Oak Ridge (UCOR)

All Actives = Medical PPO, HSA CDHP or CDHP

2027 Monthly Rates

UCOR Active Employee	Employee Per Pay Period Cost	Employee Monthly Cost	Company Monthly Cost	Total Monthly Cost
Medical/Rx				
All Actives - UCOR Medical PPO				
Single	46.12	184.48	737.92	922.40
Dual	96.85	387.40	1,549.60	1,937.00
Family	142.97	571.88	2,287.53	2,859.41
All Actives - UCOR HSA CDHP				
Single	40.38	161.52	646.26	807.78
Dual	84.81	339.24	1,357.05	1,696.29
Family	121.16	484.64	1,938.62	2,423.26
All Actives - UCOR CDHP				
Single	33.98	135.92	624.43	760.35
Dual	79.83	319.32	1,277.38	1,596.70
Family	114.05	456.20	1,824.80	2,281.00
Employer HSA Contributions (Annual)				
All Actives - UCOR HSA CDHP				
Single			$1,000 / year	
Dual			$2,000 / year	
Family			$2,000 / year	
Vision				
All Actives - UCOR				
Single	0.60	2.40	9.74	12.14
Dual	0.88	3.52	14.11	17.63
Family	1.57	6.28	25.28	31.56
Dental				
Salaried				
Single	3.73	14.92	22.40	37.32
Dual	7.72	30.88	46.32	77.20
Family	11.73	46.92	70.44	117.36
ATLC				
Single	1.86	7.44	29.88	37.32
Dual	3.86	15.44	61.76	77.20
Family	5.86	23.44	93.92	117.36

ORRCC Retiree (Pre-Age 65)		Retiree Monthly Cost	Company Monthly Cost	Total Monthly Cost
Medical/Rx				
Salaried/ATLC/USW - ORRCC RT 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/ATLC/USW - ORRCC RT				
Single		3.64	8.50	12.14
Dual		5.28	12.35	17.63
Family		9.46	22.10	31.56
Dental				
Salaried, ATLC, USW - RT ORRCC				
Single		13.96	20.95	34.91
Dual		28.89	43.34	72.23
Family		43.91	65.87	109.78

UCOR COBRA (monthly with 2%)				
Medical/Rx Only (Monthly)				
Medical PPO		Base Rate	2% Admin	COBRA Rate
Single		922.40	18.45	940.85
Dual		1,937.00	38.74	1,975.74
Family		2,859.41	57.19	2,916.60
HSA CDHP				
Single		807.78	16.16	823.94
Dual		1,696.29	33.93	1,730.22
Family		2,423.26	48.47	2,471.73
CDHP				
Single		760.35	15.21	775.56
Dual		1,596.70	31.93	1,628.63
Family		2,281.00	45.62	2,326.62
Vision (Monthly)				
Salaried, ATLC				
Single		12.14	0.24	12.38
Dual		17.63	0.35	17.98
Family		31.56	0.63	32.19
Dental (Monthly)				
Salaried, ATLC				
Single		37.32	0.75	38.07
Dual		77.20	1.54	78.74
Family		117.36	2.35	119.71
EAP (Monthly)				
All		1.85	0.04	1.89

ORRCC Salaried, USW, ATLC Life Rates			
Employee Basic Life (Monthly rate per $1,000) - Employee and Employer Paid			
Total Rate (Monthly)			$0.280
Employee Cost Share (Rate per $1,000)			$0.140
Employer Cost Share (Rate per $1,000)			$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 per month) - 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			
< 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			
Per Employee per Month			$0.960

ORRCC Salaried, ATLC Leave & Disability Rates	
Long-Term Disability (Rate per $100 of covered monthly pay) - Salaried - 2 yr ADEA, eff 1/1/2027	
60% Benefit - Employer Paid	$0.25
Long-Term Disability (Rate per $100 of covered monthly pay) - ATLC	
60% Benefit - Employer Paid	$0.33
AD&D - Monthly rates per $10,000 of Principal Sum - Employee Paid	
Salaried	
Employee Only	$0.20
Family	$0.40
Hourly - ATLC	
Employee Only	$0.28
Family	$0.56
Short-Term Disability Administration - Salaried, ATLC	
Per Employee Per Month	$4.95
Leave Administration - Salaried, ATLC	
Per Employee Per Month	$4.29

UCOR - Account Administration	
Flexible Spending Account (FSA) Administration (PPPM)	$5.00
Health Savings Account (HSA) Administration (PPPM)	$2.25
Employee Assistance Program (EAP)	$1.85

UCOR Salaried, ATLC - Voluntary Benefits			
Criticall Illness ($20,000)	**2027 EE Only**	**2027 Family**	**2027 Family**
<25	$4.40	$10.60	$127.20
25-29	$6.00	$13.60	$163.20
30-34	$8.40	$18.10	$217.20
35-39	$11.20	$23.30	$279.60
40-44	$15.40	$30.60	$367.20
45-49	$23.80	$45.00	$540.00
50-54	$38.60	$69.90	$838.80
55-59	$56.00	$99.00	$1,188.00
60-64	$82.80	$150.20	$1,802.40
65-69	$113.80	$196.60	$2,359.20
70+	$164.60	$282.60	$3,391.20
Accident			
EE Only		$4.91	
EE+Spouse		$7.98	
EE+Child(ren)		$11.03	
Family		$14.10	