

CMTA-IAM JOINT RETIREE HEALTH AND WELFARE TRUST FUND

4160 DUBLIN BLVD., SUITE 400 | DUBLIN, CALIFORNIA 94568-7756

TELEPHONE (866) 889-7313 | FAX (925) 588-7121

www.AITrustFunds.org

November 1, 2019

TO: ALL RETIRED PARTICIPANTS

**FROM: BOARD OF TRUSTEES
CMTA-IAM JOINT RETIREE HEALTH AND WELFARE FUND**

**RE: ADVANCE NOTICE OF RETIREE CONTRIBUTION RATES
EFFECTIVE JANUARY 1, 2020**

Dear Retiree:

This is to inform you that the Board of Trustees adopted the enclosed Retiree Self-payment rates effective January 1, 2020.

This notice of the Retiree rate change is being sent to advise you of when the new rate will be applied based on your method of payment. Please refer to the following:

- ◆ **Pension Deductions:** the new rate will be deducted from your January 1, 2020 pension check from the Automotive Industries Pension Fund.
- ◆ **Self-payments:** the new rate will be reflected on your January 2020 self-payment coupon*.
- ◆ **Automatic Payment (EFT):** the debit will occur on January 15, 2020.

*If you are interested in making your monthly retiree self-payment by Automatic Payment (EFT) from your checking or savings account please contact the Trust Fund Office to request an Authorization Form.

If you have any questions, please call the Trust Fund Office at 1-866-889-7313.

(Rate Sheet Enclosed)

**CMTA-IAM JOINT RETIREE HEALTH AND WELFARE TRUST
FINAL RETIREE NON-SUBSIDIZED CONTRIBUTION RATES
EFFECTIVE JANUARY 1, 2020**

EXHIBIT

	KAISER CALIFORNIA			KAISER CALIFORNIA			KAISER HAWAII			KAISER OREGON		
	2019	2020	% Change	2019	2020	% Change	2019	2020	% Change	2019	2020	% Change
Non-Medicare (HMO)												
single	\$1,351	\$1,314	-2.7%							\$962	\$1,057	9.9%
two-party	2,702	2,627	-2.8%							1,924	2,114	9.9%
family	3,813	3,704	-2.9%							2,871	3,154	9.9%
Non-Medicare (DHMO)												
single	\$1,026	\$998	-2.7%									
two-party	2,052	1,997	-2.7%									
family	2,893	2,813	-2.8%									
Medicare Risk												
	\$10 Office Visit Plan			\$20 Office Visit Plan								
single	\$532	\$510	-4.1%	\$422	\$404	-4.3%	\$443	\$447	0.9%	\$337	\$349	3.6%
two-party	1,064	1,020	-4.1%	844	807	-4.4%	886	894	0.9%	674	698	3.6%
3-party, all medicare	1,579	1,511	-4.3%	1,252	1,193	-4.7%						
Medicare Risk												
	\$10 Office Visit, Hearing Aid & Dental Plan			\$20 Office Visit, Hearing Aid & Dental Plan								
single	\$554	\$533	-3.8%	\$445	\$427	-4.0%						
two-party	1,108	1,066	-3.8%	890	854	-4.0%						
3-party, all medicare	1,646	1,581	-3.9%	1,320	1,263	-4.3%						
Medicare Risk Combination												
	\$10 Office Visit Plan			\$20 Office Visit Plan								
1 w/ risk, 1 w/o (HMO)	\$1,883	\$1,823	-3.2%	\$1,774	\$1,717	-3.2%	N/A	N/A	N/A	\$1,299	\$1,406	8.2%
1 w/ risk, 1 w/o (DHMO)	1,558	1,508	-3.2%	1,449	1,402	-3.2%						
1 w/ medicare, 2 w/o (HMO)	2,993	2,900	-3.1%	2,884	2,795	-3.1%						
1 w/ medicare, 2 w/o (DHMO)	2,398	2,324	-3.1%	2,289	2,218	-3.1%						
1 w/ medicare, 3 w/o (HMO)	2,993	2,900	-3.1%	2,884	2,795	-3.1%						
1 w/ medicare, 3 w/o (DHMO)	2,398	2,324	-3.1%	2,289	2,218	-3.1%						
2 w/ medicare, family (HMO)	2,173	2,096	-3.5%	1,955	1,885	-3.6%						
2 w/ medicare, family (DHMO)	1,904	1,835	-3.6%	1,685	1,623	-3.7%						
Adults (1w, 1wo (HMO)), med child	2,399	2,315	-3.5%	2,180	2,103	-3.5%						
Adults (1w, 1wo (DHMO)), med child	2,074	2,000	-3.6%	1,855	1,788	-3.6%						
Medicare Risk Combination												
	\$10 Office Visit, Hearing Aid & Dental Plan			\$20 Office Visit, Hearing Aid & Dental Plan								
1 w/ risk, 1 w/o (HMO)	\$1,905	\$1,847	-3.0%	\$1,797	\$1,741	-3.1%						
1 w/ risk, 1 w/o (DHMO)	1,580	1,531	-3.1%	1,472	1,426	-3.1%						
1 w/ medicare, 2 w/o (HMO)	3,016	2,924	-3.1%	2,907	2,818	-3.1%						
1 w/ medicare, 2 w/o (DHMO)	2,421	2,347	-3.1%	2,312	2,241	-3.1%						
1 w/ medicare, 3 w/o (HMO)	3,016	2,924	-3.1%	2,907	2,818	-3.1%						
1 w/ medicare, 3 w/o (DHMO)	2,421	2,347	-3.1%	2,312	2,241	-3.1%						
2 w/ medicare, family (HMO)	2,218	2,143	-3.4%	2,001	1,932	-3.4%						
2 w/ medicare, family (DHMO)	1,948	1,882	-3.4%	1,731	1,670	-3.5%						
Adults (1w, 1wo (HMO)), med child	2,444	2,362	-3.4%	2,226	2,150	-3.4%						
Adults (1w, 1wo (DHMO)), med child	2,118	2,047	-3.4%	1,901	1,835	-3.5%						

**CMTA-IAM JOINT RETIREE HEALTH AND WELFARE TRUST
FINAL RETIREE NON-SUBSIDIZED CONTRIBUTION RATES
EFFECTIVE JANUARY 1, 2020**

EXHIBIT

	UNITEDHEALTHCARE						KAISER WASHINGTON **			HEALTH NET		
	2019	2020	% Change	2019	2020	% Change	2019	2020	% Change	2019	2020	% Change
	HMO			PPO/SENIOR SUPPLEMENT			HMO					
	Plan UBB			Non-Medicare								
Non-Medicare												
single	\$2,179	\$2,333	7.1%	*	*	N/A						
two-party	4,358	4,666	7.1%	*	*	N/A						
family	6,520	6,980	7.1%	*	*	N/A						
Medicare	Medicare Risk - Plan O6G			Medicare Supplement - Standard Plan C			Medicare			Medicare		
single	\$501	\$514	2.6%	\$664	\$699	5.3%	\$408	\$422	3.4%	\$471	\$508	7.9%
two-party	1,002	1,028	2.6%	1,328	1,398	5.3%	816	844	3.4%	942	1,016	7.9%
3-party, all medicare	1,487	1,525	2.6%	1,976	2,079	5.2%	1,207	1,249	3.5%	1,397	1,505	7.7%
Medicare Combination	Non-Medicare HMO Plan UBB/Plan O6G			Non-Medicare PPO/Standard Plan C								
1 w/ medicare, 1 w/o	\$2,680	\$2,847	6.2%	N/A	N/A	N/A						
1 w/ medicare, 2 w/o	4,843	5,162	6.6%	N/A	N/A	N/A						
2 w/ medicare, family	3,166	3,343	5.6%	N/A	N/A	N/A						
MedicareRx Plans (Drug only)	\$10/\$20/\$35			\$5/\$20/\$40								
single	\$362	\$382	5.5%		*							
two-party	724	764	5.5%									

* No rate is provided due to no enrollment

** Formerly Group Health Cooperative