

January 14, 2026

## **MEMORANDUM OF AGREEMENT**

The following recites the agreement reached between The Aerospace Corporation (“Corporation”) and the Aerospace Professional Staff Association (“APSA”), hereinafter referred to collectively as “the parties,” on the terms and conditions of their collective bargaining agreement (“Agreement”) covering the period of August 1, 2025, to August 1, 2027. This agreement shall become effective immediately *provided, however,* that the agreement is subject to ratification by APSA’s membership. Should APSA’s membership decline to ratify this agreement, the parties shall return to the bargaining table immediately.

Where appropriate, specific changes to contractual articles are indicated and, where appropriate, changes in administrative practice under the collective bargaining agreement are specified. In all cases, references to changes relate to the Articles of the parties’ collective bargaining agreement covering the period from August 1, 2023, to August 1, 2025.

### **COVER SHEET**

- Replace “August 1, 2023 through August 1, 2025” with “August 1, 2025 to August 1, 2027.”

### **CONTENTS**

- No changes.

### **PREAMBLE**

- Change the preamble date to August 1, 2025.

### **ARTICLE II**      **RIGHTS OF MANAGEMENT**

- No changes.

### **ARTICLE III**      **UNION SECURITY**

- No changes.

### **ARTICLE IV**      **APSA COMMUNICATIONS**

- No changes.

**ARTICLE VI****MERIT EMPLOYMENT PROVISIONS**

- Modify paragraph 649 to read as follows.

649 Employees who voluntarily terminate employment receive no termination pay. Employees terminated involuntarily due to unsatisfactory performance, or who choose to resign voluntarily in lieu of termination for unsatisfactory performance, do not receive termination pay. Employees terminated for cause sufficient to render continued employment detrimental to the corporation's interests or as a consequence of ongoing corrective action receive neither advance notice nor termination pay. This pay does not apply in the event of a RIF or mass layoff.

**ARTICLE VII****NON-DISCRIMINATION**

- No changes.

**ARTICLE VIII****EMPLOYEE BENEFITS**

- No changes.

**ARTICLE IX****COMPENSATION**

- Modify paragraph 901 to read as follows:

901 In Fiscal Years 2026 and 2027, the Corporation shall budget, in accordance with past practice, base merit salary increases and cash merit distributions aggregating 3.0% (no less than 2.5% merit and up to 0.5% cash merit) of the bargaining unit payroll. Budgeted base merit salary increases and cash merit distributions for the MTS who have been employed for less than one year on December 1, 2025 and November 30, 2026, may be prorated at the discretion of management respectively. Individual base merit increases and cash merit distributions, less organizational reserves, shall be administered on a common review date of no later than February 14, 2026 and no later than January 16, 2027 respectively, subject to approval of the Board of Trustees. There shall also be a separate Fiscal Year 2026 and Fiscal Year 2027 discretionary reserve for promotional and special salary increases and other contingencies of up to 1.0% each fiscal year computed on the same basis as above. A description of the compensation process is provided in Section B, Non-supervisory MTS, Section 3, MTS Compensation.

- Modify paragraph 902 to read as follows:

902 During Fiscal Year 2026 and Fiscal Year 2027, the Corporation shall budget, in accordance with past practice, for a Performance Recognition Payment Program. At least 63.4% of the total program funding shall be distributed to the bargaining unit employees each Fiscal Year. Total program funding is the amount actually spent on these payments to all eligible employees up to a maximum of \$8,000,000 (approximately 1.0% of the gross payroll). A description of the program is provided in Appendix E, Employee Programs, Section 1, Performance Recognition Payment (PRP) Program.

- Modify the current paragraph 903 to read as follows:

903 During Fiscal Year 2026 and Fiscal Year 2027, the Corporation shall budget, in accordance with past practice, a Corporate Awards Program aggregating 0.26% of the bargaining unit payroll as of October 1, 2025 and October 1, 2026 respectively. A description of the program is provided in Appendix E, Employee Programs, Section 4, Corporate Awards Program.

## ARTICLE XIII      TELEWORK

- No change.

**1300**

## ARTICLE XVI      DISPUTES RESOLUTION

- No change.

## ARTICLE XVI      GENERAL PROVISIONS

- Modify the current paragraph 1606 to read as follows:

1606 The Corporation shall provide to APSA a quarterly report (Report 022-30, SAP-ZHRRMTSO, MTS Non-Supervisory Salaries) in electronic format indicating the following information for each bargaining unit member: two-digit cost center code, geographic location, organizational level, position code, employee identification code (EIC) without names, years of experience, highest degree with year and major, EBS, hire date, grade, date of last review, review amount, current weekly salary, and scheduled number of work hours, age, race code 1, race code 2, race code 3, race code 4, race code 5, race code 6, race code 7, MTS years, Aero Years, Gender, and Veteran Status, Job Family, Compensation Grade (T1-T7, High or Low Demand, T1, T1H.) The data shall be organized by cost center code and position code. Such data shall be provided for all bargaining unit employees as of December 31, 2025, and subsequently for each three- (3) month period. Additionally, such data shall be provided for all bargaining unit employees as of the first Monday following any general increase in salaries and the Monday before any general increase in salaries. Additionally, such data shall be provided with an additional column with any lump sum distribution for all bargaining unit employees as of the first Monday following any general increase distributed in part or whole as a lump sum distribution.

- Modify the current paragraph 1619 to read as follows:

1619 The Corporation shall provide APSA with a monthly Performance Recognition Payment report in electronic Excel format summarizing all bargaining unit employees by employee identification code (EIC), 2-digit cost center code by Division, the amount of any payment granted, and will note if the payment was granted for non-ceiling work. The monthly report shall include a statement (i.e., quantity and dollar value) of the total payments given to the bargaining unit employees during the fiscal year up to the date of the report. In the event the amount paid to bargaining unit employees is less than 63.4% of the total PRP program funding at the end of Fiscal Year 2026, the Corporation

shall submit to APSA a statement of the total dollar value of the Performance Recognition Payments distributed to all employees throughout the Corporation as an aggregate amount.

- Change paragraph 1620 to read:

1620 The Corporation shall provide APSA respectfully in January 2026 and 2027 with a report that shall state the total revenue for FY2025 and FY2026 non-ceiling work, total fee earned, and total fee pool that was distributed to employees.

- Modify paragraph 1623 to read as follows:

1623 Notwithstanding paragraph 1702, the Corporation may during the term of the agreement reopen Article VIII, Employee Benefits, in relation to health, medical, dental, vision, flexible spending accounts, and retiree medical plans, for calendar year 2027 by notifying the Union of its desire to do so not less than sixty (60) days prior to the effective date of the event giving rise to the re-opener, which such event includes, any healthcare option or coverage offered by the Corporation under this Agreement that becomes insufficient or deficient pursuant to any federal, state or local health care legislation or any other regulation then in effect requiring a modification of the options or coverage, and the Corporation shall have the option to do any of the following:

- a. Correct any insufficiency or deficiency without impacting the contribution levels of employees,
- b. Cease non-complying coverage options.

For other changes not required by law, the Corporation shall provide such changes by September 14, 2026; provided however, the Corporation shall maintain the agreed to cost sharing arrangement for 2027 (22% CDHP, 24% HMO/EPO25% PPO) and will not implement the flat dollar subsidy. The Corporation may declare impasse after (60) days of good faith bargaining regarding such proposed changes or on November 16, 2026, whichever occurs first.

## **ARTICLE XVII**      **DURATION**

- Modify paragraph 1701 to read as follows:

1701 This agreement shall be for a term beginning at 12:01 am on August 1, 2025 to and expiring at 12:01 am August 1, 2027.

1704 In the case of notices to the Corporation:

THE AEROSPACE CORPORATION  
Attention: Stephanie Collins, Associate General Counsel  
Office of the General Counsel and Secretary  
P.O. Box 92957  
Los Angeles, California 90009

## **SIGNATURES**

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For the Corporation:

S. Collins

D. Roberts

A. Sullivan

J. Wedhoff

For APSA:

M. Simpson

J. Alejos

G. Bean

Z. Chaney

W. Chiado

A. Crosby

S. Daire

S. Dawes

D. Heath

M. Kim

E. Klein-Lebbink

R. Mahoney

H. Marks

The Appendices of the Collective Bargaining Agreement will be modified as follows:

**APPENDIX D**

**WORK ABSENCES**

- The terms and conditions of employment shall be modified for bargaining unit employees as described in the attachment entitled “APPENDIX D – SECTION 9. COMPENSATORY TIME OFF.”

**APPENDIX E**

**EMPLOYEE PROGRAMS**

- No changes.

**APPENDIX F**

**EMPLOYEE BENEFITS/INSURANCE PLANS**

- The terms and conditions of employment shall be modified for bargaining unit employees as described in the attachment entitled “APPENDIX F – SECTION 1. MEDICAL/DENTAL/VISION PLAN COSTS.”
- The terms and conditions of employment shall be modified for bargaining unit employees as described in the attachment entitled “APPENDIX F – SECTION 2. MEDICAL/DENTAL/VISION PLAN DESCRIPTIONS.”
- The terms and conditions of employment shall be modified for bargaining unit employees as described in the attachment entitled “APPENDIX F – SECTION 5. RETIREE MEDICAL PLAN.”

**APPENDIX G**

**EMPLOYMENT RELATED PROGRAMS**

- No changes.

**APPENDIX I**

**JOB FAMILIES**

- No changes.

**INDEX OF SUBJECTS**

- No changes.

## **ADMINISTRATIVE PRACTICES**

1. The parties agree that no further changes to the new Agreement will be effective unless otherwise mutually agreed to in writing. The parties further acknowledge that each has had an adequate opportunity to consider and negotiate changes to the final version of the new Agreement.
2. The parties agree to edit and prepare the new Agreement as expeditiously as possible. The Corporation agrees to provide, at its expense, an original single-sided document, an electronic version in MS Word format, and five (5) copies of the Agreement, to APSA.
3. The Corporations shall provide rating data in Excel electronic format with correct data each and every member of the bargaining unit employees as of February 3, 2026 and December 2, 2026 respectively

Cost center code (first 2 digits)  
 Employee Identification Code  
 Org Level  
 Job Family  
 High Demand (Yes/No)  
 Rating  
 Compensation Ratio  
 Raise percent for Rating and Compensation Ratio  
 Age  
 Years of experience (MTS years)  
 Length of service (Aero years)  
 Highest Degree  
 Salary  
 Ethnicity  
 Race Code 1  
 Race Code 2  
 Race Code 3  
 Race Code 4  
 Race Code 5  
 Race Code 6  
 Gender  
 Veteran Status

- a. Because more than one race code can apply, please add a column for each race code, and place a “1” in each that applies and a “0” in each that do not.

- b. Please present the data ordered by rating within each rated organization (with the highest-rated individual being first on the list and the lowest-rated individual being last on the list) in order to facilitate APSA's processing of the relevant data. Please provide the date from which the data is pulled. For example, does the data only include MTS who were employees on October 1, 2025 and October 1, 2026 respectively.
  - c. The supplied data should be applicable to the performance evaluation, rating, and merit salary review of employees that took place at this time (September through November 2025) at the Division level or Subdivision if rated at that level instead. The supplied data should be the detailed rating data for December 2, 2025 and rating data for December 3, 2026 that will be used by each manager to determine the FY2026 and FY2027 merit salary increases to be given to his/her subordinates.
  - d. The data shall be supplied to APSA no later than February 3, 2026 and December 19, 2026 respectfully.
- 4. The Corporation may add Job Families based on new business needs and updated third party market survey data annually and/or upon 10-days notice to APSA.
- 5. The Corporation will review salary ranges and update them in alignment with external market trend data annually and/or upon 10-days notice to APSA based on third party market survey data. The process for adjusting salary ranges is a review of external market trend data regarding movement of salary ranges (Mercer, WTW). Additionally, the Corporation will review Mercer SIRS high tech external market data by job family and job level, limited to the job families in the CBA. The Corporation will analyze medians by job level and job families using organization weighted averages and linear regression analysis to determine midpoints and multiply by .8 and 1.2 to establish the ranges. The Corporation will provide the updated salary ranges to APSA by October 1, 2026.
- 6. The Corporation shall not decrease the salary ranges or midpoints during the term of the 2025-2027 CBA.
- 7. The Corporation shall provide APSA with the retention and hiring bonus budget for FY26 by April 1, 2026.
- 8. The Corporation shall update the notional Compa-Ratio Matrix table in Appendix C – Section 1 when incorporating this MOA into the CBA.
- 9. The Corporation shall provide separating employees with a Company and an ADP point of contact and phone number to resolve issues related to final paychecks.
- 10. The Corporation shall not make any mid-term proposal during the term of the 2025-2027 CBA related to any of the benefit plans listed in paragraph 802 of the CBA.

11. The Corporation will add the compensation grade (T1-T7, High or Low Demand, T1, T1H to all APSA reports) where organization level is included in the current report, except for ADP reports which do not have that functionality for that.
12. An Addendum II shall be added to the CBA that lists the Corporation's periodic reports to APSA in one place.
13. The Corporation shall provide an audit of portable electronic device storage outside of SCIFs by October 1, 2026.
14. The parties shall work on mutually acceptable wording to replace CBA paragraph 654.
15. The corporation shall provide APSA with language regarding Fidelity's response about 401(k) Roth and pre-tax contributions by April 1, 2026.
16. The Corporation shall update Policy P-19, Section 9, and CBA Appendix D, Section 9 to increase comp time accrual bank from 20 to 40 hours for full time employees, and from 10 to 20 hours for part time employees, for the duration of the CBA, and to roll over unused hours to the next fiscal year at the end of the fiscal year by April 1, 2026.
17. The parties agree to continue to negotiate over changes to Policy P-10 Telework.
18. The Corporation shall update/add any job family definition made during the term of the 2023-2025 CBA to the 2025-2027 CBA.
19. The Corporation shall not move any job family out of the high demand designation during the term of the 2025-2027 CBA. The job families designated as high demand during this period are as follows:
  - Artificial Intelligence/Machine Learning
  - Artificial Intelligence and Data Science/Big Data Mining
  - Cloud Computing Architecture
  - Software Architecture Engineering and Cloud Computing Architecture
  - Communications Systems Engineering
  - Communications Systems Engineering and Artificial Intelligence
  - Communications Systems and Firmware Engineering
  - Communications Systems and Payload Systems Engineering - RF
  - Communications Systems and Signal & Image Process Engineering
  - Communication Systems & Systems Engineering - Acquisition
  - Cyber Security Architecture
  - Cyber Security & Cloud Computing Architecture
  - Cyber Security Architecture & Engineering Program Management
  - Cyber Security Architecture and Information Systems Security
  - Electro-Optical Engineering
  - Payload Systems Engineering - EO
  - Embedded Software Engineering

Firmware Engineering  
Flight Mechanics  
General Integrated Circuit (IC) Design Engineering  
Microelectronics/Semiconductor Engineering  
Optical Engineering  
Optical and Photonic Systems  
Payload Systems Engineering - RF  
Radio Frequency (RF) Engineering  
RF Electronics Knowledge Analysis & Testing  
Signal & Image Process Engineering  
Signal & Image Process Engineering and Artificial Intelligence  
Signal & Image Processing and Modeling & Simulation Engineering  
Signal & Image Process Engineering & Physics

20. Employee medical cost sharing for 2026 will be 25%, and for 2027 will be 22% CDHP, 24% HMO/EPO and 25% PPO.
21. The Corporation shall provide APSA with the use of its e-mail system to conduct an electronic vote of its membership to ratify the contract.
15. Update the collective bargaining agreement by incorporating applicable material from midterm negotiations agreements and policy changes to the extent they are in the 2023-2025 CBA:

P-7 Work Hours and Time Recording, November 26, 2024

P-16 Accommodation, March 19, 2025

P-19 Time Off, March 19, 2025

P-21 Leaves, March 19, 2025

S-7 Security Incidents – Disciplinary Actions, August 1, 2024

16. Update the collective bargaining agreement by incorporating applicable administrative changes from midterm negotiations policy changes to the extent they are in the 2023-2025 CBA:

B-6 Travel, July 8, 2025

B-7 Employee Expense Reimbursement, July 8, 2025

B-8 Payroll Payments, November 5, 2024

P-1 Equal Employment Opportunity and Prohibition Against Discrimination, February 26, 2025

P-2 Prohibition Against Harassment and Retaliation, February 26, 2025

P-13 Conflict Resolution, December 26, 2025

P-14 Corrective Action, February 26, 2025

P-23 Employee Files, March 19, 2025

P-27 Employment Process, February 26, 2025



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Date: January 16, 2026

Mark M. Simpson  
President  
Aerospace Professional Staff  
Association



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Date: January 16, 2026

Stephanie Collins  
Associate General Counsel  
Office of the General Counsel and  
Secretary  
The Aerospace Corporation

## **APPENDIX D - SECTION 9. COMPENSATORY TIME OFF**

Compensatory Time is available to regular full-time exempt employees to provide a degree of flexibility for hours worked beyond the regular schedule. A full-time employee accrues compensatory time when working more than 40 hours in the workweek and may accrue up to the maximum of 40 hours during FY26 and FY26 through the expiration of the 2025-2027 CBA. A part-time employee accrues compensatory time when working more than their regularly scheduled hours in the workweek and may accrue up to the maximum of 20 hours during FY26 and FY26 through the expiration of the 2025-2027 CBA. There is no limit in the number of times that compensatory time hours may be earned and used; however, employees must coordinate any work effort eligible for compensatory time accrual, and any use of compensatory time, in advance with management.

Hours of effort include all time during which an employee is directly performing work for the corporation. Absences during the workweek are not counted towards accruing compensatory time. Time spent in work-related travel is included in the reported hours of effort. Time spent in traveling between home and the usual workplace is not included. Extended Workweek (EWW) and compensatory time accumulation are not allowed in the same workweek. Compensatory time may not be used to satisfy EWW eligibility requirements. EWW time may not be used to satisfy eligibility requirements to accrue compensatory time.

Unused hours will rollover to the next fiscal year at the end of the fiscal year. An employee will be paid for any unused hours at termination.

Employees must record any work effort eligible for compensatory time accrual, using (Compensatory Time Earned) CTE code with the related JO, and any compensatory time used with the Compensatory Time Taken (CTT) code. For an RDO day, the first four hours of compensatory time worked are recorded on the first week and the remaining hours worked are recorded on the second week.

## APPENDIX F

### EMPLOYEE BENEFITS/INSURANCE PLANS 1/1/26-12/31/26

#### SECTION 1. MEDICAL/DENTAL/VISION PLAN COSTS

##### Section 1.1 Plan Costs For Bargaining Unit Employees

###### **1.1.1 GROUP HOSPITAL – MEDICAL PLANS**

###### **1.1.1.1 Anthem Blue Cross PPO/CDHP/EPO PLANS (CY26)**

Bargaining unit employee weekly premiums for the Anthem Blue Cross PPO Plan are as follows:

| <b><u>Anthem Blue Cross PPO Plan</u></b> | <b><u>Cost</u></b> |
|--|--------------------|
| Employee Only                            | \$60.64            |
| Employee plus Spouse                     | \$133.28           |
| Employee plus Child/ren                  | \$109.06           |
| Employee plus Family                     | \$187.76           |

  

| <b><u>Anthem Blue Cross EPO Plan</u></b> | <b><u>Cost</u></b> |
|--|--------------------|
| Employee Only                            | \$59.45            |
| Employee plus Spouse                     | \$130.66           |
| Employee plus Child/ren                  | \$106.92           |
| Employee plus Family                     | \$184.06           |

  

| <b><u>Anthem Blue Cross CDHP</u></b> | <b><u>Cost</u></b> |
|--------------------------------------|--------------------|
| Employee Only                        | \$55.82            |
| Employee plus Spouse                 | \$121.71           |
| Employee plus Child/ren              | \$101.37           |
| Employee plus Family                 | \$167.48           |

  

| <b><u>Anthem Blue Cross CDHP Basic</u></b> | <b><u>Cost</u></b> |
|--|--------------------|
| Employee Only                              | \$48.87            |
| Employee plus Spouse                       | \$107.39           |
| Employee plus Child/ren                    | \$87.88            |
| Employee plus Family                       | \$151.27           |

The employee is responsible for 25% of the projected self-funded medical/pharmacy cost during CY26, and is responsible for 22% CDHP, 24% HMO/EPO and 25% PPO during CY27.

The Corporation is responsible for the remainder of the self-funded medical/pharmacy cost.

### **1.1.1.2 HEALTH MAINTENANCE ORGANIZATIONS (HMOs) (CY26)**

Bargaining unit employee weekly premiums for offered HMO's are as follows:

| <b><u>Anthem Blue Cross HMO California</u></b> | <b><u>Cost</u></b> |
|--|--------------------|
| Employee Only                                  | \$59.45            |
| Employee plus Spouse                           | \$130.66           |
| Employee plus Child/ren                        | \$106.92           |
| Employee plus Family                           | \$184.06           |

### **Kaiser (North and South CA, Mid-Atlantic, Cost**

#### **Colorado)**

|                         |          |
|-------------------------|----------|
| Employee Only           | \$49.54  |
| Employee plus Spouse    | \$108.86 |
| Employee plus Child/ren | \$89.09  |
| Employee plus Family    | \$153.35 |

| <b><u>TRICARE Supplement</u></b> | <b><u>Cost</u></b> |
|----------------------------------|--------------------|
| Employee Only                    | \$15.72            |
| Employee plus Spouse             | \$30.43            |
| Employee plus Child/ren          | \$30.43            |
| Employee plus Family             | \$40.85            |

The employee is responsible for 25% of the fully insured medical/pharmacy premium. The Corporation is responsible for 75% of the insured medical/pharmacy premium.

### **1.1.1.3 DOMESTIC PARTNER RATES**

Participant only rates for employees who enroll their Domestic Partners (DP) and family as dependents are the same as those in sections 1.1.1.1 and 1.1.1.2. The Internal Revenue Service has ruled that the actual cost of the domestic partner benefit is taxable income to the employee. This is not true for married couples.

To assist employees in determining their tax liability through the use of domestic partner benefits, the following table lists that liability on a weekly basis for each plan

**MEDICAL HOSPITAL, DENTAL, AND VISION PLAN COSTS FOR SAME-SEX DOMESTIC PARTNERS AND DEPENDENTS OF ACTIVE EMPLOYEES (CY26)**

| Plan   | Coverage | EE Weekly Cost-Sharing <u>without DP Coverage</u> ** | Additional EE Weekly Cost-Sharing <u>with DP Coverage</u> ** | Additional ER Weekly Costs <u>with DP Coverage</u> | Total Additional EE and ER Weekly Cost <u>with DP Coverage</u> ** |
|--|----------|--|--|--|---|
|  |          | [PRE-TAX]  | [POST-TAX]   | [TAXABLE INCOME TO EE]                             |   |
| <b>Anthem Blue Cross PPO – Nationwide</b>        | EE+SP    | \$60.64  | \$72.64  | \$217.92   | \$290.56  |
| (BLDP)   | EE+CH    |  | \$48.42  | \$145.28   | \$193.70  |
|  | EE+F     |  | 127.12   | \$381.35   | \$508.47  |
| <b>Anthem Blue Cross CDHP – Nationwide</b>       | EE+SP    | \$55.82  | \$65.89  | \$197.67   | \$263.56  |
| (CDHP)   | EE+CH    |  | \$45.55  | \$136.64   | \$182.19  |
|  | EE+F     |  | \$111.66   | \$334.97   | \$446.63  |
| <b>Anthem Blue Cross EPO - Non-CA</b>            | EE+SP    | \$59.45  | \$71.21  | \$213.63   | \$284.84  |
| (AEDP)   | EE+CH    |  | \$47.47  | \$142.42   | \$189.89  |
|  | EE+F     |  | \$124.61   | \$373.85   | \$498.46  |
| <b>Anthem Blue Cross CDHP Basic – Nationwide</b> | EE+SP    | \$48.87  | \$58.82  | \$175.55   | \$234.07  |
| (Add Plan Code)                                  | EE+CH    |  | \$39.10  | \$117.02   | \$156.03  |
|  | EE+F     |  | \$102.40   | \$307.21   | \$409.61  |
|  |          |  |  |  |   |
| <b>Anthem Blue Cross HMO – CA</b>                | EE+SP    | \$59.45  | \$71.21  | \$213.63   | \$284.84  |
| (CADP)   | EE+CH    |  | \$47.47  | \$142.42   | \$189.89  |
|  | EE+F     |  | \$124.61   | \$373.85   | \$498.46  |
| <b>Kaiser Permanente CA/MidAtlantic/CO</b>       |          |  |  |  |   |
| (KNDP)   | EE+SP    | \$49.54  | \$59.32  | \$177.95   | \$237.27  |
| (KSDP)   | EE+CH    |  | \$39.55  | \$118.63   | \$158.18  |
| (KAIM)   | EE+F     |  | \$103.81   | \$311.42   | \$415.23  |
| (Add Kaiser CO Code)                             |          |  |  |  |   |
|  |          |  |  |  |   |
| <b>TRICARE Supplement</b>                        | EE+SP    | \$15.72  | \$14.71  | \$0.00   | \$14.71   |
| (Add Plan Code)                                  | EE+CH    |  | \$14.71  | \$0.00   | \$14.71   |
|  | EE+F     |  | \$25.13  | \$0.00   | \$25.13   |
| <b>Delta Dental PPO Premium Plan</b>             | EE+SP    | \$4.36   | \$4.36   | \$8.10   | \$12.46   |
| (Add Plan Code)                                  | EE+CH    |  | \$5.67   | \$10.53  | \$16.20   |
|  | EE+F     |  | \$10.02  | \$18.62  | \$28.64   |
|  |          |  |  |  |   |

|                                    |       |        |        |         |         |
|------------------------------------|-------|--------|--------|---------|---------|
| <b>Delta Dental PPO Basic Plan</b> | EE+SP | \$3.11 | \$3.11 | \$5.78  | \$8.89  |
| (Add Plan Code)                    | EE+CH |        | \$4.04 | \$7.51  | \$11.55 |
|                                    | EE+F  |        | \$7.15 | \$13.29 | \$20.44 |
|                                    |       |        |        |         |         |
| <b>Delta Dental DHMO</b>           | EE+SP | \$1.50 | \$1.50 | \$2.78  | \$4.28  |
| (Add Plan Code)                    | EE+CH |        | \$2.02 | \$3.75  | \$5.77  |
|                                    | EE+F  |        | \$3.97 | \$7.39  | \$11.36 |
|                                    |       |        |        |         |         |
| <b>Vision Basic Plan</b>           | EE+SP | \$2.14 | \$0.98 | \$0.00  | \$0.98  |
| (Add Plan Code)                    | EE+CH |        | \$1.53 | \$0.00  | \$1.53  |
|                                    | EE+F  |        | \$3.73 | \$0.00  | \$3.73  |
|                                    |       |        |        |         |         |
| <b>Vision Premium Plan</b>         | EE+SP | \$3.76 | \$1.73 | \$0.00  | \$1.73  |
| (Add Plan Code)                    | EE+CH |        | \$2.71 | \$0.00  | \$2.71  |
|                                    | EE+F  |        | \$6.57 | \$0.00  | \$6.57  |

#### **1.1.1.4 EMPLOYEE ASSISTANCE PROGRAM (EAP) (CY26)**

The cost of this Program is included in the medical benefit premiums.

#### **1.1.1.5 ZURICH TRAVEL ASSIST (CY26)**

The cost of this program is included in the occupational accident benefit premiums

#### **1.1.1.6 DELTA DENTAL PLANS (CY26)**

All covered bargaining unit employees are required to share in the cost of their dental expense plan on a weekly basis as follows:

|   | <u>Cost</u> |
|---|-------------|
| <b><u>Delta Dental PPO Basic Plan</u></b>   |             |
| Employee Only                               | \$3.11      |
| Employee plus Spouse                        | \$6.22      |
| Employee plus Child/ren                     | \$7.15      |
| Employee plus Family                        | \$10.26     |
| <b><u>Delta Dental PPO Premium Plan</u></b> |             |
| Employee Only                               | \$4.36      |
| Employee plus Spouse                        | \$8.72      |
| Employee plus Child/ren                     | \$10.03     |
| Employee plus Family                        | \$14.38     |
| <b><u>Delta Dental DHMO Plan</u></b>        |             |
| Employee Only                               | \$1.50      |
| Employee plus Spouse                        | \$3.00      |
| Employee plus Child/ren                     | \$3.52      |
| Employee plus Family                        | \$5.47      |

The employee is responsible for 35% of the projected self-funded dental cost and fully insured dental premium. The Corporation is responsible for the remainder of the self-funded cost and 65% of the fully insured dental premium.

Coverage is offered for dental implants, implant removal, implant supported prosthetics and implant repair and recommendation. Benefits are subject to the plan's annual maximums and deductibles. In addition, there is now an additional oral examination and either a routine cleaning or periodontal scaling and root planning for pregnant patients. See benefits for further details.

#### **1.1.1.7 DELETED**

#### **1.1.1.8 DELETED**

#### **1.1.1.9 VISION SERVICE PLAN (VSP) (CY26)**

| <b><u>Vision Basic Plan</u></b> | <b><u>Cost</u></b> |
|---------------------------------|--------------------|
| Employee Only                   | \$ 2.14            |
| Employee plus Spouse            | \$ 3.12            |
| Employee plus Child/ren         | \$ 3.67            |
| Employee plus Family            | \$ 5.87            |

  

| <b><u>Vision Premium Plan</u></b> | <b><u>Cost</u></b> |
|-----------------------------------|--------------------|
| Employee Only                     | \$ 3.76            |
| Employee plus Spouse              | \$ 5.49            |
| Employee plus Child/ren           | \$ 6.47            |
| Employee plus Family              | \$10.33            |

The entire cost of the vision Plans is borne by the bargaining unit employee.

#### **1.1.1.10 FLEXIBLE SPENDING ACCOUNT (FSA) (CY26)**

The entire cost of this Plan is borne by the bargaining unit employee. The maximum contribution limits for CY26 are \$3,400 per year for the Health Care Account and \$7,500 per year for the Dependent Care Account.

#### **1.1.1.11 OCCASIONAL SICK LEAVE PLAN**

The entire cost of this Plan is borne by the Corporation.

#### **1.1.1.12 TEMPORARY DISABILITY INSURANCE**

The cost of the applicable Plan is borne by the bargaining unit employee.

### **1.1.1.13 CALIFORNIA STATE DISABILITY INSURANCE (SDI) AND CALIFORNIA FAMILY TEMPORARY DISABILITY INSURANCE (FTDI)**

For employees located in California, the payroll tax deduction rate for CY26 is 1.3% with no taxable wage limit. The maximum weekly SDI benefit is \$1,681.00

### **1.1.1.14 AEROSPACE SHORT-TERM DISABILITY (STD) (CY26)**

For employees located in states other than California, the maximum STD premium is \$12.83 per week for a maximum of \$679.99 per year.

Maximum weekly benefit is a maximum of \$1,681 per week for new disabilities commencing on or after 1/01/24, and will start on the 8<sup>th</sup> day of disability resulting from an accident or sickness.

### **1.1.1.15 LONG-TERM DISABILITY (LTD) INCOME BENEFITS INSURANCE PLAN**

The cost of this plan is shared equally by the Corporation and the bargaining unit employee. The cost to the employee is \$0.105 per \$100 weekly salary.

The employee also has the option of paying 100% of the cost. In this case the cost to the employee is \$0.210 per \$100 of weekly salary.

The Corporation also offers an optional Long Term Disability Supplemental Income Protection (SIPP) Plan. The employee pays the full cost of SIPP, which is determined individually for each participant. SIPP can be exchanged for a Long Term Care (LTC) insurance policy after age 60, for eligible participants. See Section 11 of Appendix F for further information on SIPP.

### **1.1.1.16 LIFE INSURANCE PLAN**

The Corporation pays for your basic life insurance coverage.

The bargaining unit employee may purchase optional life insurance. The employee's cost is as follows:

| <b><u>Age Bracket</u></b> | <b><u>Weekly Cost per \$1,000/week</u></b> |
|---------------------------|--|
| Under 35                  | \$0.007                                    |
| 35 – 39                   | \$0.009                                    |
| 40 – 44                   | \$0.010                                    |
| 45 – 49                   | \$0.019                                    |
| 50 – 54                   | \$0.030                                    |
| 55 – 59                   | \$0.042                                    |
| 60 – 64                   | \$0.069                                    |
| 65 – 69                   | \$0.124                                    |
| 70 plus                   | \$0.260                                    |

Premiums for spouses and domestic partners are as follows:

| <b>Age Bracket</b> | <b>Weekly Cost per \$1,000/week</b> |
|--------------------|-------------------------------------|
| Under 25           | \$ 0.009                            |
| 25-29              | \$ 0.011                            |
| 30-34              | \$ 0.015                            |
| 35-39              | \$ 0.016                            |
| 40-44              | \$ 0.018                            |
| 45-49              | \$ 0.027                            |
| 50-54              | \$ 0.042                            |
| 55-59              | \$ 0.078                            |
| 60-64              | \$ 0.119                            |
| 65-69              | \$ 0.230                            |
| 70 plus            | \$ 0.372                            |

Employees may also purchase limited life insurance coverage for their dependent children or their domestic partner's dependent children at \$0.122 per week for each \$5,000 of coverage, up to \$25,000 maximum coverage.

#### **1.1.1.17 OCCUPATIONAL ACCIDENT INSURANCE PLAN**

The entire cost of this Plan is borne by the Corporation.

#### **1.1.1.18 VOLUNTARY PERSONAL ACCIDENT INSURANCE PLAN (CY24)**

The Corporation offers Voluntary Personal Accident Insurance to all MTS. This coverage protects the employee, their spouse, their same-sex domestic partner and dependent children in the event of an accident. The following general restrictions on the coverage apply:

1. The maximum amount of coverage that an employee is eligible to elect is ten times the employee's current salary up to a maximum of \$600,000 (in increments of \$10,000).
2. Amounts of elected coverage over \$300,000 may not be more than 10 times the employee's basic annual salary.
3. Coverage for spouses, same-sex domestic partners, and dependent children is limited to \$600,000 for the spouse or domestic partner and \$50,000 for each dependent child.
4. Eligible employees and their dependents that work at Aerospace can be enrolled only under one enrollment form, either as an employee or as a dependent, but not both.

5. Changes to the plan can only be made during under the following conditions:

- a. Within the first 30 days of being eligible for the plan.
- b. In the event of a “Change in Status Event” as allowed under IRS regulations.
- c. During the Corporation’s Annual Enrollment Period.

### **RATES FOR CY2026**

| Principal Sum |           | Spouse & Children       |            | Weekly Payroll Deduction |                      |
|---------------|-----------|-------------------------|------------|--------------------------|----------------------|
| Employee      | Spouse    | Spouse/Domestic Partner | Each Child | Employee Only            | Employee& Dependents |
| \$ 10,000     | \$ 10,000 | \$ 8,000                | \$ 1,500   | \$0.05                   | \$0.10               |
| \$ 50,000     | \$ 50,000 | \$ 40,000               | \$ 7,500   | \$0.25                   | \$0.50               |
| \$100,000     | \$100,000 | \$ 80,000               | \$15,000   | \$0.50                   | \$1.00               |
| \$200,000     | \$200,000 | \$160,000               | \$30,000   | \$1.00                   | \$2.00               |
| \$300,000     | \$300,000 | \$240,000               | \$45,000   | \$1.50                   | \$3.00               |
| \$400,000     | \$400,000 | \$320,000               | \$50,000   | \$2.00                   | \$4.00               |
| \$500,000     | \$500,000 | \$400,000               | \$50,000   | \$2.50                   | \$5.00               |
| \$600,000     | \$600,000 | \$480,000               | \$50,000   | \$3.00                   | \$6.00               |

If you or your spouse reach age 70 or over, the following reductions in the amount of coverage will apply:

| <b><u>Attained Age</u></b> | <b><u>Benefit amount</u></b> |
|----------------------------|------------------------------|
| 70 to 74                   | 65% of the full amount       |
| 75 to 79                   | 45% of the full amount       |
| 80 to 84                   | 30% of the full amount       |
| 85 and over                | 15% of the full amount       |

#### **1.1.1.19 SEVERANCE PAY PLAN**

The entire cost of this Plan is borne by the Corporation.

#### **1.1.1.20 AEROSPACE SAVINGS ACCOUNT PLAN (ASAP)**

ASAP was merged into the 401(k) plan – see 1.1.1.23

#### **1.1.1.21 AEROSPACE EMPLOYEES’ RETIREMENT PLAN (AERP)**

The entire cost of the Aerospace Employees’ Retirement Plan is borne by the Corporation.

### **1.1.1.22 AEROSPACE VOLUNTARY ANNUITY/ACCOUNT PLAN (VA/AP)**

This plan was frozen. No new monies or participants. It was entirely funded by participants.

### **1.1.1.23 AEROSPACE 401(k) RETIREMENT PLAN**

The entire cost of Aerospace 401(k) Retirement Plan is borne by the Corporation with employer matching up to 3% of employee contributions. Employees can also contribute.

### **Section 1.2 Plan Costs For Bargaining Unit Employees Who Retire During The Term Of This Agreement**

#### **1.2.1 GROUP HOSPITAL-MEDICAL PLANS**

##### **1.2.1.1 ANTHEM BLUE CROSS PPO and EPO PLAN (CY26) – Transition Rates**

All active bargaining unit employees, upon entering retirement and qualifying for the Retiree Medical benefit, will be required to share in the cost of their “comprehensive” group hospital-medical insurance on a *monthly* basis for the remainder of a contract year as follows.

| <b><u>Anthem Blue Cross PPO – Nationwide (Under 65)/ Anthem Medicare Preferred PPO (Over 65)</u></b> | <b><u>Monthly Retiree Cost</u></b> |
|--|------------------------------------|
| Single: Under 65   | \$267.82                           |
| Single: Over 65  | \$161.43                           |
| 2 Party: Retiree & Spouse Under 65   | \$588.65                           |
| 2 Party: Retiree & Child(ren) Under 65   | \$481.70                           |
| 2 Party: Retiree & Spouse Over 65  | \$322.86                           |
| 2 Party: Retiree & Spouse 1 Under 65 & 1 Over 65   | \$588.65                           |
| 2 Party: Retiree & Child(ren) 1 Over 65  | \$481.70                           |
| Family: All Under 65   | \$829.26                           |
| Family: 2 Over 65 and 1 or more Under 65   | \$829.26                           |
| Family: 1 Over 65 and 1 or more Under 65   | \$829.26                           |

| <b><u>Anthem Blue EPO Non-CA (Under 65) / Anthem Medicare Preferred PPO (Over 65)</u></b> | <b><u>Monthly Retiree Cost</u></b> |
|---|------------------------------------|
| Single: Under 65  | \$262.56                           |
| Single: Over 65   | \$161.43                           |
| 2 Party: Retiree & Spouse Under 65  | \$577.07                           |
| 2 Party: Retiree & Child(ren) Under 65  | \$472.23                           |
| 2 Party: Retiree & Spouse Over 65   | \$322.86                           |
| 2 Party: Retiree & Spouse 1 Under 65 & 1 Over 65  | \$577.07                           |
| 2 Party: Retiree & Child(ren) 1 Over 65   | \$472.23                           |
| Family: All Under 65  | \$812.95                           |
| Family: 2 Over 65 and 1 or more Under 65  | \$812.95                           |
| Family: 1 Over 65 and 1 or more Under 65  | \$812.95                           |

After the end of a contract year during which a bargaining unit employee retires, the individual may be required to share in a greater portion of the cost of his/her “PPO” medical plan based upon whether he/she was hired or rehired prior to or after July 1, 1987. Those individuals hired or rehired prior to July 1, 1987, will be subject to the then-current Defined Dollar Benefit (DDB). For those individuals hired or rehired on

or after July 1, 1987, the amount paid by the Plan will be determined by their years of service at retirement and the then-current DDB.

#### **1.2.1.2 HEALTH MAINTENANCE ORGANIZATIONS (HMOS) (CY26) –Transition Rates**

Active bargaining unit employees, upon entering retirement and qualifying for the Retiree Medical benefit, will be required to share in the cost of their health maintenance insurance on a *monthly* basis for the remainder of a contract year as follows.

| <b><u>Anthem Blue Cross HMO CA (Under 65) / Anthem Blue Cross Senior Secure HMO (Over 65)</u></b> | <b><u>Monthly Retiree Cost</u></b> |
|---|------------------------------------|
|---|------------------------------------|

|  |          |
|--|----------|
| Single: Under 65                                 | \$262.56 |
| Single: Over 65                                  | \$200.91 |
| 2 Party: Retiree & Spouse Under 65               | \$577.07 |
| 2 Party: Retiree & Child(ren) Under 65           | \$472.23 |
| 2 Party: Retiree & Spouse Over 65                | \$401.82 |
| 2 Party: Retiree & Spouse 1 Under 65 & 1 Over 65 | \$577.07 |
| 2 Party: Retiree & Child(ren) 1 Over 65          | \$472.23 |
| Family: All Under 65                             | \$812.95 |
| Family: 2 Over 65 and 1 or more Under 65         | \$812.95 |
| Family: 1 Over 65 and 1 or more Under 65         | \$812.95 |

| <b><u>Kaiser HMO Northern &amp; Southern CA (Under 65) / Kaiser Senior Advantage HMO (Over 65)</u></b> | <b><u>Monthly Retiree Cost</u></b> |
|--|------------------------------------|
|--|------------------------------------|

|  |          |
|--|----------|
| Single: Under 65                                 | \$218.81 |
| Single: Over 65                                  | \$0.00   |
| 2 Party: Retiree & Spouse Under 65               | \$480.81 |
| 2 Party: Retiree & Child(ren) Under 65           | \$393.48 |
| 2 Party: Retiree & Spouse Over 65                | \$0.00   |
| 2 Party: Retiree & Spouse 1 Under 65 & 1 Over 65 | \$480.81 |
| 2 Party: Retiree & Child(ren) 1 Over 65          | \$393.48 |
| Family: All Under 65                             | \$677.31 |
| Family: 2 Over 65 and 1 or more Under 65         | \$677.31 |
| Family: 1 Over 65 and 1 or more Under 65         | \$677.31 |

| <b><u>Kaiser HMO Mid-Atlantic – Wash DC (Under 65) / Medicare Plus (Over 65)</u></b> | <b><u>Monthly Retiree Cost</u></b> |
|--|------------------------------------|
|--|------------------------------------|

|  |          |
|--|----------|
| Single: Under 65                                 | \$218.81 |
| Single: Over 65                                  | \$84.42  |
| 2 Party: Retiree & Spouse Under 65               | \$480.81 |
| 2 Party: Retiree & Child(ren) Under 65           | \$393.48 |
| 2 Party: Retiree & Spouse Over 65                | \$168.84 |
| 2 Party: Retiree & Spouse 1 Under 65 & 1 Over 65 | \$480.81 |
| 2 Party: Retiree & Child(ren) 1 Over 65          | \$393.48 |
| Family: All Under 65                             | \$677.31 |
| Family: 2 Over 65 and 1 or more Under 65         | \$677.31 |
| Family: 1 Over 65 and 1 or more Under 65         | \$677.31 |

**Kaiser HMO Colorado – (Under 65) / Medicare Plus (Over 65)**

|  | <u>Monthly<br/>Retiree Cost</u> |
|--|---------------------------------|
| Single: Under 65                                 | \$218.81                        |
| Single: Over 65                                  | \$0.00                          |
| 2 Party: Retiree & Spouse Under 65               | \$480.81                        |
| 2 Party: Retiree & Child(ren) Under 65           | \$393.48                        |
| 2 Party: Retiree & Spouse Over 65                | \$0.00                          |
| 2 Party: Retiree & Spouse 1 Under 65 & 1 Over 65 | \$480.81                        |
| 2 Party: Retiree & Child(ren) 1 Over 65          | \$393.48                        |
| Family: All Under 65                             | \$677.31                        |
| Family: 2 Over 65 and 1 or more Under 65         | \$677.31                        |
| Family: 1 Over 65 and 1 or more Under 65         | \$677.31                        |

**Blue Cross Blue Shield HMO of New Mexico (Medicare Only)**

|  | <u>Monthly<br/>Retiree Cost</u> |
|--|---------------------------------|
| Single: Under 65                         | N/A                             |
| Single: Over 65                          | \$34.50                         |
| 2 Party: Both Under 65                   | N/A                             |
| 2 Party: Both Over 65                    | \$69.00                         |
| 2 Party: 1 Under 65 & 1 Over 65          | N/A                             |
| Family: All Under 65                     | N/A                             |
| Family: 2 Over 65 and 1 or more Under 65 | N/A                             |
| Family: 1 Over 65 and 1 or more Under 65 | N/A                             |

**TRICARE Supplemental (Under 65) – Military Retirees**

|  | <u>Monthly<br/>Retiree Cost</u> |
|--|---------------------------------|
| Single: Under 65                         | \$0.00                          |
| Single: Over 65                          | N/A                             |
| 2 Party: Both Under 65                   | \$0.00                          |
| 2 Party: Both Over 65                    | N/A                             |
| 2 Party: 1 Under 65 & 1 Over 65          | N/A                             |
| Family: All Under 65                     | \$0.00                          |
| Family: 2 Over 65 and 1 or more Under 65 | N/A                             |
| Family: 1 Over 65 and 1 or more Under 65 | N/A                             |

**1.2.1.3 DOMESTIC PARTNER (DP) TAX LIABILITY FOR ELIGIBLE BARGAINING UNIT EMPLOYEES WHO RETIRE DURING THE TERM OF THIS AGREEMENT**

Participant only rates for employees who enroll their Domestic Partners and family as dependents are the same as those in sections 1.2.1.1 and 1.2.1.2. The Internal Revenue Service has ruled that the amount paid by Aerospace for the domestic partner benefit is taxable income to the employee. This is not true for married couples.

To assist employees in determining their liability through the use of domestic partner benefits, the following table lists that liability on a monthly basis for each plan.

**Retiree Domestic Partner Rates - Effective 1/1/26 – 12/31/26**

| Plan   | Coverage                                  | RE Monthly Cost-Sharing <u>without DP Coverage</u> ** | Additional RE Monthly Cost-Sharing with DP Coverage** | Additional ER Monthly Costs with DP Coverage | Total Additional RE and ER Monthly Cost with DP Coverage** |
|--|---|---|---|--|--|
| <b>DDB</b>   | <b>RE \$244, RE+1 \$488, RE+FAM \$488</b> |   | [POST-TAX]  | [TAXABLE INCOME TO RE]                       |  |
| <b>Anthem Blue Cross PPO - Nationwide</b>                | Single: (U65)                             | \$1,269.17  |   |  |  |
| <b>Medicare Advantage PPO (Over 65)</b>                  | Single: (O65)                             | \$161.43  |   |  |  |
| Comprehensive Plan (BLDP)                                | 2P: (Dep U65)                             |   | <b>\$1,269.16</b>                                     | <b>\$244.00</b>                              | <b>\$1,513.16</b>  |
|  | 2P: (Dep O65)                             |   | <b>\$161.43</b>                                       | <b>\$244.00</b>                              | <b>\$405.43</b>  |
|  | FAM: (All U65)                            |   | <b>\$2,782.34</b>                                     | <b>\$244.00</b>                              | <b>\$3,026.34</b>  |
|  | FAM: (REO65 & 2DepsU65)                   |   | <b>\$2,782.34</b>                                     | <b>\$244.00</b>                              | <b>\$3,026.34</b>  |
|  |   |   |   |  |  |
| <b>Anthem Blue Cross EPO - Non-CA</b>                    | Single: (U65)                             | \$1,239.40  |   |  |  |
| <b>Medicare Advantage PPO (Over 65)</b>                  | Single: (O65)                             | \$161.43  |   |  |  |
|  | 2P: (Dep U65)                             |   | <b>\$1,239.38</b>                                     | <b>\$244.00</b>                              | <b>\$1,483.38</b>  |
|  | 2P: (Dep O65)                             |   | <b>\$161.43</b>                                       | <b>\$244.00</b>                              | <b>\$405.43</b>  |
|  | FAM: (All U65)                            |   | <b>\$2,722.79</b>                                     | <b>\$244.00</b>                              | <b>\$2,966.79</b>  |
|  | FAM: (REO65 & 2DepsU65)                   |   | <b>\$2,722.79</b>                                     | <b>\$244.00</b>                              | <b>\$2,966.79</b>  |
|  |   |   |   |  |  |
| <b>Anthem Blue Cross HMO CA</b>                          | Single: (U65)                             | \$1,239.40  |   |  |  |
| <b>(Under 65 / Senior Secure Over 65)</b>                | Single: (O65)                             | \$200.91  |   |  |  |
|  | 2P: (Dep U65)                             |   | <b>\$1,239.38</b>                                     | <b>\$244.00</b>                              | <b>\$1,483.38</b>  |
|  | 2P: (Dep O65)                             |   | <b>\$200.91</b>                                       | <b>\$244.00</b>                              | <b>\$444.91</b>  |
|  | FAM: (All U65)                            |   | <b>\$2,722.79</b>                                     | <b>\$244.00</b>                              | <b>\$2,966.79</b>  |
|  | FAM: (REO65 & 2DepsU65)                   |   | <b>\$2,722.79</b>                                     | <b>\$244.00</b>                              | <b>\$2,966.79</b>  |
|  |   |   |   |  |  |
| <b>Kaiser Northern &amp; Southern CA: (KNDP), (SNDP)</b> | Single: (U65)                             | \$674.98  |   |  |  |
| <b>(Under 65 / Senior Advantage Over 65)</b>             | Single: (O65)                             | \$0.00  |   |  |  |
|  | 2P: (Dep U65)                             |   | <b>\$674.98</b>                                       | <b>\$244.00</b>                              | <b>\$918.98</b>  |
|  | 2P: (Dep O65)                             |   | <b>\$0.00</b>   | <b>\$189.44</b>                              | <b>\$189.44</b>  |
|  | FAM: (All U65)                            |   | <b>\$1,593.96</b>                                     | <b>\$244.00</b>                              | <b>\$1,837.96</b>  |
|  | FAM: (REO65 & 2DepsU65)                   |   | <b>\$1,593.96</b>                                     | <b>\$244.00</b>                              | <b>\$1,837.96</b>  |
|  |   |   |   |  |  |

|   |                            |          |             |          |            |
|---|----------------------------|----------|-------------|----------|------------|
| <b>Kaiser Mid-Atlantic:<br/>(Wash DC)</b> | Single: (U65)              | \$674.98 |             |          |            |
|   | Single: (O65)              | \$84.42  |             |          |            |
|   | 2P: (Dep U65)              |          | \$674.98    | \$244.00 | \$918.98   |
|   | 2P: (Dep O65)              |          | \$84.42     | \$244.00 | \$328.42   |
|   | FAM: (All U65)             |          | \$1,593.96  | \$244.00 | \$1,837.96 |
|   | FAM: (REO65<br>& 2DepsU65) |          | \$1,593.96  | \$244.00 | \$1,837.96 |
|   |                            |          |             |          |            |
| <b>Kaiser Colorado:</b>                   | Single: (U65)              | \$674.98 |             |          |            |
|   | Single: (O65)              | \$0.00   |             |          |            |
|   | 2P: (Dep U65)              |          | \$674.98    | \$244.00 | \$918.98   |
|   | 2P: (Dep O65)              |          | \$0.00      | \$228.47 | \$228.47   |
|   | FAM: (All U65)             |          | \$1,593.96  | \$244.00 | \$1,837.96 |
|   | FAM: (REO65<br>& 2DepsU65) |          | \$1,5933.96 | \$244.00 | \$1,837.96 |
|   |                            |          |             |          |            |
| <b>BlueCross Blue<br/>Shield HMO NM</b>   | Single: (U65)              |          |             |          |            |
|   | Single: (O65)              | \$34.50  |             |          |            |
|   | 2P: (Dep U65)              |          |             |          |            |
|   | 2P: (Dep O65)              |          | \$34.50     | \$240.00 | \$274.50   |
|   | FAM: (All U65)             |          |             |          |            |
|   | FAM: (REO65<br>& 2DepsU65) |          |             |          |            |

After the end of a contract year during which a bargaining unit employee retires, the individual may be required to share in a greater portion of the cost of his/her "PPO, EPO or HMO" medical plan based upon whether he/she was hired or rehired prior to or after July 1, 1987.

Those individuals hired or rehired prior to July 1, 1987, will be subject to the then-current Defined Dollar Benefit (DDB). For those individuals hired or rehired on or after July 1, 1987, the amount paid by the Plan will be determined by their years of service at retirement and the then-current DDB.

### **Section 1.3 Plan Costs for Current Retirees – Tier A**

*APSA does not represent retirees. This section is for information purposes only:*

#### **1.3.1 GROUP HOSPITAL-MEDICAL**

##### **1.3.1.1 GROUP HOSPITAL AND MEDICAL COMPREHENSIVE PLAN (CY26)**

| <u>Anthem Blue Cross PPO – Nationwide (Under 65)/ Anthem Medicare Preferred PPO (Over 65)</u> | <u>Monthly Retiree Cost</u> |
|---|-----------------------------|
| Single: Under 65  | \$1,269.17                  |
| Single: Over 65   | \$161.43                    |
| 2 Party: Retiree & Spouse Under 65  | \$2,538.33                  |
| 2 Party: Retiree & Child(ren) Under 65  | \$2,538.33                  |
| 2 Party: Retiree & Spouse Over 65   | \$322.86                    |
| 2 Party: Retiree & Spouse 1 Under 65 & 1 Over 65  | \$1,430.60                  |
| 2 Party: Retiree & Child(ren) 1 Over 65   | \$1,430.60                  |
| Family: All Under 65  | \$4,051.51                  |
| Family: 2 Over 65 and 1 or more Under 65  | \$1,836.03                  |
| Family: 1 Over 65 and 1 or more Under 65  | \$2,943.77                  |

| <u>Anthem Blue EPO Non-CA (Under 65) / Anthem Medicare Preferred PPO (Over 65)</u> | <u>Monthly Retiree Cost</u> |
|--|-----------------------------|
| Single: Under 65   | \$1,239.40                  |
| Single: Over 65  | \$161.43                    |
| 2 Party: Retiree & Spouse Under 65   | \$2,478.78                  |
| 2 Party: Retiree & Child(ren) Under 65   | \$2,478.78                  |
| 2 Party: Retiree & Spouse Over 65  | \$322.86                    |
| 2 Party: Retiree & Spouse 1 Under 65 & 1 Over 65                                   | \$1,400.83                  |
| 2 Party: Retiree & Child(ren) 1 Over 65  | \$1,400.83                  |
| Family: All Under 65   | \$3,962.19                  |
| Family: 2 Over 65 and 1 or more Under 65   | \$1,806.26                  |
| Family: 1 Over 65 and 1 or more Under 65   | \$2,884.23                  |

##### **1.3.1.2 HEALTH MAINTENANCE ORGANIZATIONS (HMOS) (CY24)**

| <u>Anthem Blue Cross HMO CA (Under 65) / Anthem Blue Cross Senior Secure HMO (Over 65)</u> | <u>Monthly Retiree Cost</u> |
|--|-----------------------------|
| Single: Under 65   | \$1,239.40                  |
| Single: Over 65  | \$200.91                    |
| 2 Party: Retiree & Spouse Under 65   | \$2,478.78                  |
| 2 Party: Retiree & Child(ren) Under 65   | \$2,478.78                  |
| 2 Party: Retiree & Spouse Over 65  | \$401.82                    |
| 2 Party: Retiree & Spouse 1 Under 65 & 1 Over 65   | \$1,440.31                  |
| 2 Party: Retiree & Child(ren) 1 Over 65  | \$1,440.31                  |
| Family: All Under 65   | \$3,962.19                  |
| Family: 2 Over 65 and 1 or more Under 65   | \$1,885.22                  |
| Family: 1 Over 65 and 1 or more Under 65   | \$2,923.71                  |

| <u>Kaiser HMO Northern &amp; Southern CA (Under 65) / Kaiser Senior Advantage HMO (Over 65)</u> | <u>Monthly Retiree Cost</u> |
|---|-----------------------------|
| Single: Under 65  | \$674.98                    |
| Single: Over 65   | \$0.00                      |
| 2 Party: Retiree & Spouse Under 65  | \$1,349.96                  |
| 2 Party: Retiree & Child(ren) Under 65  | \$1,349.96                  |
| 2 Party: Retiree & Spouse Over 65   | \$0.00                      |
| 2 Party: Retiree & Spouse 1 Under 65 & 1 Over 65  | \$620.42                    |
| 2 Party: Retiree & Child(ren) 1 Over 65   | \$620.42                    |
| Family: All Under 65  | \$2,268.94                  |
| Family: 2 Over 65 and 1 or more Under 65  | \$809.86                    |
| Family: 1 Over 65 and 1 or more Under 65  | \$1,539.40                  |
| <u>Kaiser HMO Mid-Atlantic – Wash DC (Under 65) / Medicare Plus (Over 65)</u>                   | <u>Monthly Retiree Cost</u> |
| Single: Under 65  | \$674.98                    |
| Single: Over 65   | \$84.42                     |
| 2 Party: Retiree & Spouse Under 65  | \$1,349.96                  |
| 2 Party: Retiree & Child(ren) Under 65  | \$1,349.96                  |
| 2 Party: Retiree & Spouse Over 65   | \$168.84                    |
| 2 Party: Retiree & Spouse 1 Under 65 & 1 Over 65  | \$759.40                    |
| 2 Party: Retiree & Child(ren) 1 Over 65   | \$759.40                    |
| Family: All Under 65  | \$2,268.94                  |
| Family: 2 Over 65 and 1 or more Under 65  | \$1,087.82                  |
| Family: 1 Over 65 and 1 or more Under 65  | \$1,678.38                  |
| <u>Kaiser HMO Colorado – (Under 65) / Medicare Plus (Over 65)</u>                               | <u>Monthly Retiree Cost</u> |
| Single: Under 65  | \$674.98                    |
| Single: Over 65   | \$0.00                      |
| 2 Party: Retiree & Spouse Under 65  | \$1,349.96                  |
| 2 Party: Retiree & Child(ren) Under 65  | \$1,349.96                  |
| 2 Party: Retiree & Spouse Over 65   | \$0.00                      |
| 2 Party: Retiree & Spouse 1 Under 65 & 1 Over 65  | \$659.45                    |
| 2 Party: Retiree & Child(ren) 1 Over 65   | \$659.45                    |
| Family: All Under 65  | \$2,268.94                  |
| Family: 2 Over 65 and 1 or more Under 65  | \$887.92                    |
| Family: 1 Over 65 and 1 or more Under 65  | \$1,578.43                  |

| <b><u>Blue Cross Blue Shield HMO of New Mexico (Medicare Only)</u></b> | <b><u>Monthly Retiree Cost</u></b> |
|--|------------------------------------|
| Single: Under 65   | N/A                                |
| Single: Over 65  | \$34.50                            |
| 2 Party: Both Under 65   | N/A                                |
| 2 Party: Both Over 65  | \$69.00                            |
| 2 Party: 1 Under 65 & 1 Over 65  | N/A                                |
| Family: All Under 65   | N/A                                |
| Family: 2 Over 65 and 1 or more Under 65                               | N/A                                |
| Family: 1 Over 65 and 1 or more Under 65                               | N/A                                |

| <b><u>Tricare Supplemental (Under 65) – Military Retirees</u></b> | <b><u>Monthly Retiree Cost</u></b> |
|---|------------------------------------|
| Single: Under 65  | \$0.00                             |
| Single: Over 65   | N/A                                |
| 2 Party: Both Under 65 (Retiree + Spouse or Retiree + Child(ren)) | \$0.00                             |
| 2 Party: Both Over 65   | N/A                                |
| 2 Party: 1 Under 65 & 1 Over 65                                   | N/A                                |
| Family: All Under 65  | \$0.00                             |
| Family: 2 Over 65 and 1 or more Under 65                          | N/A                                |
| Family: 1 Over 65 and 1 or more Under 65                          | N/A                                |

#### **Safeguard Dental Plan (CY24) CLOSED PLAN**

| <b>Safeguard Dental</b>                 | <b>Monthly Premium</b> |
|---|------------------------|
| Participant only                        | \$23.25                |
| Participant plus one dependent          | \$43.50                |
| Participant plus two or more dependents | \$65.75                |

#### **1.3.1.3 DOMESTIC PARTNER (DP) TAX LIABILITY FOR RETIREES**

Participant only rates for employees who enroll their Domestic Partners and family as dependents are the same as those in sections 1.2.1.1 and 1.2.1.2. The Internal Revenue Service has ruled that the amount paid by the retiree medical trust for the domestic partner benefit is taxable income to the employee. This is not true for married couples.

Retirees with Domestic Partners will be taxed on the difference between the DDB amount for one person and the DDB amount for two or more dependents. In 2024, the DDB for a single retiree is \$244 and the DDB for two or more dependents is \$488.

During 2022, the retiree will be taxed the following amount for each month that the Domestic Partner is covered:

|                                 |           |
|---------------------------------|-----------|
| Anthem Blue Cross PPO           | \$ 244.00 |
| Anthem Blue Cross HMO CA        | \$ 244.00 |
| Anthem Blue Cross EPO (Non-CA)  | \$ 244.00 |
| Kaiser Northern and Southern CA |           |
| Dependent Under 65              | \$ 244.00 |
| Dependent Medicare Eligible     | \$ 189.44 |
| Family 1 Medicare Eligible      | \$ 244.00 |
| Kaiser Mid-Atlantic             | \$ 244.00 |
| Kaiser Colorado                 |           |
| Dependent Under 65              | \$ 244.00 |
| Dependent Medicare Eligible     | \$ 228.47 |
| Family 1 Medicare Eligible      | \$ 244.00 |
| Blue Cross Blue Shield of NM    |           |
| Dependent Over 65               | \$ 240.00 |

## **APPENDIX F – SECTION 2. MEDICAL/DENTAL/VISION PLAN DESCRIPTIONS**

The Anthem Blue Cross PPO Plan provides reimbursement of reasonable and customary covered expenses incurred as a result of non-occupational injury or illness for employees and their eligible dependents. The plan offers financial incentives in the form of higher benefit levels for participants who use physicians and hospitals from a PPO in California or from participating Blue Card providers outside California. In addition, there are financial incentives for using pre-admission testing, alternative birthing centers, skilled nursing facilities, home health care, and hospice care. To further encourage cost-effectiveness and guard against unnecessary medical procedures, the plan requires pre-certification of hospital admissions.

### **ANTHEM BLUE CROSS PPO MEDICAL PLAN**

The PPO Medical Plan provides reimbursement of reasonable and customary covered expenses incurred as a result of non-occupational injury or illness for enrolled employees, their spouse or domestic partner, the children of the employee, spouse or domestic partner and any other eligible dependents. This plan allows the use of any doctor or health care facility and reimburses participants for a percentage of eligible expenses after they meet an annual deductible. There is an annual deductible for each family member with an annual maximum family deductible. After the annual deductible is satisfied and when services are rendered within the PPO network, the PPO Plan pays a percentage of covered expenses at negotiated rates for the rest of year. When services are rendered outside the PPO network, the Plan pays a percentage of covered expenses at reasonable and customary rates. There is a yearly out-of-pocket maximum after which benefits are paid at 100%. IN is a Diamond Provider. ON is a non-Diamond Provider.

| Comprehensive Plan                         | 2026  | 2027  |
|--|---|---|
| Individual annual deductible               | \$500 In-Network<br>\$750 Out-of-Network  | \$1,000 In-Network<br>\$1,500 Out-of-Network  |
| Family annual deductible                   | \$1,500 In-Network<br>\$2,250 Out-of-Network  | \$2,000 In-Network<br>\$3,000 -Out-of-Network   |
| Brand Rx annual deductible                 | \$200 In-Network  | \$200 In-Network  |
| Individual annual out-of-pocket maximum    | \$3,000 In-Network<br>\$9,000 Out-of-Network  | \$3,400 In-Network<br>\$10,200-of-Network   |
| Family annual out-of-pocket maximum        | \$6,000 In-Network<br>\$18,000 Out-of-Network)  | \$6,800 In-Network<br>\$20,400 Out-of-Network)  |
| Individual Rx annual out-of-pocket maximum | \$3,600 In and Out-of-Network   | \$3,600 In and Out-of-Network   |
| Family Rx annual out-of-pocket maximum     | \$7,200 In and Out-of-Network   | \$7,200 In and Out-of-Network   |
| Maximum lifetime benefit per person        | None  | None  |
| Annual restoration of maximum benefit      | N/A   | N/A   |
| %Paid by plan                              | In-Network – 80%; PCP OV and Urgent Care - \$20 co-pay; Specialist - \$35 co-pay<br>Out-of-Network – generally 50%<br>See details in Open Enrollment Booklet Coverage (EOC) | In-Network – 80%; PCP \$25IN/\$35ON; Urgent Care - \$50 co-pay; Specialist - \$40IN/\$50ON co-pay<br>Out-of-Network – generally 50% |
| Emergency Room                             | \$150   | \$250   |

<sup>1</sup> Plan pays 100% of covered expenses above the out-of-pocket maximum

| Premium CDHP                               | 2026  | 2027  |
|--|---|---|
| Individual annual deductible               | \$1,700 In-Network<br>\$3,000 Out-of-Network  | \$1,700 In-Network<br>\$3,000 Out-of-Network  |
| Family annual deductible                   | \$3,400 In-Network<br>\$6,000 Out-of-Network  | \$3,400 In-Network<br>\$6,000 Out-of-Network  |
| Individual annual out-of-pocket maximum    | \$3,400 In-Network<br>\$9,000 Out-of-Network  | \$3,400 In-Network<br>\$9,000 Out-of-Network  |
| Family annual out-of-pocket maximum        | \$6,800 In-Network<br>\$18,000 Out-of-Network   | \$6,800 In-Network<br>\$18,000 Out-of-Network   |
| Individual Rx annual out-of-pocket maximum | Combined with medical out-of-pocket maximum   | Combined with medical out-of-pocket maximum   |
| Family Rx annual out-of-pocket maximum     | Combined with medical out-of-pocket maximum   | Combined with medical out-of-pocket maximum   |
| Employer HSA Seed                          | \$750 individual / \$1,500 family   | \$600 individual / \$1,200 family   |
| Maximum lifetime benefit per person        | None  | None  |
| Annual restoration of maximum benefit      | N/A   | N/A   |
| %Paid by plan                              | In-Network – 80%<br>Out-of-Network – 50%<br>See details in Open Enrollment Booklet Coverage (EOC) | In-Network – 80%<br>Out-of-Network – 50%<br>See details in Open Enrollment Booklet Coverage (EOC) |
| Emergency Room                             | 80%   | 80%   |

<sup>1</sup> Plan pays 100% of covered expenses above the out-of-pocket maximum

| Basic Consumer Driven Health Plan <sup>1</sup> 2026 and 2027 |   |
|--|---|
| Individual annual deductible                                 | \$3,000 In-Network<br>\$6,000 Out-of-Network  |
| Family annual deductible                                     | \$6,000 In-Network<br>\$12,000 Out-of-Network   |
| Individual annual out-of-pocket maximum                      | \$5,000 In-Network<br>\$10,000 Out-of-Network)  |
| Family annual out-of-pocket maximum                          | \$10,000 In-Network<br>\$20,000 Out-of-Network  |
| Individual Rx annual out-of-pocket maximum                   | Combined with medical out-of-pocket maximum   |
| Family Rx annual out-of-pocket maximum                       | Combined with medical out-of-pocket maximum   |
| Maximum lifetime benefit per person                          | None  |
| Annual restoration of maximum benefit                        | N/A   |
| %Paid by plan  | In-Network – 70%<br>Out-of-Network – 50%<br>See details in Open Enrollment Booklet Coverage (EOC) |
| Emergency Room   | 70%   |

<sup>1</sup> Plan pays 100% of covered expenses above the out-of-pocket maximum

### **ANTHEM BLUE CROSS EPO MEDICAL PLAN (outside CA only)**

The Exclusive Provider Organization (EPO) provides benefits for medically necessary services obtained only from in-network providers just like an HMO. However, unlike HMOs, this plan does not require a referral from a Primary Care Physician (PCP) in order to see a specialist or obtain other services. The EPO utilizes the same network as the PPO. No benefits are payable for services rendered by a non-network provider unless they are for a life-threatening emergency.

| EPO Plan                            | 2026                                 | 2027                                 |
|-------------------------------------|--------------------------------------|--------------------------------------|
| Individual annual deductible        | None                                 | \$125                                |
| Family annual deductible            | None                                 | \$250                                |
| Out-of-pocket maximum               | \$3,000 Individual<br>\$6,000 Family | \$3,000 Individual<br>\$6,000 Family |
| Rx annual out-of-pocket maximum     | \$3,600 Individual<br>\$7,200 Family | \$3,600 Individual<br>\$7,200 Family |
| Maximum lifetime benefit per person | None                                 | None                                 |
| Inpatient Hospital                  | \$0                                  | \$0                                  |
| Outpatient/Ambulatory               | \$0                                  | \$0                                  |
| Emergency Room                      | \$75 copay (waived if admitted)      | \$75 copay (waived if admitted)      |
| Office Visits                       | \$20 Primary Care<br>\$35 Specialist | \$20 Primary Care<br>\$35 Specialist |
| Urgent Care                         | \$20 copay                           | \$20 copay                           |
| General Coinsurance                 | None                                 | 10%                                  |

## 2.3 PRESCRIPTION DRUG BENEFIT

If you are enrolled in the PPO or EPO Plan, you also have the benefit of a prescription drug plan. When you use a pharmacy in the plan, you pay a nominal amount for each brand name prescription filled, up to a 30-day supply, and an even smaller amount if you request generic drugs. In addition, maintenance prescriptions for a 90-day supply are available by mail order. Injectables are also covered.

### Prescription Drugs Employee Costs: Chart indicates copays and coinsurance paid by employee

| PPO and EPO Prescription Drug Plan | 2026 30-Day Supply at Participating Pharmacies <sup>1</sup> | 2026 90-Day Supply Maintenance Drugs by Mail Order | 2027 30-Day Supply at Participating Pharmacies <sup>1</sup> | 2027 90-Day Supply Maintenance Drugs by Mail Order |
|------------------------------------|---|--|---|--|
| Generic                            | \$5 PPO/ \$10 EPO   | \$10 PPO/ \$20 EPO                                 | \$10  | \$20   |
| Preferred                          | \$30*   | \$60*  | <b>20% (\$30 min/\$60 max)</b>                              | <b>20% (\$60 min/\$120 max)</b>                    |
| Non-Preferred*                     | \$60*   | \$120*   | <b>50% (\$60 min/\$120 max)</b>                             | <b>50% (\$120 min/\$240 max)</b>                   |
| Premium CDHP                       |   |  |   |  |
| Generic                            | \$10 after deductible                                       | \$20 after deductible                              | \$10 after deductible                                       | \$20 after deductible                              |
| Preferred                          | 20% (\$30 min / \$60 max) after deductible                  | 20% (\$60 min / \$120 max) after deductible        | 20% (\$30 min / \$60 max) after deductible                  | 20% (\$60 min / \$120 max) after deductible        |
| Non-Preferred*                     | 50% (\$60 min / \$120 max) after deductible                 | 50% (\$120 min / \$240 max) after deductible       | 50% (\$60 min / \$120 max) after deductible                 | 50% (\$120 min / \$240 max) after deductible       |
| Basic CDHP                         |   |  |   |  |
| Generic                            | \$10 after deductible                                       | \$20 after deductible                              | \$10 after deductible                                       | \$20 after deductible                              |
| Preferred                          | 30% (\$30 min / \$60 max) after deductible                  | 30% (\$60 min / \$120 max) after deductible        | 30% (\$30 min / \$60 max) after deductible                  | 30% (\$60 min / \$120 max) after deductible        |
| Non-Preferred*                     | 50% (\$60 min / \$120 max) after deductible                 | 50% (\$120 min / \$240 max) after deductible       | 50% (\$60 min / \$120 max) after deductible                 | 50% (\$120 min / \$240 max) after deductible       |

<sup>1</sup>Additional surcharges may apply at non-participating pharmacies.

\*After \$200 Annual Deductible for PPO

### Injectable Drugs:

Self-administered injectable drugs except insulin subject to 20% up to \$100.00 maximum.

## **GLP-1 Prescription Drugs**

GLP-1 prescription drugs in the Anthem Plans shall be limited for weight loss to those in the following two groups based on body mass index (BMI) greater than 35 or greater than 27 with two documented comorbid conditions.

When used for weight loss the employee will be required to enroll and engage in Omada and meet the following monthly requirements:

- 1) Use the app four times, by doing lessons or engaging with a health coach, peer group, or online community.
- 2) Weigh in four times using the free smart scale that is provided or entering weight manually through the app.

For employees currently taking GLP-1s, the BMI level provided from the physician during the initial coverage review will be used to meet the criteria.

These changes shall go into effect on April 1, 2026.

The comorbid conditions include but are not limited to the following:

Coronary artery disease  
High blood pressure  
High cholesterol  
Obstructive sleep apnea  
Type 2 diabetes  
Heart disease  
Polycystic ovarian syndrome  
Asthma  
Knee Osteoarthritis  
Chronic Obstructive Pulmonary Disease (COPD)  
Metabolic Dysfunction-Associated Steatohepatitis Disease/Non-Alcoholic Fatty Liver Disease

## **2.4 MEDICAL TRAVEL BENEFIT DESCRIPTION**

### **Anthem EPO and PPO Travel Benefit:**

The Anthem PPO and EPO Medical Plan provides coverage for all covered medical services/procedures available within the United States. The Anthem EPO Medical Plan coverage is limited to all states except California. Participants are not limited to the medical services/procedures that are provided in the state in which they reside.

### **Anthem Medical Travel and Lodging Coverage**

Benefits are only available to members who are unable to obtain services from an in-network (INN) provider within 75 miles of their residence.

Travel and lodging are available for All Covered Medical Services/Procedures excluding Donor Searches and Transplant (to avoid impacting current coverage). Does not cover meals or childcare.

If the member receives service from a non in-network provider, travel and lodging services will Not Be Covered.

Limits are combined with transplant travel and lodging services.

| <b>Travel</b>                                 | <b>Covered</b>   |
|---|--|
| Travel Limit                                  | \$5,000 Per Occurrence   |
| Air Mileage Limit (coach only)                | Unlimited Per Occurrence (Round Trip). Applies to Member and one companion. Limited to domestic US flights only. |
| Ground Transportation                         | Covered per IRS guidelines   |
| Does INN Deductible apply (if applicable)     |  |
| Does INN coinsurance apply (if applicable)    |  |
| Copayment (if applicable)                     |  |
| Follow IRS guidelines for reimbursing mileage |  |

| <b>Lodging</b>                            | <b>Covered</b>  |
|---|---|
| Lodging Limit                             | Follow IRS guidelines (currently \$50 per person for each night of lodging) |
| Does INN Deductible apply (if applicable) | Yes   |
| Does INN Deductible apply (if applicable) | Yes Coinsurance amount in Network Percentage                                |
| Copayment (if applicable)                 | No copayment amount is N/A  |

\*INN – In-Network

## **2.5 Fertility Benefit (January 2027)**

Starting in January 2027, the medical plans will include the addition of Fertility/Surrogate/Adoption/Menopause coverage. This includes two cycles of IVF and a \$25,000 adoption/surrogacy benefit.

This surrogacy and adoption benefit covers an adoption coach, surrogacy coach, and a mental health provider. The IVF and IUI egg and sperm freezing covers a reproductive endocrinologist, a mental health provider, and a nutritionist. The menopause benefit covers a reproductive endocrinologist, an OB-GYN, and a mental health provider.

## APPENDIX F – SECTION 5. RETIREE MEDICAL PLAN

The Retiree Medical Plan provides benefits for bargaining unit employees entering retirement, their spouse or same-sex domestic partner and their other dependents. The Plan also provides benefits for survivors of retirees and survivors of active employees who died after reaching age 65. The Plan does not provide medical coverage directly; instead, it offsets part of the cost of the medical plan selected by the retiree or survivor from among the options described in Section 2, Group Hospital-Medical Insurance Plan, and Section 3, Health Maintenance Organizations (HMOs).

Starting in CY2027 the retiree medical plan options for over 65 retirees will include the Anthem PPO/EPO, Tricare, and the plans in the Alight Exchange. The current HMO retiree medical plans will not be available for over 65 retirees.

To fund the Plan, the company established and contributes money to a trust fund. Continued company contributions are subject to certain contingencies. Your rights and amount of benefit under the Plan will be determined in accordance with Plan language, the pertinent company Policies and Practices, and the date you were hired or rehired.

The table below presents the current (monthly) values of the Defined Dollar Benefit (DDB) to be paid by the Retiree Medical Plan for calendar year 2024. Retirees (and survivors of retirees) hired or rehired on or after July 1, 1987, will receive a fraction of the DDB in accordance with the schedule in the table entitled “Percentage of Defined Dollar Benefit to be paid by the Plan for Eligible Employees Hired or Rehired on or after July 1, 1987 (Tier B).” The participating retiree or survivor is required to share in the premiums for the medical provider of choice to the extent it exceeds the Plan’s current contribution.

### **Monthly Defined Dollar Benefit to be Paid by the Plan for Eligible Retirees**

| <b><u>Category</u></b>          | <b><u>Monthly Defined Dollar Benefit from the Retiree Medical Plan (CY24)</u></b> |
|---------------------------------|---|
| Retiree/Survivor Only           | \$244.00  |
| Retirees + 1 or more dependents | \$488.00  |

A bargaining unit employee entering retirement will be charged the lesser of (i) the active employee premium cost-sharing rate or (ii) the then-current retiree premium cost-sharing rate for the selected medical provider as determined by applying 100% of the DDB to the premium charged by the medical provider, regardless of the date of hire. Notwithstanding anything in this Agreement to the contrary, the retiree medical transition rates (Section 1.2.1), will only apply from August 1<sup>st</sup> to July 31<sup>st</sup>, up to a one (1) year period and will be subject to the then current retiree medical rates in effect.

Note that retirees can waive and subsequently restart retiree medical coverage during the retiree open enrollment period or within 31 days of a life status event. If the retiree or dependent is age 65 or older, he or she must have Medicare Parts A, B and D to enroll in the Retiree Medical plan.

**Eligibility:**

You, and your dependents, are eligible for the Retiree Medical Plan, as summarized here, after you retire from regular active status, or as a vested terminee, if you:

Have at least 10 years of service, the last five years immediately before termination are consecutive, are eligible for the company's medical plan immediately before termination, and are at least age 55 at termination

Surviving dependents of deceased retirees may continue to receive benefits from the Plan as long as they remain eligible. They will receive the same percentage of the Defined Dollar Benefit as the retiree would have received.

Surviving dependents of active employees are eligible to receive retiree medical benefits from the Plan if the following criteria are met:

- Employee was at least age 65 at time of death.
- Employee was covered under the corporation's active medical coverage at time of his or her death.
- Employee had at least 10 years of service and the last 5 years immediately before death were continuous.
- Dependent (or dependents) was continuously covered for at least 12 months prior to employee's death and is not eligible for any other group medical coverage.

If the deceased employee was hired or rehired on or after July 1, 1987, the Tier B percentage will assume the employee had retired on the first day of the month of his death.

Surviving dependents of retirees and eligible surviving dependents of active employees will continue to receive Plan benefits as long as they:

- Are not eligible for other group medical coverage.
- Do not remarry.
- Pay the required cost sharing.
- Enroll in Medicare Parts A, B and D when they become eligible.

Eligible survivors must start paying the appropriate cost sharing on the first day of the month following the death of the retiree or active employee.

**Employees Hired or Rehired Before July 1, 1987 (Tier A):**

For employees hired before July 1, 1987, and upon retiring from active service, the Plan will pay 100% of the then-current Defined Dollar Benefit (DDB) towards the annual premium charged by the medical coverage provider selected by the retiree.

Starting January 1, 2026, the Plan will deposit 100% of the DDB in a Health Retirement Account.

**Employees Hired or Rehired On or After July 1, 1987 (Tier B):**

For employees hired or rehired on or after July 1, 1987, and upon retiring from active service, the Plan will pay the following percentage of the then-current Defined Dollar Benefit (DDB) towards the annual premium charged by the medical coverage provider selected by the retiree:

**Percentage of Defined Dollar Benefit to be Paid by the Plan  
for Eligible Employees Hired or Rehired after July 1, 1987 (Tier B)**

| <u>Years of Service at Retirement</u> | <u>Percent of DDB<sup>1</sup> Plan Pays</u> | <u>Years of Service at Retirement</u> | <u>Percent of DDB<sup>1</sup> Plan Pays</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  | 32 +                                  | 100   |

<sup>1</sup> Defined Dollar Benefit

Starting April 1, 2026, the Plan will deposit earned percentage of the DDB in a Health Retirement Account for retirees that elect a medical plan through Alight.

All rehired employees receive credit for prior employment (computed on a monthly basis) with the company when calculating years of service.

## **APPENDIX F – SECTION 9. TEMPORARY DISABILITY PLANS**

The temporary disability plans at Aerospace provide a weekly income to a covered employee who is totally disabled because of a non-occupational illness or injury. These plans provide a weekly income of up to \$1,765 for CA based employees and \$1,681 a week for out-of-California employees for up to 52 weeks in conjunction with the supplemental sick pay provided by the company.

State Disability Insurance (SDI) is automatic for Aerospace employees in California. Temporary disability coverage is optional for employees outside California. In order for employees outside California to be eligible for STD, they must enroll in the STD plan appropriate for their state. See Employee Benefits for more information. You must file a claim for temporary disability if the employee is to be absent, or is absent from work for more than seven consecutive days under SDI or seven consecutive days under STD. The disability must be doctor-certified. For maternity disability, benefits are payable beginning up to four weeks before the delivery date. For employees outside of California enrolled in the STD plan, you also must file a claim if you are confined overnight as an inpatient in a hospital or if you have outpatient surgery.

## **APPENDIX F – SECTION 10. PAID FAMILY LEAVE**

California Paid Family Leave (PFL) (also referred to as Family Temporary Disability Insurance (FTDI)) provides family leave benefits to employees in California who take time off from work to care for a seriously ill child, spouse, parent or domestic partner or to bond with a new child. PFL covers all full and part-time workers in California.

Employees will be able to maintain health and welfare benefits while on Paid Family Leave, including medical insurance, dental insurance, vision care, Flexible Spending Account, temporary and long-term disability insurances, life insurance and accident insurance. This benefit is not currently available to employees working outside of California.

There is a seven (7) day waiting period before benefits are paid. The waiting period does not need to be a consecutive period of time. Vacation may be used for this waiting period.

The benefit payments received are approximately 55% of the earnings up to a maximum of \$1,765 per week. The corporation does not provide supplemental pay (differential between leave pay and salary) during the period of leave. Benefits are payable for up to six (6) weeks during a 12-month period. The leave can be intermittent.

PFL must be taken concurrently with family care and medical leave under the Family and Medical Leave Act (FMLA) and the (California Family Rights Act) CFRA, which runs for up to 12 weeks and provides job protection for that period. PFL does not provide job protection or return rights. Employees who may have run out of leave time under FMLA will not have job protection under PFL.

Female employees may file for PFL benefits once pregnancy SDI benefit coverage ends.

Information on PFL, including forms, is available through the California Employment Development Department (EDD) (<http://www.edd.ca.gov>). The Corporation requires additional forms that must normally be filed 30 days before leave is taken. For unforeseen events, the corporation requires that notification be given as soon as possible and no later than one or two days after the employee is aware of the need for leave (see Corporation Policy P-21 for additional details).