

Portsmouth Mission Alliance

PMA Salaried = Plan A or CDHP; PMA USW = Plan C

2018 Rates: Version 6 - 10/20/2017

PMA Active Employee	Employee Monthly Cost	Company Monthly Cost	Total Monthly Cost
Medical/Rx			
<i>Salaried - Plan A</i>			
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
<i>USW - Plan C</i>			
Single	261.55	1,373.17	1,634.72
Dual	515.60	2,706.94	3,222.54
Family	725.74	3,810.18	4,535.92
<i>Salaried / USW - CDHP</i>			
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
Vision			
<i>Salaried</i>			
Single	2.04	8.32	10.36
Dual	3.00	12.04	15.04
Family	5.36	21.56	26.92
<i>USW</i>			
Single	1.65	8.71	10.36
Dual	2.40	12.64	15.04
Family	4.30	22.62	26.92
Dental			
<i>Salaried</i>			
Single	12.03	18.06	30.09
Dual	24.90	37.36	62.26
Family	37.85	56.79	94.64
<i>USW</i>			
Single	0.90	29.19	30.09
Family	2.70	87.51	90.21

Portsmouth Retiree (Pre-Age 65)	Retiree Monthly Cost	Company Monthly Cost	Total Monthly Cost
Medical/Rx			
Salaried - Plan E			
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
USW - Plan H			
Single	425.85	1,277.56	1,703.41
Dual	839.48	2,518.44	3,357.92
Family	1,181.64	3,544.92	4,726.56
Vision			
Salaried			
Single	3.10	7.26	10.36
Dual	4.51	10.53	15.04
Family	8.07	18.85	26.92
USW			
Single	2.59	7.77	10.36
Dual	3.76	11.28	15.04
Family	6.73	20.19	26.92
Dental			
Salaried			
Single	12.03	18.06	30.09
Dual	24.90	37.36	62.26
Family	37.85	56.79	94.64
USW			
Single	7.52	22.57	30.09
Family	22.55	67.66	90.21
ETTP COBRA (with 2%)			
Medical/Rx			
Salaried - Plan A			
Single			940.42
Dual			1,993.70
Family			2,915.30
USW - Plan C			
Single			1,667.41
Dual			3,286.99
Family			4,626.63
Salaried - CDHP			
Single			790.29
Dual			1,659.61
Family			2,370.86
Vision			
Salaried/USW			
Single			10.56
Dual			15.34
Family			27.45
Dental			
Salaried			
Single			30.69
Dual			63.50
Family			96.53
USW			
Single			30.69
Family			92.01

ETTP Salaried/USW Life Rates	
Employee Basic Life (Rate per \$1,000 per month) - Employee and Employer Paid	
Total Rate	\$0.280
Employee Cost Share (Rate per \$1,000)	\$0.140
Employer Cost Share (Rate per \$1,000)	\$0.140
Employee Supplemental Life (Rate per \$1,000 per month) - Employee Paid	
< 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
Optional Dependent Life - Spouse (Rate per \$1,000 per month) - Employee Paid	
< 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
Optional Dependent Life - Child - Rate per month for \$10,000 coverage - Employee Paid	
Per Employee per Month	\$0.99