

AUTOMOTIVE INDUSTRIES WELFARE FUND



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July 2019

TO: ALL PARTICIPATING EMPLOYERS, LOCAL UNIONS & BUSINESS ASSOCIATES
FROM: BOARD OF TRUSTEES
RE: CHANGES IN CONTRIBUTION RATES EFFECTIVE SEPTEMBER 1, 2019

PLAN K				
	Contribution Rates Effective September 1, 2018		Contribution Rates Effective September 1, 2019	
Kaiser 20	Employee Only	\$740.00	Employee Only	\$740.00
	Employee + One	\$1,475.00	Employee + One	\$1,475.00
	Family	\$2,075.00	Family	\$2,075.00
Kaiser 500 <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	\$585.00	Employee Only	\$585.00
	Employee + One	\$1,165.00	Employee + One	\$1,165.00
	Family	\$1,640.00	Family	\$1,640.00
Kaiser 1000 with HRA <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
Kaiser 1000 with HRA <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
Opt-Out	Employee Only	\$570.00	Employee Only	\$570.00
	Employee + One	\$1,135.00	Employee + One	\$1,135.00
	Family	\$1,600.00	Family	\$1,600.00
Opt-Out	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
Dental	Employee Only	\$45.00	Employee Only	\$45.00
	Employee + One	\$90.00	Employee + One	\$90.00
	Family	\$132.00	Family	\$132.00
Orthodontics	Employee Only	\$2.00	Employee Only	\$2.00
	Employee + One	\$4.00	Employee + One	\$4.00
	Family	\$6.00	Family	\$6.00
Vision	Employee Only	\$10.00	Employee Only	\$10.00
	Employee + One	\$19.00	Employee + One	\$19.00
	Family	\$26.00	Family	\$26.00
Disability Plan	Wage Category	Rate per Employee	Wage Category	Rate per Employee
	\$ 0.00 - \$24.99	\$ 14.00	\$ 0.00 - \$24.99	\$ 14.00
	\$25.00 - \$34.99	\$ 17.00	\$25.00 - \$34.99	\$ 17.00
	\$35.00 - \$44.99	\$ 21.00	\$35.00 - \$44.99	\$ 21.00
	\$45.00 - \$54.99	\$ 24.00	\$45.00 - \$54.99	\$ 24.00
	\$55.00 - \$64.99	\$ 27.00	\$55.00 - \$64.99	\$ 27.00
\$65.00 - \$74.99	\$ 31.00	\$65.00 - \$74.99	\$ 31.00	
Additional Life Insurance	Life Volume	Contribution Amount	Life Volume	Contribution Amount
	\$ 10,000	\$ 1.00	\$ 10,000	\$ 1.00
	\$ 25,000	\$ 2.50	\$ 25,000	\$ 2.50
	\$ 50,000	\$ 5.00	\$ 50,000	\$ 5.00
	\$ 75,000	\$ 7.50	\$ 75,000	\$ 7.50
	\$100,000	\$10.00	\$100,000	\$10.00

The remittance report for contributions due September 1, 2019 will show the applicable contribution rates. Please note that these rates apply only as outlined in your specific Subscriber Agreements.