

# 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)

July 23, 2018

**TO: ALL PARTICIPATING EMPLOYERS, UNIONS & ASSOCIATES**  
**FROM: BOARD OF TRUSTEES**  
**RE: CHANGES IN CONTRIBUTION RATES EFFECTIVE SEPTEMBER 1, 2018**

## PLAN K

	Contribution Rates Effective January 1, 2017	Contribution Rates Effective September 1, 2018
<b>Kaiser 20</b>	Employee Only \$ 656.00	Employee Only \$ 740.00
	Employee + One \$ 1,307.00	Employee + One \$ 1,475.00
	Family \$ 1,843.00	Family \$ 2,075.00
<b>Kaiser 500</b> <input type="checkbox"/> No HRA Buy-Up <input type="checkbox"/> \$500/ \$1000/ \$1,500 <input type="checkbox"/> \$1,000/ \$2,000/ \$3,000	Employee Only \$ 519.00	Employee Only \$ 585.00
	Employee + One \$1,032.00	Employee + One \$ 1,165.00
	Family \$1,453.00	Family \$1,640.00
<b>Kaiser 1000 with HRA</b> <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%	Employee Only \$ 40.00	Employee Only \$ 40.00
	Employee + One \$ 80.00	Employee + One \$ 80.00
	Family \$ 120.00	Family \$ 120.00
<b>Kaiser 1000 with HRA</b> <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%	Employee Only \$ 80.00	Employee Only \$ 80.00
	Employee + One \$ 160.00	Employee + One \$ 160.00
	Family \$ 240.00	Family \$ 240.00
<b>Opt-Out</b>	Medical and Rx Drug Plan \$ 75.00	Medical and Rx Drug Plan \$ 75.00
	Ancillary Benefits (Dental, Vision, Orthodontia, Disability & Life) \$ 25.00	Ancillary Benefits (Dental, Vision, Orthodontia, Disability & Life) \$ 25.00
<b>Dental</b>	Employee Only \$ 54.00	Employee Only \$ 45.00
	Employee + One \$ 112.00	Employee + One \$ 90.00
	Family \$ 153.00	Family \$ 132.00
<b>Orthodontics</b>	Employee Only \$ 5.00	Employee Only \$ 2.00
	Employee + One \$ 10.00	Employee + One \$ 4.00
	Family \$ 13.00	Family \$ 6.00
<b>Vision</b>	Employee Only \$ 10.00	Employee Only \$ 10.00
	Employee + One \$ 19.00	Employee + One \$ 19.00
	Family \$ 26.00	Family \$ 26.00
<b>Additional Life Insurance</b>	<u>Life Volume</u>	<u>Contribution Amount</u>
	\$ 10,000	\$ 2.00
	\$ 25,000	\$ 5.00
	\$ 50,000	\$ 10.00
	\$ 75,000	\$ 15.00
	\$100,000	\$ 20.00
<b>Disability Plan</b>	<u>Wage Category</u>	<u>Rate per Employee</u>
	\$ 0.00 - \$14.99	\$ 13.00
	\$15.00 - \$19.99	\$ 15.00
	\$20.00 - \$24.99	\$ 18.00
	\$25.00 - \$29.99	\$ 20.00
	\$30.00 - \$34.99	\$ 22.00
\$35.00 - \$39.99	\$ 24.00	
\$40.00 - \$44.99	\$ 27.00	
\$45.00 - \$49.99	\$ 30.00	
	<u>Wage Category</u>	<u>Rate per Employee</u>
	\$ 0.00 - \$24.99	\$ 14.00
	\$25.00 - \$34.99	\$ 17.00
	\$35.00 - \$44.99	\$ 21.00
	\$45.00 - \$54.99	\$ 24.00

The remittance report for contributions due September 1, 2018 will show the applicable contribution rates. Please note that these rates apply only as outlined in your specific Subscriber Agreements.