

Fluor BWXT

Fluor BWXT USW = Plan C or CDHP

2020 Rates: Version 6 - 9/26/2019

Portsmouth Active Employee	Employee Monthly Cost	Company Monthly Cost	Total Monthly Cost
<b>Medical/Rx</b>			
<i>USW - ETPP Plan C1</i>			
Single	543.08	1,629.26	2,172.34
Dual	1,070.59	3,211.78	4,282.37
Family	1,506.92	4,520.77	6,027.69
<i>USW - ETPP CDHP</i>			
Single	97.80	794.00	891.80
Dual	205.48	1,667.30	1,872.78
Family	293.52	2,381.87	2,675.39
<b>Vision</b>			
<i>USW - ETPP A2</i>			
Single	2.80	8.40	11.20
Dual	4.06	12.20	16.26
Family	7.27	21.84	29.11
<b>Dental</b>			
<i>USW - ETPP B3</i>			
Single	8.19	24.59	32.78
Family	24.56	73.69	98.25
Portsmouth Retiree (Pre-Age 65)	Retiree Monthly Cost	Company Monthly Cost	Total Monthly Cost
<b>Medical/Rx</b>			
<i>Salaried/USW - ETPP Plan RT E/E SPU65</i>			
Single	344.94	804.88	1,149.82
Dual	731.28	1,706.33	2,437.61
Family	1,069.32	2,495.09	3,564.41
<b>Vision</b>			
<i>Salaried/USW - ETPP Plan RT E/E SPU65</i>			
Single	3.36	7.84	11.20
Dual	4.87	11.39	16.26
Family	8.73	20.38	29.11
<b>Dental</b>			
<i>Salaried - ETPP RT A2/A22</i>			
Single	13.11	19.67	32.78
Dual	27.12	40.70	67.82
Family	41.23	61.85	103.08
<i>USW - ETPP RT B4/B44</i>			
Single	13.11	19.67	32.78
Family	39.29	58.96	98.25

<b>ETTP COBRA (with 2%)</b>		
<b>Medical/Rx</b>		
<b>USW - Plan C</b>		
	Single	2,215.78
	Dual	4,368.01
	Family	6,148.24
<b>USW - CDHP</b>		
	Single	909.63
	Dual	1,910.23
	Family	2,728.89
<b>Vision</b>		
<b>USW</b>		
	Single	11.42
	Dual	16.58
	Family	29.69
<b>Dental</b>		
<b>USW</b>		
	Single	33.43
	Family	100.21
<b>ETTP Salaried/USW Life Rates</b>		
<b>Employee Basic Life (Rate per \$1,000 per month) - Employee and Employer Paid</b>		
<b>Bargaining Unit Rate - Employer Paid</b>		\$0.280
<b>Employee Cost Share - Salaried</b>		\$0.140
<b>Employer Cost Share - Salaried</b>		\$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 Only</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 Only</b>		
Per Employee per Month		\$0.990