## **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 K

	Contribution R January			Rates Effective ber 1, 2017
Kaiser 20	Employee Only	\$ 596.00	Employee Only	\$ 656.00
	Employee + One	\$ 1,191.00	Employee + One	\$ 1,307.00
	Family	\$ 1,685.00	Family	\$ 1,843.00
Kaiser 500 ☐ No HRA Buy-Up	Employee Only	\$ 479.00	Employee Only	\$ 519.00
\$500/\$1000/\$1,500 \$1,000/\$2,000/\$3,000	Employee + One	\$ 957.00	Employee + One	\$ 1,032.00
	Family	\$1,354.00	Family	\$1,453.00
	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
Kaiser 1000 with HRA	Family	\$ 240.00	Family	\$ 240.00
□ 50% □ 75%	Employee Only	\$ 468.00	Employee Only	\$ 505.00
□ 100%	Employee + One	\$ 933.00	Employee + One	\$ 1,004.00
	Family	\$1,322.00	Family	\$1,415.00
Opt-Out	Medical and Rx Drug Plan	\$ 75.00	Medical and Rx Drug Plan	\$ 75.00
	Ancillary Benefits (Dental, Vision, Orthodontia, I	\$ 25.00 Disability & Life)	Ancillary Benefits (Dental, Vision, Orthodontia,	\$ 25.00 Disability & Life)
Dental	Employee Only	\$ 58.00	Employee Only	\$ 54.00
	Employee + One	\$ 116.00	Employee + One	\$ 112.00
	Family	\$ 157.00	Family	\$ 153.00
Orthodontics	Employee Only	\$ 5.00	Employee Only	\$ 5.00
	Employee + One	\$ 10.00	Employee + One	\$ 10.00
	Family	\$ 13.00	Family	\$ 13.00
Vision	Employee Only	\$ 10.00	Employee Only	\$ 10.00
	Employee + One	\$ 19.00	Employee + One	\$ 19.00
	Family	\$ 26.00	Family	\$ 26.00
Additional Life	Life Volume	Contribution Amount	Life Volume	Contribution Amount
Insurance	\$ 10,000 \$ 25,000	\$ 2.00 \$ 5.00	\$ 10,000 \$ 25,000	\$ 2.00 \$ 5.00
	\$ 50,000	\$ 10.00	\$ 50,000	\$ 10.00
	\$ 75,000 \$100,000	\$ 15.00 \$ 20.00	\$ 75,000 \$100,000	\$ 15.00 \$ 20.00
Disability Plan	Wage Category	Rate per Employee		Rate per Employee
	\$ 0.00 - \$14.99 \$15.00 - \$19.99	\$ 9.00 \$ 11.00	\$ 0.00 - \$14.99 \$15.00 - \$19.99	·
	\$20.00 - \$24.99	\$ 14.00	\$20.00 - \$19.99	
	\$25.00 - \$29.99 \$30.00 - \$34.99	\$ 16.00 \$ 18.00	\$25.00 - \$29.99	\$ 20.00
	\$35.00 - \$34.99	\$ 18.00 \$ 20.00	\$30.00 - \$34.99	
	\$40.00 - \$44.99	\$ 23.00	\$35.00 - \$39.99 \$40.00 - \$44.99	
	\$45.00 - \$49.99	\$ 26.00	\$45.00 - \$49.99	