

Portsmouth Mission Alliance

PMA USW = Plan C

2021 Rates

PMA Active Employee	Employee Monthly Cost	Company Monthly Cost	Total Monthly Cost
Medical/Rx			
USW - ETPP Plan C			
Single	342.43	2,008.10	2,350.53
Dual	675.05	3,958.58	4,633.63
Family	950.16	5,571.95	6,522.11
USW - ETPP CDHP			
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			
USW - ETPP A3			
Single	1.79	9.41	11.20
Dual	2.60	13.66	16.26
Family	4.65	24.46	29.11
Dental			
USW - ETPP B1			
Single	0.98	31.80	32.78
Family	2.94	95.31	98.25

Portsmouth Retiree (Pre-Age 65)	Retiree Monthly Cost	Company Monthly Cost	Total Monthly Cost
Medical/Rx			
Salaried - ETP Plan RT E/E SPU65			
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
USW - ETP Plan RT H/H SPU65			
Single	527.36	1,582.11	2,109.47
Dual	1,039.59	3,118.78	4,158.37
Family	1,463.31	4,389.96	5,853.27
Vision			
Salaried - ETP Plan RT E/E SPU65			
Single	3.36	7.84	11.20
Dual	4.87	11.39	16.26
Family	8.73	20.38	29.11
USW - ETP Plan RT H/H SPU65			
Single	2.80	8.40	11.20
Dual	4.06	12.20	16.26
Family	7.27	21.84	29.11
Dental			
Salaried - ETP RT A2/A22			
Single	13.11	19.67	32.78
Dual	27.12	40.70	67.82
Family	41.23	61.85	103.08
USW - ETP RT B2/B22			
Single	8.19	24.59	32.78
Family	24.56	73.69	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 A1, A4 - UCOR (Oak Ridge) Active Salaried, USW/ATLC			
Single			33.83
Dual			70.00
Family			106.42
Dental A2, A3 - ETP USW			
Single			33.43
Dual			69.17
Family			105.14

Dental B1, B2 - ETP 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	\$0.280
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 Salaried 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 Salaried Dependent Life - Child - Rate per month for \$10,000 coverage - Employee Paid	
Per Employee per Month	\$0.990