

Fluor BWXT

Fluor BWXT Salaried = Plan A or CDHP; Fluor BWXT USW = Plan C or CDHP

2018 Rates: Version 5 - 10/4/2017

Portsmouth Active Employee	Employee Monthly Cost	Company Monthly Cost	Total Monthly Cost
<b>Medical/Rx</b>			
<b>Salaried - Plan A</b>			
Single	184.36	737.63	921.99
Dual	390.92	1,563.69	1,954.61
Family	571.60	2,286.54	2,858.14
<b>Salaried / USW - CDHP</b>			
Single	95.92	678.88	774.80
Dual	201.44	1,425.63	1,627.07
Family	287.76	2,036.62	2,324.38
<b>USW - Plan C</b>			
Single	408.68	1,226.04	1,634.72
Dual	805.63	2,416.91	3,222.54
Family	1,133.98	3,401.94	4,535.92
<b>Vision</b>			
<b>Salaried</b>			
Single	2.04	8.32	10.36
Dual	3.00	12.04	15.04
Family	5.36	21.56	26.92
<b>USW</b>			
Single	2.59	7.77	10.36
Dual	3.76	11.28	15.04
Family	6.73	20.19	26.92
<b>Dental</b>			
<b>Salaried</b>			
Single	12.03	18.06	30.09
Dual	24.90	37.36	62.26
Family	37.85	56.79	94.64
<b>USW</b>			
Single	7.52	22.57	30.09
Family	22.55	67.66	90.21
Portsmouth Retiree (Pre-Age 65)	Retiree Monthly Cost	Company Monthly Cost	Total Monthly Cost
<b>Medical/Rx</b>			
<b>Salaried/USW - Plan E</b>			
Single	316.46	738.42	1,054.88
Dual	670.90	1,565.44	2,236.34
Family	981.03	2,289.07	3,270.10
<b>Vision</b>			
<b>Salaried/USW</b>			
Single	3.10	7.26	10.36
Dual	4.51	10.53	15.04
Family	8.07	18.85	26.92
<b>Dental</b>			
<b>Salaried</b>			
Single	12.03	18.06	30.09
Dual	24.90	37.36	62.26
Family	37.85	56.79	94.64
<b>USW</b>			
Single	12.03	18.06	30.09
Family	36.08	54.13	90.21

<b>ETTP COBRA (with 2%)</b>	
<b>Medical/Rx</b>	
<b>Salaried - Plan A</b>	
Single	940.42
Dual	1,993.70
Family	2,915.30
<b>Salaried - CDHP</b>	
Single	790.29
Dual	1,659.61
Family	2,370.86
<b>USW - Plan C</b>	
Single	1,667.41
Dual	3,286.99
Family	4,626.63
<b>Vision</b>	
<b>Salaried/USW</b>	
Single	10.56
Dual	15.34
Family	27.45
<b>Dental</b>	
<b>Salaried</b>	
Single	30.69
Dual	63.50
Family	96.53
<b>USW</b>	
Single	30.69
Family	92.01
<b>ETTP Salaried/USW Life Rates</b>	
<b>Employee Basic Life (Rate per \$1,000 per month) - Employee and Employer Paid</b>	
Bargaining Unit Rate - Employer Paid	\$0.280
Employee Cost Share - Salaried	\$0.140
Employer Cost Share - Salaried	\$0.140
<b>Employee Supplemental Life (Rate per \$1,000 per month) - Employee Paid</b>	
< 30	\$0.060
30-34	\$0.080
35-39	\$0.090
40-44	\$0.100
45-49	\$0.190
50-54	\$0.300
55-59	\$0.505
60-64	\$0.800
65-69	\$1.270
70-74	\$2.060
75-79	\$3.340
80-84	\$5.410
85-89	\$8.760
<b>Optional Dependent Life - Spouse (Rate per \$1,000 per month) - Employee Paid - Salaried</b>	
< 30	\$0.060
30-34	\$0.080
35-39	\$0.110
40-44	\$0.170
45-49	\$0.270
50-54	\$0.420
55-59	\$0.660
60-64	\$1.070
65+	\$1.720
<b>Optional Dependent Life - Child - Rate per month for \$10,000 coverage - Employee Paid - Salaried</b>	
Per Employee per Month	\$0.990