Northwind Dynamics

USW = Plan C or CDHP

2026	Month	ily Ra	atac

Northwind Dynamics	Employee	Company Wookly	Employee	Company	Total
Northwind Dynamics		Company Weekly			
Active Employee	Weekly Cost	Cost	Monthly Cost	Monthly Cost	Monthly Cost
Medical/Rx					
USW - ORRCC Plan C					
Single	96.80	508.16	387.18	2,032.66	2,419.84
Dual	190.81	1,001.75	763.24	4,007.01	4,770.25
	268.58		1,074.31	5,640.10	6,714.41
Family	200.00	1,410.02	1,074.31	5,040.10	0,714.41
USW - ORRCC CDHP		,		•	
Single	32.47	202.05	129.88	808.20	938.08
Dual	68.19	424.30	272.76	1,697.21	1,969.97
Family	97.42	606.14	389.68	2,424.55	2,814.23
Vision					
USW - ORRCC					
	0.45	0.05	4.70	0.44	44.00
Single	0.45		1.79	9.41	11.20
Dual	0.65		2.60	13.66	16.26
Family	1.16	6.12	4.65	24.46	29.11
Dental					
USW - ORRCC					
Single	0.25	7.95	0.98	31.80	32.78
Family	0.74		2.94	95.31	98.25
Family	0.74	23.02	2.34	93.31	90.23
1114 P. P. 41		1	5 (1)		
NWD Retiree			Retiree	Company	Total
(Pre-Age 65)			Monthly Cost	Monthly Cost	Monthly Cost
Medical/Rx					
Salaried - ORRCC Retiree F	Plan E				
Single			415.04	968.44	1,383.48
Dual			879.89	2,053.09	2,932.98
Family			1,286.63	3,002.15	4,288.78
- uniny			1,200.00	0,002.10	4,200.70
USW - ORRCC Retiree Plan	n U				
	111		540.00	4 000 70	0.474.00
Single			542.92	1,628.76	2,171.68
Dual			1,070.25	3,210.78	4,281.03
Family			1,506.47	4,519.44	6,025.91
Vision					
Salaried - ORRCC Salaried	Retirees				
Single			3.36	7.84	11.20
Dual			4.87	11.39	16.26
Family			8.73	20.38	29.11
- uniny			0.10	20.00	20.11
USW ORRCC USW Betire	•				
USW - ORRCC USW Retire	es		1		
Single			2.80	8.40	11.20
Dual			4.06	12.20	16.26
Family			7.27	21.84	29.11
Dental					
Salaried - ORRCC Salaried	Retirees				
Single			13.96	20.95	34.91
Dual			28.89	43.34	72.23
Family			43.91	65.87	109.78
USW - ORRCC USW Retire	es				
Single			8.19	24.59	32.78
Family			24.56	73.69	98.25
ORRCC COBRA (monthly v	with 2%)				
Medical/Rx	VILII 2 /0)				
				20/ 1.1 .	
USW - Plan C			Base Rate	2% Admin	COBRA Rate
Single			2,419.84	48.40	2,468.24
Dual			4,770.25	95.41	4,865.66
Family			6,714.41	134.29	6,848.70
USW - CDHP			U.	L	
Single			938.08	18.76	956.84
Dual			1,969.97	39.40	2,009.37
			2,814.23		2,870.51
Family			2,814.23	56.28	∠,870.51
Vision					
USW					
Single			11.20	0.22	11.42
Dual			16.26	0.33	16.59
Family			29.11	0.58	29.69
Dental				2,000	
Dental B1, B2 - ORRCC USW		Г		a I	** ::
Single			32.78	0.66	33.44
Family			98.25	1.97	100.22

ORRCC Salaried/USW Life	Rates							
Employee Basic Life (mont	hly rate per \$1,000	0) - Employee and	Employer Paid					
Total Rate	\$0.280							
Employee Cost Share (Rate	e per \$1,000)				\$0.140			
Employer Cost Share (Rate					\$0.140			
Pre-65 Retiree Basic Life (monthly rate per \$1,000) - SPLIT 50/50 BETWEEN EE AND ER								
			Employee	Employer	Total			
50-54			\$0.064	\$0.064	\$0.128			
55-59			\$0.104	\$0.104	\$0.208			
60-64			\$0.166	\$0.167	\$0.333			
Retiree Basic Life (monthly	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 Li	fe (monthly rate p	er \$1,000) - Emplo	yee 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 Salaried Depende	ent Life - Spouse	(monthly rate per S	\$1,000) - Employee P	aid				
< 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 Salaried Depende	ent Life - Child - r	ate per month for	\$10,000 coverage - E	mployee Paid				
Per Employee per Month					\$0.96			