

Fluor BWXT
 USW = Plan C or CDHP
 2023 **Monthly Rates**

Portsmouth		Employee Monthly Cost	Company Monthly Cost	Total Monthly Cost
Active Employee				
Medical/Rx				
USW - ORRCC Plan C				
	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 - ORRCC CDHP				
	Single	103.28	861.67	964.95
	Dual	216.88	1,809.51	2,026.39
	Family	309.80	2,585.04	2,894.84
Vision				
USW - ORRCC				
	Single	2.80	8.40	11.20
	Dual	4.06	12.20	16.26
	Family	7.27	21.84	29.11
Dental				
USW - ORRCC				
	Single	8.19	24.59	32.78
	Family	24.56	73.69	98.25
ORRCC Salaried/USW Life Rates				
Employee Basic Life (monthly rate per \$1,000) - Employee and Employer Paid				
Bargaining Unit Rate - Employer Paid				\$0.280
Employee Cost Share - Salaried				\$0.140
Employer Cost Share - Salaried				\$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 - Salaried Only				
< 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 - Salaried Only				
Per Employee per Month				\$0.960