

# AUTOMOTIVE INDUSTRIES WELFARE FUND

---



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756

TELEPHONE (800) 635-3105 | FAX (925) 588-7121

[www.aitrustfunds.org](http://www.aitrustfunds.org)

**SEPTEMBER 2017**

**TO: ALL PARTICIPATING HEALTH & WELFARE EMPLOYERS**

**FROM: TRUST FUND ADMINISTRATIVE OFFICE**

**SUBJECT: DOMESTIC PARTNER COVERAGE – IMPUTED INCOME  
EFFECTIVE SEPTEMBER 1, 2017**

---

As you may be aware, the Trust makes domestic partner coverage available to eligible employees of Participating Employers. Each Participating Employer is required to include on the employee's W-2 statement as taxable income to the employee, the fair market value of coverage afforded the domestic partner of the participant. The employer is responsible for paying any applicable payroll taxes related to the taxable income shown on the participant's W-2 statement.

The Trust's Benefit Consultant, The Segal Company, has determined the fair market value of benefits as shown on the enclosed table. For your reference, the prior year's benefit table has also been enclosed.

If you have any questions regarding this information, please do not hesitate to contact the Trust Fund Office.

Enclosures

**AUTOMOTIVE INDUSTRIES WELFARE FUND**  
**Schedule of Monthly Premium**  
**For Determination of Domestic Partner Imputed Income (Historical Methodology)**  
**Effective September 1, 2017 Through August 31, 2018**

	Plan A		Plan B		Plan C		Plan K	
	Domestic Partner	Domestic Partner & Child(ren)	Domestic Partner	Domestic Partner & Child(ren)	Domestic Partner	Domestic Partner & Child(ren)	Domestic Partner	Domestic Partner & Child(ren)
<b>Medical</b>								
Direct Pay	\$479.14	\$958.27	\$546.47	\$1,093.00	\$507.74	\$1,015.52	n/a	n/a
Kaiser	\$732.99	\$1,341.36	\$498.47	\$912.19	\$476.20	\$871.46	n/a	n/a
Kaiser Plan K20	n/a	n/a	n/a	n/a	n/a	n/a	\$546.48	\$1,000.06
Kaiser Plan K500	n/a	n/a	n/a	n/a	n/a	n/a	\$435.00	\$796.05
Kaiser Plan K1000	n/a	n/a	n/a	n/a	n/a	n/a	\$423.96	\$775.85
<b>Prescription Drug</b>								
Direct Pay	\$59.28	\$118.57	\$71.66	\$143.32	\$69.52	\$139.03	n/a	n/a
Kaiser	\$172.43	\$315.54	\$117.41	\$214.86	\$108.90	\$199.23	n/a	n/a
Kaiser Plan K20	n/a	n/a	n/a	n/a	n/a	n/a	\$128.72	\$235.55
Kaiser Plan K500	n/a	n/a	n/a	n/a	n/a	n/a	\$102.46	\$187.50
Kaiser Plan K1000	n/a	n/a	n/a	n/a	n/a	n/a	\$99.86	\$182.75
<b>Dental</b>								
Delta Dental DPO (Plan 9)	\$77.94	\$155.89	n/a	n/a	n/a	n/a	n/a	n/a
Self-Funded Dental Plan (Delta Basic Plan)	53.08	106.17	66.79	133.59	66.79	133.59	66.79	133.59
Scheduled Dental Plan	52.03	104.05	57.58	115.17	57.58	115.17	57.58	115.17
Newport Dental	23.60	55.28	23.60	55.28	23.60	55.28	23.60	55.28
MetLife	15.51	29.42	15.51	29.42	15.51	29.42	15.51	29.42
United Concordia Plus	19.80	35.63	19.80	35.63	19.80	35.63	19.80	35.63
United Healthcare Dental	16.77	36.30	16.77	36.30	16.77	36.30	16.77	36.30
<b>Orthodontia</b>	\$1.88	\$3.76	\$2.28	\$4.57	\$2.55	\$5.09	\$2.42	\$4.85
<b>Vision (\$25 copay, 24/24/24 )</b>	\$7.25	\$14.49	\$9.34	\$20.73	\$8.92	\$15.00	\$8.92	\$15.00
<b>Burial Benefit</b>	\$0.30	\$0.61	\$0.30	\$0.61	\$0.30	\$0.61	\$0.30	\$0.61

**AUTOMOTIVE INDUSTRIES WELFARE FUND**  
**Schedule of Monthly Premium**  
**For Determination of Domestic Partner Imputed Income**  
**Effective September 1, 2016 Through August 31, 2017**

	Plan A		Plan B		Plan C		Plan K	
	Domestic Partner	Domestic Partner & Child(ren)	Domestic Partner	Domestic Partner & Child(ren)	Domestic Partner	Domestic Partner & Child(ren)	Domestic Partner	Domestic Partner & Child(ren)
<b>Medical</b>								
Direct Pay	\$491.14	\$834.93	\$434.45	\$751.67	\$485.95	\$840.66	n/a	n/a
Kaiser	\$677.11	\$1,239.10	\$460.41	\$842.57	\$439.86	\$804.93	n/a	n/a
Kaiser Plan K20	n/a	n/a	n/a	n/a	n/a	n/a	\$504.76	\$923.64
Kaiser Plan K500	n/a	n/a	n/a	n/a	n/a	n/a	\$386.01	\$726.18
Kaiser Plan K1000	n/a	n/a	n/a	n/a	n/a	n/a	\$403.35	\$738.13
<b>Prescription Drug</b>								
Direct Pay	\$72.83	\$123.81	\$73.17	\$124.39	\$83.27	\$141.55	n/a	n/a
Kaiser	\$134.61	\$246.34	\$91.66	\$167.73	\$87.56	\$160.25	n/a	n/a
Kaiser Plan K20	n/a	n/a	n/a	n/a	n/a	n/a	\$100.49	\$183.87
Kaiser Plan K500	n/a	n/a	n/a	n/a	n/a	n/a	\$95.77	\$155.48
Kaiser Plan K1000	n/a	n/a	n/a	n/a	n/a	n/a	\$77.96	\$142.66
<b>Dental</b>								
Delta Dental DPO (Plan 9)	\$84.91	\$152.83	\$88.31	\$158.97	n/a	n/a	n/a	n/a
Self-Funded Dental Plan (Delta Basic Plan)	54.77	93.11	66.53	113.10	66.53	113.10	66.53	113.10
Scheduled Dental Plan	59.22	106.60	87.68	149.06	87.68	149.06	87.68	149.06
Newport Dental	23.60	55.28	23.60	55.28	23.60	55.28	23.60	55.28
MetLife	15.51	29.42	15.51	29.42	15.51	29.42	15.51	29.42
United Concordia Plus	18.85	33.93	18.85	33.93	18.85	33.93	18.85	33.93
United Healthcare Dental	16.44	35.59	16.44	35.59	16.44	35.59	16.44	35.59
<b>Orthodontia</b>	\$2.23	\$3.78	\$2.69	\$4.57	\$2.90	\$4.93	\$2.84	\$4.83
<b>Vision (\$25 copay, 24/24/24 )</b>	\$7.59	\$13.66	\$9.34	\$20.73	\$8.92	\$15.00	\$8.92	\$15.00
<b>Burial Benefit</b>	\$0.32	\$0.57	\$0.32	\$0.57	\$0.32	\$0.57	\$0.32	\$0.57