

Oak Ridge (UCOR)

All Actives = Plan A, HSA CDHP or CDHP

2023 **Monthly** Rates

UCOR Active Employee		Employee Per Pay Period Cost	Employee Monthly Cost	Company Monthly Cost	Total Monthly Cost
Medical/Rx					
<i>All Actives - UCOR Medical PPO</i>					
	Single	48.04	192.16	768.72	960.88
	Dual	100.89	403.56	1,614.28	2,017.84
	Family	148.93	595.72	2,383.00	2,978.72
<i>All Actives - UCOR HSA CDHP</i>					
	Single	41.55	166.20	664.98	831.18
	Dual	87.27	349.08	1,396.37	1,745.45
	Family	124.67	498.68	1,994.82	2,493.50
<i>All Actives - UCOR CDHP</i>					
	Single	25.82	103.28	687.02	790.30
	Dual	54.22	216.88	1,442.73	1,659.61
	Family	77.45	309.80	2,061.07	2,370.87
Employer HSA Contributions (Annual)					
<i>All Actives - UCOR HSA CDHP</i>					
	Single			\$500 / year	
	Dual			\$1,000 / year	
	Family			\$1,000 / year	
Vision					
<i>All Actives - UCOR</i>					
	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					
<i>Salaried</i>					
	Single	3.53	14.12	21.21	35.33
	Dual	7.31	29.24	43.86	73.10
	Family	11.11	44.44	66.68	111.12

ATLC					
	Single	1.76	7.04	28.29	35.33
	Dual	3.65	14.60	58.50	73.10
	Family	5.55	22.20	88.92	111.12
ORRCC Salaried, USW, ATLC Life Rates					
Employee Basic Life (Monthly rate per \$1,000) - Employee and Employer Paid					
Total Rate (Monthly)					\$0.280
Employee Cost Share (Rate per \$1,000)					\$0.140
Employer Cost Share (Rate per \$1,000)					\$0.140
Employee Supplemental Life (Monthly rate per \$1,000) - Employee Paid					
< 30					\$0.060
30-34					\$0.080
35-39					\$0.092
40-44					\$0.100
45-49					\$0.188
50-54					\$0.300
55-59					\$0.504
60-64					\$0.800
65-69					\$1.272
70-74					\$2.060
75-79					\$3.340
80-84					\$5.412
85-89					\$8.760
Optional Dependent Life - Spouse (Monthly rate per \$1,000) - Employee Paid					
< 30					\$0.060
30-34					\$0.080
35-39					\$0.108
40-44					\$0.168
45-49					\$0.268
50-54					\$0.420
55-59					\$0.660
60-64					\$1.068
65+					\$1.720
Optional Dependent Life - Child - Rate per month for \$10,000 coverage - Employee Paid					
Per Employee per Month					\$0.96
AD&D - Monthly rates per \$10,000 of Principal Sum - Employee Paid					

Salaried	
Employee Only	\$0.20
Family	\$0.40
Hourly - ATLC	
Employee Only	\$0.28
Family	\$0.56