

The Aerospace Corporation
 2023 Renewal Summary: Monthly COBRA Rates

Coverage/Plan/Tier	Active Plan Cost	2% COBRA Load	COBRA Rate
Medical + EAP¹			
Anthem Blue Cross EPO			
Single	\$832.12	\$16.64	\$848.76
EE+SP	\$1,828.52	\$36.57	\$1,865.09
EE+CH	\$1,496.37	\$29.92	\$1,526.29
Family	\$2,575.81	\$51.51	\$2,627.32
Anthem Blue Cross PPO			
Single	\$848.79	\$16.97	\$865.76
EE+SP	\$1,865.20	\$37.30	\$1,902.50
EE+CH	\$1,526.39	\$30.52	\$1,556.91
Family	\$2,627.49	\$52.54	\$2,680.03
Anthem Blue Cross Premier CDHP			
Single	\$783.95	\$15.67	\$799.62
EE+SP	\$1,708.91	\$34.17	\$1,743.08
EE+CH	\$1,423.32	\$28.46	\$1,451.78
Family	\$2,351.43	\$47.02	\$2,398.45
Anthem Blue Cross Basic CDHP			
Single	\$684.13	\$13.68	\$697.81
EE+SP	\$1,502.93	\$30.05	\$1,532.98
EE+CH	\$1,229.98	\$24.59	\$1,254.57
Family	\$2,117.02	\$42.34	\$2,159.36
Anthem Blue Cross California HMO			
Single	\$832.12	\$16.64	\$848.76
EE+SP	\$1,828.52	\$36.57	\$1,865.09
EE+CH	\$1,496.37	\$29.92	\$1,526.29
Family	\$2,575.81	\$51.51	\$2,627.32
Kaiser Permanente (CA, MAS and CO)			
Single	\$585.70	\$11.71	\$597.41
EE+SP	\$1,286.37	\$25.72	\$1,312.09
EE+CH	\$1,052.81	\$21.05	\$1,073.86
Family	\$1,811.87	\$36.23	\$1,848.10
Selman & Company Tricare Supplement			
Single	\$69.31	\$1.38	\$70.69
EE+SP	\$134.31	\$2.68	\$136.99
EE+CH	\$134.31	\$2.68	\$136.99
Family	\$180.31	\$3.60	\$183.91
EAP Only²			
EAP Only	\$1.81	\$0.03	\$1.84

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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Dental			
Delta Dental DHMO			
Single	\$15.42	\$0.30	\$15.72
EE+SP	\$30.83	\$0.61	\$31.44
EE+CH	\$36.22	\$0.72	\$36.94
Family	\$56.35	\$1.12	\$57.47
Delta Dental DPPO Basic			
Single	\$36.21	\$0.72	\$36.93
EE+SP	\$72.42	\$1.44	\$73.86
EE+CH	\$83.29	\$1.66	\$84.95
Family	\$119.50	\$2.39	\$121.89
Delta Dental DPPO Premium			
Single	\$50.76	\$1.01	\$51.77
EE+SP	\$101.53	\$2.03	\$103.56
EE+CH	\$116.76	\$2.33	\$119.09
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	\$0.34	\$17.67
Family	\$27.70	\$0.55	\$28.25
Vision Premium Plan			
Single	\$17.74	\$0.35	\$18.09
EE+SP	\$25.90	\$0.51	\$26.41
EE+CH	\$30.50	\$0.61	\$31.11
Family	\$48.73	\$0.97	\$49.70