

The Aerospace Corporation
2024 Renewal Summary: Monthly COBRA Rates

Coverage/Plan/Tier	Active Plan Cost	2% COBRA Load	COBRA Rate
Medical + EAP¹			
Anthem Blue Cross EPO			
Single	\$881.17	\$17.62	\$898.79
EE+SP	\$1,936.36	\$38.73	\$1,975.09
EE+CH	\$1,584.61	\$31.69	\$1,616.30
Family	\$2,727.75	\$54.56	\$2,782.31
Anthem Blue Cross PPO			
Single	\$898.82	\$17.98	\$916.80
EE+SP	\$1,975.21	\$39.50	\$2,014.71
EE+CH	\$1,616.41	\$32.33	\$1,648.74
Family	\$2,782.48	\$55.65	\$2,838.13
Anthem Blue Cross Premier CDHP			
Single	\$827.43	\$16.55	\$843.98
EE+SP	\$1,803.76	\$36.08	\$1,839.84
EE+CH	\$1,502.31	\$30.05	\$1,532.36
Family	\$2,481.96	\$49.64	\$2,531.60
Anthem Blue Cross Basic CDHP			
Single	\$724.44	\$14.49	\$738.93
EE+SP	\$1,591.56	\$31.83	\$1,623.39
EE+CH	\$1,302.50	\$26.05	\$1,328.55
Family	\$2,241.89	\$44.84	\$2,286.73
Anthem Blue Cross California HMO			
Single	\$881.17	\$17.62	\$898.79
EE+SP	\$1,936.36	\$38.73	\$1,975.09
EE+CH	\$1,584.61	\$31.69	\$1,616.30
Family	\$2,727.75	\$54.56	\$2,782.31
Kaiser Permanente (CA, MAS and CO)			
Single	\$675.39	\$13.51	\$688.90
EE+SP	\$1,483.63	\$29.67	\$1,513.30
EE+CH	\$1,214.21	\$24.28	\$1,238.49
Family	\$2,089.80	\$41.80	\$2,131.60
Selman & Company Tricare Supplement			
Single	\$69.36	\$1.39	\$70.75
EE+SP	\$134.36	\$2.69	\$137.05
EE+CH	\$134.36	\$2.69	\$137.05
Family	\$180.36	\$3.61	\$183.97
EAP Only²			
EAP Only	\$1.86	\$0.04	\$1.90

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	\$0.31	\$15.73
EE+SP	\$30.83	\$0.62	\$31.45
EE+CH	\$36.22	\$0.72	\$36.94
Family	\$56.35	\$1.13	\$57.48
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	\$9.45	\$0.19	\$9.64
EE+SP	\$13.80	\$0.28	\$14.08
EE+CH	\$16.23	\$0.32	\$16.55
Family	\$25.94	\$0.52	\$26.46
Vision Premium Plan			
Single	\$16.61	\$0.33	\$16.94
EE+SP	\$24.26	\$0.49	\$24.75
EE+CH	\$28.57	\$0.57	\$29.14
Family	\$45.64	\$0.91	\$46.55