

Fluor BWXT

USW = Plan C or CDHP

2025 Monthly Rates

Portsmouth Active Employee	Employee Per Pay Period Cost	Company Per Pay Period Cost	Employee Monthly Cost	Company Monthly Cost	Total Monthly Cost
Medical/Rx					
USW - ORRCC Plan C					
Single	128.53	385.58	556.95	1,670.85	2,227.80
Employee + Spouse	253.37	760.09	1,097.92	3,293.76	4,391.68
Employee + 1 Child	253.37	760.09	1,097.92	3,293.76	4,391.68
Family	356.63	1,069.88	1,545.38	4,636.17	6,181.55
USW - ORRCC CDHP					
Single	26.12	173.18	113.20	750.43	863.63
Employee + Spouse	54.85	363.68	237.68	1,575.94	1,813.62
Employee + 1 Child	54.85	363.68	237.68	1,575.94	1,813.62
Family	78.36	519.54	339.56	2,251.32	2,590.88
Vision					
USW - ORRCC					
Single	0.65	1.93	2.80	8.40	11.20
Dual	0.94	2.81	4.06	12.20	16.26
Family	1.68	5.04	7.27	21.84	29.11
Dental					
USW - ORRCC					
Single	1.89	5.67	8.19	24.59	32.78
Family	5.67	17.00	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
Pre-65 Retiree Basic Life (monthly rate per \$1,000) - SPLIT 50/50 BETWEEN EE AND 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) - Employer 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 - 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