07	\$23.58	\$1,202.65
Family	\$2,029.35	\$40.59	\$2,069.94
Anthem Blue Cross Basic CDHP			
Single	\$626.88	\$12.54	\$639.42
EE+SP	\$1,377.01	\$27.54	\$1,404.55
EE+CH	\$1,126.95	\$22.54	\$1,149.49
Family	\$1,939.60	\$38.79	\$1,978.39
Anthem Blue Cross California HMO			
Single	\$762.46	\$15.25	\$777.71
EE+SP	\$1,675.29	\$33.51	\$1,708.80
EE+CH	\$1,371.00	\$27.42	\$1,398.42
Family	\$2,359.91	\$47.20	\$2,407.11
Kaiser Permanente (CA, MAS and CO)			
Single	\$603.87	\$12.08	\$615.95
EE+SP	\$1,326.38	\$26.53	\$1,352.91
EE+CH	\$1,085.54	\$21.71	\$1,107.25
Family	\$1,868.26	\$37.37	\$1,905.63
Selman & Company Tricare Supplement			
Single	\$69.28	\$1.39	\$70.67
EE+SP	\$134.28	\$2.69	\$136.97
EE+CH	\$134.28	\$2.69	\$136.97
Family	\$180.28	\$3.61	\$183.89
EAP Only²			
EAP Only	\$1.78	\$0.04	\$1.82

¹ Plan Cost and COBRA rate includes cost of EAP

² EAP only coverage is available at COBRA event for benefit eligible employees that waived coverage

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Coverage/Plan/Tier	Active Plan Cost	2% COBRA Load	COBRA Rate
Dental			
Delta Dental DHMO			
Single	\$15.42	\$0.31	\$15.73
EE+SP	\$30.84	\$0.62	\$31.46
EE+CH	\$36.23	\$0.72	\$36.95
Family	\$56.36	\$1.13	\$57.49
Delta Dental DPPO Basic			
Single	\$36.21	\$0.72	\$36.93
EE+SP	\$72.42	\$1.45	\$73.87
EE+CH	\$83.29	\$1.67	\$84.96
Family	\$119.50	\$2.39	\$121.89
Delta Dental DPPO Premium			
Single	\$50.76	\$1.02	\$51.78
EE+SP	\$101.53	\$2.03	\$103.56
EE+CH	\$116.76	\$2.34	\$119.10
Family	\$167.53	\$3.35	\$170.88
Vision Service Plan			
Vision Basic Plan			
Single	\$10.09	\$0.20	\$10.29
EE+SP	\$14.73	\$0.29	\$15.02
EE+CH	\$17.33	\$0.35	\$17.68
Family	\$27.70	\$0.55	\$28.25
Vision Premium Plan			
Single	\$17.74	\$0.35	\$18.09
EE+SP	\$25.90	\$0.52	\$26.42
EE+CH	\$30.50	\$0.61	\$31.11
Family	\$48.73	\$0.97	\$49.70