

Oak Ridge (UCOR)

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

2021 Rates

UCOR 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	45.55	182.20	728.94	911.14
Dual	96.57	386.28	1,545.31	1,931.59
Family	141.22	564.88	2,259.60	2,824.48
ATLC-ORNL, USW - UCOR Plan B				
Single	54.98	219.92	879.82	1,099.74
Dual	116.82	467.28	1,869.17	2,336.45
Family	170.06	680.24	2,721.06	3,401.30
Salaried, USW, ATLC - UCOR CDHP				
Single	26.13	104.52	685.78	790.30
Dual	51.37	219.57	1,440.04	1,659.61
Family	73.38	313.67	2,057.20	2,370.87
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		13.26	19.91	33.17
Dual		27.45	41.19	68.64
Family		41.73	62.61	104.34
USW, ATLC - A4				
Single		6.63	26.54	33.17
Dual		13.72	54.92	68.64
Family		20.86	83.48	104.34

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		373.23	870.90	1,244.13
Dual		791.26	1,846.29	2,637.55
Family		1,157.03	2,699.75	3,856.78
Vision				
Salaried/ATLC/USW - ETTP RT Plan E/ESPU65				
Single		3.36	7.84	11.20
Dual		4.87	11.39	16.26
Family		8.73	20.38	29.11
Dental				
Salaried, ATLC, USW RT ETTP A2/A22				
Single		13.11	19.67	32.78
Dual		27.12	40.70	67.82
Family		41.23	61.85	103.08
UCOR COBRA (with 2%)				
Medical/Rx Only				
Salaried - Plan A				
Single				929.36
Dual				1,970.22
Family				2,880.96
ATLC, USW - Plan B				
Single				1,121.73
Dual				2,383.17
Family				3,469.32
Salaried, USW, ATLC - CDHP				
Single				806.10
Dual				1,692.80
Family				2,418.28
Vision				
Salaried, USW, ATLC				
Single				10.56
Dual				15.34
Family				27.45
Dental				
Salaried, USW, ATLC				
Single				33.83
Dual				70.00
Family				106.42

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		\$0.060
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		\$0.990
Long-Term Disability (Rate per \$100 of covered monthly pay) - Salaried		
40% Benefit - Employer Paid		\$1.05
60% Benefit - Employee paid buy-up		\$0.37
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		\$0.022
Family		\$0.042
Hourly - USW, ATLC		
Employee Only		\$0.030
Family		\$0.057