

Oak Ridge (UCOR)

Salaried & Y-12 ATLC = Plan A or CDHP; USW & ORNL ATLC = Plan B or CDHP

2019 Rates: Version 8 - 10/3/2018

ETTP Active Employee	Employee Per Pay Period Cost	Employee Monthly Cost	Company Monthly Cost	Total Monthly Cost
Medical/Rx UCOR				
Salaried, ATLC Y-12 - UCOR Plan A				
Single	44.66	178.64	714.63	893.27
Dual	94.68	378.72	1,515.00	1,893.72
Family	138.45	553.80	2,215.30	2,769.10
ATLC-ORNL, USW - UCOR Plan B				
Single	51.94	207.76	831.10	1,038.86
Dual	110.35	441.40	1,765.71	2,207.11
Family	160.65	642.60	2,570.42	3,213.02
Salaried, USW, ATLC - UCOR 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 - UCOR A1				
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 - A1				
Single		12.51	18.78	31.29
Dual		25.90	38.85	64.75
Family		39.37	59.06	98.43
USW, ATLC - A4				
Single		6.25	25.04	31.29
Dual		12.95	51.80	64.75
Family		19.68	78.75	98.43

ETTP Retiree (Pre-Age 65)		Retiree Monthly Cost	Company Monthly Cost	Total Monthly Cost
Medical/Rx				
Salaried/ATLC/USW - ETTP RT Plan E/ESPU65				
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 - ETTP RT Plan E/ESPU65				
Single		3.17	7.40	10.57
Dual		4.60	10.74	15.34
Family		8.23	19.23	27.46
Dental				
Salaried, ATLC, USW RT ETTP A2/A22				
Single		12.76	19.14	31.90
Dual		26.40	39.60	66.00
Family		40.12	60.20	100.32
ETTP COBRA (with 2%)				
Medical/Rx Only				
Salaried - Plan A				
Single				911.13
Dual				1,931.59
Family				2,824.48
ATLC, USW - Plan B				
Single				1,059.63
Dual				2,251.25
Family				3,277.28
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				31.91
Dual				66.04
Family				100.39

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