SOCCo

USW = Plan C or CDHP

2027 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** | 149.38 | 448.13 | 647.30 | 1,941.93 | 2,589.23 |
| **Dual** | 294.47 | 883.42 | 1,276.04 | 3,828.13 | 5,104.17 |
| **Family** | 414.48 | 1,243.46 | 1,796.10 | 5,388.32 | 7,184.42 |
| | | | | | |
| ***USW - ORRCC CDHP*** | | | | | |
| **Single** | 31.37 | 200.26 | 135.92 | 867.83 | 1,003.75 |
| **Dual** | 97.29 | 389.14 | 421.57 | 1,686.30 | 2,107.87 |
| **Family** | 138.98 | 555.92 | 602.25 | 2,408.98 | 3,011.23 |
| **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 |
| **Portsmouth Retiree (Pre-Age 65)** | | | **Retiree Monthly Cost** | **Company Monthly Cost** | **Total Monthly Cost** |
| **Medical/Rx** | | | | | |
| ***Salaried/USW - ORRCC Retiree Plan E*** | | | | | |
| **Single** | | | 453.78 | 1,058.85 | 1,512.63 |
| **Dual** | | | 962.03 | 2,244.75 | 3,206.78 |
| **Family** | | | 1,406.74 | 3,282.40 | 4,689.14 |
| **Vision** | | | | | |
| ***Salaried/USW - ORRCC Retiree*** | | | | | |
| **Single** | | | 3.36 | 7.84 | 11.20 |
| **Dual** | | | 4.87 | 11.39 | 16.26 |
| **Family** | | | 8.73 | 20.38 | 29.11 |
| **Dental** | | | | | |
| ***Salaried - ORRCC Retiree Plan A*** | | | | | |
| **Single** | | | 13.96 | 20.95 | 34.91 |
| **Dual** | | | 28.89 | 43.34 | 72.23 |
| **Family** | | | 43.91 | 65.87 | 109.78 |
| | | | | | |
| ***USW - ORRCC Retiree Plan B*** | | | | | |
| **Single** | | | 13.11 | 19.67 | 32.78 |
| **Family** | | | 39.30 | 58.95 | 98.25 |

| **ORRCC COBRA (monthly with 2%)** | | | | |
|---|---|---|---|---|
| **Medical/Rx** | | | | |
| ***USW - Plan C*** | | Base Rate | 2% Admin | COBRA Rate |
| **Single** | | 2,589.23 | 51.78 | 2,641.01 |
| **Dual** | | 5,104.17 | 102.08 | 5,206.25 |
| **Family** | | 7,184.42 | 143.69 | 7,328.11 |
| ***USW - CDHP*** | | | | |
| **Single** | | 1,003.75 | 20.08 | 1,023.83 |
| **Dual** | | 2,107.87 | 42.16 | 2,150.03 |
| **Family** | | 3,011.23 | 60.22 | 3,071.45 |
| **Vision** | | | | |
| ***USW*** | | | | |
| **Single** | | 11.20 | 0.22 | 11.42 |
| **Dual** | | 16.26 | 0.33 | 16.59 |
| **Family** | | 29.11 | 0.58 | 29.69 |
| **Dental** | | | | |
| ***Dental A1, A4 - UCOR (Oak Ridge) Active Salaried, USW*** | | | | |
| **Single** | | 37.32 | 0.75 | 38.07 |
| **Dual** | | 77.20 | 1.54 | 78.74 |
| **Family** | | 117.36 | 2.35 | 119.71 |
| ***Dental A2, A3 - ORRCC USW*** | | | | |
| **Single** | | 34.91 | 0.70 | 35.61 |
| **Dual** | | 72.23 | 1.44 | 73.67 |
| **Family** | | 109.78 | 2.20 | 111.98 |
| ***Dental B1, B2 - ORRCC USW*** | | | | |
| **Single** | | 32.78 | 0.66 | 33.44 |
| **Family** | | 98.25 | 1.97 | 100.22 |
| | | | | |

| 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 | $0.064 | $0.064 | $0.128 |
| 55-59 | $0.104 | $0.104 | $0.208 |
| 60-64 | $0.166 | $0.167 | $0.333 |
| **Retiree Basic Life (monthly rate per $1,000)- Employer Paid** | | | |
| 65-69 | | | $0.525 |
| 70-74 | | | $0.859 |
| 75-79 | | | $1.465 |
| 80-84 | | | $2.549 |
| 85-89 | | | $4.466 |
| 90-94 | | | $7.550 |
| 95+ | | | $11.256 |
| **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 |