

Oak Ridge (UCOR)

Salaried = Plan A or CDHP; USW & ATLC = Plan B or CDHP

2018 Rates: Version 5 - 10/4/2017

ETTP Active Employee	Employee Per Pay Period Cost	Employee Monthly Cost	Company Monthly Cost	Total Monthly Cost
Medical/Rx UCOR				
Salaried - Plan A				
Single	46.09	184.36	737.63	921.99
Dual	97.73	390.92	1,563.69	1,954.61
Family	142.90	571.60	2,286.54	2,858.14
ATLC, USW - Plan B				
Single	49.46	197.84	791.55	989.39
Dual	105.10	420.40	1,681.61	2,102.01
Family	153.00	612.00	2,448.02	3,060.02
Salaried, USW, ATLC - CDHP				
Single	23.98	95.92	678.88	774.80
Dual	50.36	201.44	1,425.63	1,627.07
Family	71.94	287.76	2,036.62	2,324.38
Vision				
Salaried, USW, ATLC				
Single	0.51	2.04	8.32	10.36
Dual	0.75	3.00	12.04	15.04
Family	1.34	5.36	21.56	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, ATLC				
Single		6.01	24.08	30.09
Dual		12.45	49.81	62.26
Family		18.92	75.72	94.64

ETTP Retiree (Pre-Age 65)		Retiree Monthly Cost	Company Monthly Cost	Total Monthly Cost
Medical/Rx				
Salaried/ATLC/USW - 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
Vision				
Salaried/ATLC/USW				
	Single	3.10	7.26	10.36
	Dual	4.51	10.53	15.04
	Family	8.07	18.85	26.92
Dental				
Salaried, ATLC, USW				
	Single	12.03	18.06	30.09
	Dual	24.90	37.36	62.26
	Family	37.85	56.79	94.64
ETTP COBRA (with 2%)				
Medical/Rx Only				
Salaried - Plan A				
	Single			940.42
	Dual			1,993.70
	Family			2,915.30
ATLC, USW - Plan B				
	Single			1,009.17
	Dual			2,144.05
	Family			3,121.22
Salaried, USW, ATLC - CDHP				
	Single			790.29
	Dual			1,659.61
	Family			2,370.86
Vision				
Salaried, USW, ATLC				
	Single			10.56
	Dual			15.34
	Family			27.45
Dental				
Salaried, USW, ATLC				
	Single			30.69
	Dual			63.50
	Family			96.53

ETTP Salaried, USW, ATLC 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		\$0.06
30-34		\$0.08
35-39		\$0.11
40-44		\$0.17
45-49		\$0.27
50-54		\$0.42
55-59		\$0.66
60-64		\$1.07
65+		\$1.72
Optional Dependent Life - Child - Rate per month for \$10,000 coverage - Employee Paid		
Per Employee per Month		\$0.99
Long-Term Disability (Rate per \$100 of covered monthly pay) - Salaried		
40% Benefit - Employer Paid		\$0.95
60% Benefit - Employee paid buy-up		\$0.34
Long-Term Disability (Rate per \$100 of covered monthly pay) - USW, ATLC		
60% Benefit - Employer Paid		\$1.11
Special Accident Plan - Rates per \$10,000 of Principal Sum - Employee Paid		
Salaried		
Employee Only		\$0.22
Family		\$0.42
Hourly - USW, ATLC		
Employee Only		\$0.30
Family		\$0.57