

AUTOMOTIVE INDUSTRIES WELFARE FUND



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756
 TELEPHONE (800) 635-3105 | FAX (925) 588-7121
www.aitrustfunds.org

June 30, 2017

TO: ALL PARTICIPATING EMPLOYERS, UNIONS & ASSOCIATES
FROM: BOARD OF TRUSTEES
RE: CHANGES IN CONTRIBUTION RATES EFFECTIVE SEPTEMBER 1, 2017

PLAN B				
	Contribution Rates Effective September 1, 2016		Contribution Rates Effective September 1, 2017	
Medical & Prescription Drug Plans HRA Component \$500/ \$1,000/ \$1,500 \$1,000/ \$2,000/ \$3,000	Employee Only	\$ 656.00	Employee Only	\$ 695.00
	Employee + One	\$ 1,312.00	Employee + One	\$ 1,390.00
	Family	\$ 1,564.00	Family	\$ 1,660.00
	Employee Only	\$ 40.00	Employee Only	\$ 40.00
	Employee + One	\$ 80.00	Employee + One	\$ 80.00
	Family	\$ 120.00	Family	\$ 120.00
	Employee Only	\$ 80.00	Employee Only	\$ 80.00
	Employee + One	\$ 160.00	Employee + One	\$ 160.00
	Family	\$ 240.00	Family	\$ 240.00
Opt-Out Medical & Rx Ancillary Benefits		\$ 75.00		\$ 75.00
		\$ 25.00		\$ 25.00
Dental Basic Plan Plan 9	Employee Only	\$ 58.00	Employee Only	\$ 54.00
	Employee + 1	\$ 116.00	Employee + 1	\$ 112.00
	Family	\$ 157.00	Family	\$ 153.00
		\$ 218.00		\$ 200.00
Orthodontics	Employee Only	\$ 5.00	Employee Only	\$ 5.00
	Employee + 1	\$ 10.00	Employee + 1	\$ 10.00
	Family	\$ 13.00	Family	\$ 13.00
Vision (VSP)	Employee Only	\$ 10.00	Employee Only	\$ 10.00
	Employee + 1	\$ 19.00	Employee + 1	\$ 19.00
	Family	\$ 26.00	Family	\$ 26.00
Retiree Plan		\$ 28.00		\$ 28.00
Disability Plan (Basic rate)	Wage Category	Rate per Employee	Wage Category	Rate per Employee
	\$ 0.00 - \$14.99	\$ 9.00	\$ 0.00 - \$14.99	\$ 13.00
	\$15.00 - \$19.99	\$ 11.00	\$15.00 - \$19.99	\$ 15.00
	\$20.00 - \$24.99	\$ 14.00	\$20.00 - \$24.99	\$ 18.00
	\$25.00 - \$29.99	\$ 16.00	\$25.00 - \$29.99	\$ 20.00
	\$30.00 - \$34.99	\$ 18.00	\$30.00 - \$34.99	\$ 22.00
	\$35.00 - \$39.99	\$ 20.00	\$35.00 - \$39.99	\$ 24.00
	\$40.00 - \$44.99	\$ 23.00	\$40.00 - \$44.99	\$ 27.00
	\$45.00 - \$49.99	\$ 26.00	\$45.00 - \$49.99	\$ 30.00
Additional Life Insurance	Life Volume	Contribution Amount	Life Volume	Contribution Amount
	\$ 10,000	\$ 2.00	\$ 10,000	\$ 2.00
	\$ 25,000	\$ 5.00	\$ 25,000	\$ 5.00
	\$ 50,000	\$10.00	\$ 50,000	\$10.00
	\$ 75,000	\$15.00	\$ 75,000	\$15.00
	\$100,000	\$20.00	\$100,000	\$20.00

The remittance report for contributions due September 1, 2017, will show the applicable contribution rates. Please note that these rates apply only as outlined in your specific Subscriber Agreements.