

Fluor BWXT

Fluor BWXT USW = Plan C or CDHP

2022 Rates

Portsmouth Active Employee	Employee Monthly Cost	Company Monthly Cost	Total Monthly Cost
Medical/Rx			
USW - ETTP Plan C1			
Single	622.29	1,866.87	2,489.16
Dual	1,226.72	3,680.19	4,906.91
Family	1,726.69	5,180.07	6,906.76
USW - ETTP CDHP			
Single	103.12	861.83	964.95
Dual	216.60	1,809.79	2,026.39
Family	309.44	2,585.40	2,894.84
Vision			
USW - ETTP A2			
Single	2.80	8.40	11.20
Dual	4.06	12.20	16.26
Family	7.27	21.84	29.11
Dental			
USW - ETTP B3			
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			
Salaried/USW - ETTP Plan RT E/E SPU65			
Single	395.24	922.24	1,317.48
Dual	837.91	1,955.15	2,793.06
Family	1,225.25	2,858.92	4,084.17
Vision			
Salaried/USW - ETTP 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
Dental			
Salaried - ETTP 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 - ETTP RT B4/B44			
Single	13.11	19.67	32.78
Family	39.30	58.95	98.25

ETTP COBRA (with 2%)		
Medical/Rx		
USW - Plan C		
Single		2,538.94
Dual		5,005.05
Family		7,044.90
USW - CDHP		
Single		984.25
Dual		2,066.92
Family		2,952.74
Vision		
USW		
Single		11.42
Dual		16.59
Family		29.69
Dental		
Dental A1, A4 - UCOR (Oak Ridge) Active Salaried, USW/ATLC		
Single		33.83
Dual		70.01
Family		106.43
Dental A2, A3 - ETTP USW		
Single		33.44
Dual		69.18
Family		105.14
Dental B1, B2 - ETTP USW		
Single		33.44
Family		100.22
ETTP Salaried/USW Life Rates		
Employee Basic Life (Rate per \$1,000 per month) - Employee and Employer Paid		
Bargaining Unit Rate - Employer Paid		\$0.280
Employee Cost Share - Salaried		\$0.140
Employer Cost Share - Salaried		\$0.140
Retiree Basic Life (Rate per \$1,000 per month)- Employee Paid		
50-54		\$0.103
55-59		\$0.166
60-64		\$0.265
65-69		\$0.420
70-74		\$0.687
75-79		\$1.172
80-84		\$2.039
85-89		\$3.573
90-94		\$6.040
95+		\$9.005
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