

The Aerospace Corporation
 2025 Renewal Summary: Monthly COBRA Rates

Coverage/Plan/Tier	Active Plan Cost	2% COBRA Load	COBRA Rate
Medical + EAP¹			
Anthem Blue Cross EPO			
Single	\$971.81	\$19.44	\$991.25
EE+SP	\$2,135.71	\$42.71	\$2,178.42
EE+CH	\$1,747.72	\$34.95	\$1,782.67
Family	\$3,008.63	\$60.17	\$3,068.80
Anthem Blue Cross PPO			
Single	\$991.28	\$19.83	\$1,011.11
EE+SP	\$2,178.56	\$43.57	\$2,222.13
EE+CH	\$1,782.80	\$35.66	\$1,818.46
Family	\$3,068.99	\$61.38	\$3,130.37
Anthem Blue Cross Premier CDHP			
Single	\$850.04	\$17.00	\$867.04
EE+SP	\$1,864.45	\$37.29	\$1,901.74
EE+CH	\$1,531.94	\$30.64	\$1,562.58
Family	\$2,612.52	\$52.25	\$2,664.77
Anthem Blue Cross Basic CDHP			
Single	\$798.94	\$15.98	\$814.92
EE+SP	\$1,755.39	\$35.11	\$1,790.50
EE+CH	\$1,436.55	\$28.73	\$1,465.28
Family	\$2,472.71	\$49.45	\$2,522.16
Anthem Blue Cross California HMO			
Single	\$971.81	\$19.44	\$991.25
EE+SP	\$2,135.71	\$42.71	\$2,178.42
EE+CH	\$1,747.72	\$34.95	\$1,782.67
Family	\$3,008.63	\$60.17	\$3,068.80
Kaiser Permanente (CA, MAS and CO)			
Single	\$729.69	\$14.59	\$744.28
EE+SP	\$1,603.01	\$32.06	\$1,635.07
EE+CH	\$1,311.91	\$26.24	\$1,338.15
Family	\$2,258.01	\$45.16	\$2,303.17
Selman & Company Tricare Supplement			
Single	\$69.42	\$1.39	\$70.81
EE+SP	\$134.42	\$2.69	\$137.11
EE+CH	\$134.42	\$2.69	\$137.11
Family	\$134.42	\$2.69	\$137.11
EAP Only²			
EAP Only	\$1.92	\$0.04	\$1.96

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	\$30.83	\$0.62	\$31.45
EE+CH	\$36.22	\$0.72	\$36.94
Family	\$56.35	\$1.13	\$57.48
Delta Dental DPPO Basic			
Single	\$38.03	\$0.76	\$38.79
EE+SP	\$76.07	\$1.52	\$77.59
EE+CH	\$87.49	\$1.75	\$89.24
Family	\$125.52	\$2.51	\$128.03
Delta Dental DPPO Premium			
Single	\$53.32	\$1.07	\$54.39
EE+SP	\$106.65	\$2.13	\$108.78
EE+CH	\$122.64	\$2.45	\$125.09
Family	\$175.97	\$3.52	\$179.49
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