

AUTOMOTIVE INDUSTRIES WELFARE FUND



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JULY 2019

TO: ALL PARTICIPATING HEALTH & WELFARE EMPLOYERS

FROM: TRUST FUND ADMINISTRATIVE OFFICE

**SUBJECT: DOMESTIC PARTNER COVERAGE – IMPUTED INCOME
EFFECTIVE SEPTEMBER 1, 2019**

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
Domestic Partner Imputed Income
Effective September 1, 2019 Through August 31, 2020

	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)
Medical								
Direct Pay	\$745.95	\$1,491.90	\$655.52 ⁽¹⁾	\$1,311.10 ⁽¹⁾	\$741.75 ⁽²⁾	\$1,483.54 ⁽²⁾	n/a	n/a
Kaiser	\$894.20	\$1,636.38	\$607.58 ⁽¹⁾	\$1,111.87 ⁽¹⁾	\$563.55 ⁽²⁾	\$1,031.28 ⁽²⁾	n/a	n/a
Kaiser Plan K20	n/a	n/a	n/a	n/a	n/a	n/a	\$666.11	\$1,218.97
Kaiser Plan K500	n/a	n/a	n/a	n/a	n/a	n/a	\$530.22 ⁽¹⁾	\$970.30 ⁽¹⁾
Kaiser Plan K1000	n/a	n/a	n/a	n/a	n/a	n/a	\$516.77 ⁽²⁾	\$945.70 ⁽²⁾
Prescription Drug								
Direct Pay	\$94.68	\$189.36	\$97.10	\$194.20	\$105.52	\$211.04	n/a	n/a
Kaiser	\$72.27	\$132.26	\$49.16	\$89.95	\$45.59	\$83.44	n/a	n/a
Kaiser Plan K20	n/a	n/a	n/a	n/a	n/a	n/a	\$53.89	\$98.62
Kaiser Plan K500	n/a	n/a	n/a	n/a	n/a	n/a	\$42.90	\$78.50
Kaiser Plan K1000	n/a	n/a	n/a	n/a	n/a	n/a	\$41.81	\$76.51
Dental								
Delta Dental DPO (Plan 9)	\$91.10	\$182.20	n/a	n/a	n/a	n/a	n/a	n/a
Self-Funded Delta Basic Plan	61.76	123.52	60.93	121.86	60.93	121.86	60.93	121.86
Newport Dental	24.08	56.39	24.08	56.39	24.08	56.39	24.08	56.39
MetLife	15.20	28.83	15.20	28.83	15.20	28.83	15.20	28.83
United Concordia	19.80	35.63	19.80	35.63	19.80	35.63	19.80	35.63
United Healthcare Dental	18.92	40.98	18.92	40.98	18.92	40.98	18.92	40.98
Orthodontia	\$2.83	\$5.66	\$2.93	\$5.86	\$3.42	\$6.84	\$3.02	\$6.04
Vision (\$25 copay, 24/24/24)	\$7.90	\$15.80	\$8.54	\$18.96	\$8.16	\$13.73	\$8.16	\$13.73
Burial Benefit	\$0.42	\$0.84	\$0.42	\$0.84	\$0.42	\$0.84	\$0.42	\$0.84

(1) HRA buy-up options -

HRA (\$500/\$1,000/\$1,500) = \$40 for domestic partner / \$80 for domestic partner and children
HRA (\$1,000/\$2,000/\$3,000) = \$80 for domestic partner / \$160 for domestic partner and children

(2) HRA options -

HRA Option 1 - 50% of \$1,000 = \$41.66 for domestic partner only or domestic partner and children
HRA Option 2 - 75% of \$1,000 = \$62.50 for domestic partner only or domestic partner and children
HRA Option 3 - 100% of \$1,000 = \$83.34 for domestic partner only or domestic partner and children

AUTOMOTIVE INDUSTRIES WELFARE FUND
REVISED Domestic Partner Imputed Income
Effective September 1, 2018 Through August 31, 2019

	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)
Medical								
Direct Pay	\$701.18	\$1,402.35	\$691.80 ⁽¹⁾	\$1,383.66 ⁽¹⁾	\$604.15 ⁽²⁾	\$1,208.34 ⁽²⁾	n/a	n/a
Kaiser	\$860.80	\$1,575.26	\$585.50 ⁽¹⁾	\$1,071.46 ⁽¹⁾	\$543.06 ⁽²⁾	\$993.81 ⁽²⁾	n/a	n/a
Kaiser Plan K20	n/a	n/a	n/a	n/a	n/a	n/a	\$641.90	\$1,174.67
Kaiser Plan K500	n/a	n/a	n/a	n/a	n/a	n/a	\$510.95 ⁽¹⁾	\$935.04 ⁽¹⁾
Kaiser Plan K1000	n/a	n/a	n/a	n/a	n/a	n/a	\$497.99 ⁽²⁾	\$911.33 ⁽²⁾
Prescription Drug								
Direct Pay	\$76.96	\$153.93	\$79.89	\$159.78	\$72.06	\$144.12	n/a	n/a
Kaiser	\$155.38	\$284.35	\$105.80	\$193.62	\$98.14	\$179.58	n/a	n/a
Kaiser Plan K20	n/a	n/a	n/a	n/a	n/a	n/a	\$115.99	\$212.27
Kaiser Plan K500	n/a	n/a	n/a	n/a	n/a	n/a	\$92.33	\$168.97
Kaiser Plan K1000	n/a	n/a	n/a	n/a	n/a	n/a	\$89.99	\$164.68
Dental								
Delta Dental DPO (Plan 9)	\$87.67	\$175.34	n/a	n/a	n/a	n/a	n/a	n/a
Self-Funded Delta Basic Plan	59.83	119.66	61.26	122.52	61.26	122.52	61.26	122.52
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	18.02	39.04	18.02	39.04	18.02	39.04	18.02	39.04
Orthodontia	\$1.92	\$3.83	\$2.00	\$4.00	\$2.26	\$4.52	\$2.13	\$4.26
Vision (\$25 copay, 24/24/24)	\$8.15	\$16.29	\$9.34	\$20.73	\$8.92	\$15.00	\$8.92	\$15.00
Burial Benefit	\$0.35	\$0.70	\$0.35	\$0.70	\$0.35	\$0.70	\$0.35	\$0.70

(1) HRA buy-up options -

HRA (\$500/\$1,000/\$1,500) = \$40 for domestic partner / \$80 for domestic partner and children
HRA (\$1,000/\$2,000/\$3,000) = \$80 for domestic partner / \$160 for domestic partner and children

(2) HRA options -

HRA Option 1 - 50% of \$1,000 = \$41.66 for domestic partner only or domestic partner and children
HRA Option 2 - 75% of \$1,000 = \$62.50 for domestic partner only or domestic partner and children
HRA Option 3 - 100% of \$1,000 = \$83.34 for domestic partner only or domestic partner and children