Fluor BWXT

USW = Plan C or CDHP

## **2024 Monthly Rates**

Portsmouth	Empleyee	Company	Total
	Employee Monthly Cost	Company	Total
Active Employee	Monthly Cost	Monthly Cost	Monthly Cost
Medical/Rx			
USW - ORRCC Plan C		T	
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	101.92	863.03	964.95
Dual	214.04	1,812.35	2,026.39
Family	305.80	2,589.04	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 Em	ployer Paid	
Bargaining Unit Rate - Employer Paid			\$0.280
Employee Cost Share - Salaried			\$0.140
Employer Cost Share - Salaried			\$0.140
Pre-65 Retiree Basic Life (monthly rate per \$1,	000) - SPLIT 50/50 E	BETWEEN EE AND E	ER .
	Employee	Employer	Total
50-54	\$0.051	\$0.051	\$0.102
55-59	\$0.083	\$0.083	\$0.166
60-64	\$0.133	\$0.133	\$0.266
Retiree Basic Life (monthly rate per \$1,000)- E	mployer Paid		

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 (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 - Salari	ied 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 - Sal	aried Only
Per Employee per Month	\$0.960