

Fluor BWXT

Fluor BWXT USW = Plan C or CDHP

2019 Rates: Version 8 - 10/3/2018

Portsmouth Active Employee	Employee Monthly Cost	Company Monthly Cost	Total Monthly Cost
Medical/Rx			
USW - ETP CDHP			
Single	95.92	690.50	786.42
Dual	201.44	1,450.04	1,651.48
Family	287.76	2,071.49	2,359.25
USW - ETP Plan C1			
Single	461.80	1,385.43	1,847.23
Dual	910.36	2,731.11	3,641.47
Family	1,281.39	3,844.20	5,125.59
Vision			
USW - ETP A2			
Single	2.64	7.93	10.57
Dual	3.83	11.51	15.34
Family	6.86	20.60	27.46
Dental			
USW - ETP B3			
Single	7.97	23.93	31.90
Family	23.90	71.72	95.62
Portsmouth Retiree (Pre-Age 65)	Retiree Monthly Cost	Company Monthly Cost	Total Monthly Cost
Medical/Rx			
Salaried/USW - ETP Plan RT E/E SPU65			
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/USW - ETP Plan RT E/E SPU65			
Single	3.17	7.40	10.57
Dual	4.60	10.74	15.34
Family	8.23	19.23	27.46
Dental			
Salaried - ETP RT A2/A22			
Single	12.76	19.14	31.90
Dual	26.40	39.60	66.00
Family	40.12	60.20	100.32
USW - ETP RT B4/B44			
Single	12.76	19.14	31.90
Family	38.24	57.38	95.62

ETTP COBRA (with 2%)		
Medical/Rx		
USW - CDHP		
	Single	802.14
	Dual	1,684.50
	Family	2,406.43
USW - Plan C		
	Single	1,884.17
	Dual	3,714.29
	Family	5,228.10
Vision		
USW		
	Single	10.56
	Dual	15.34
	Family	27.45
Dental		
USW		
	Single	32.53
	Family	97.53
ETTP Salaried/USW Life Rates		
Employee Basic Life (Rate per \$1,000 per month) - Employee and Employer Paid		
Bargaining Unit Rate - Employer Paid		\$0.280
Employee Cost Share - Salaried		\$0.140
Employer Cost Share - Salaried		\$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 - Salaried Only		
< 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 - Salaried Only		
Per Employee per Month		\$0.990