

Fluor BWXT

Fluor BWXT USW = Plan C or CDHP

2021 Rates

Portsmouth Active Employee	Employee Monthly Cost	Company Monthly Cost	Total Monthly Cost
Medical/Rx			
<i>USW - ETPP Plan C1</i>			
Single	587.63	1,762.90	2,350.53
Dual	1,158.40	3,475.23	4,633.63
Family	1,630.52	4,891.59	6,522.11
<i>USW - ETPP CDHP</i>			
Single	104.52	860.43	964.95
Dual	219.46	1,806.93	2,026.39
Family	313.51	2,581.33	2,894.84
Vision			
<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
Dental			
<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
Medical/Rx			
<i>Salaried/USW - ETPP Plan RT E/E SPU65</i>			
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			
<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
Dental			
<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	39.30	58.95	98.25

ETTP COBRA (with 2%)		
Medical/Rx		
USW - Plan C		
Single		2,397.54
Dual		4,726.30
Family		6,652.55
USW - CDHP		
Single		984.24
Dual		2,066.91
Family		2,952.73
Vision		
USW		
Single		11.42
Dual		16.58
Family		29.69
Dental		
Dental A2, A3 - ETTP USW		
Single		33.43
Dual		69.17
Family		105.14
Dental B1, B2 - ETTP USW		
Single		33.43
Family		100.21
ETTP Salaried/USW Life Rates		
Employee Basic Life (Rate per \$1,000 per month) - Employee and Employer Paid		
Total Rate		\$0.000
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