

CMTA-IAM JOINT RETIREE HEALTH AND WELFARE TRUST FUND

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www.AITrustFunds.org

November 1, 2020

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, 2021**

Dear Retiree:

This is to inform you that the Board of Trustees adopted the enclosed Retiree Self-payment rates effective January 1, 2021.

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, 2021 pension check from the Automotive Industries Pension Fund.
- ◆ **Self-payments:** the new rate will be reflected on your January 2021 self-payment coupon*.
- ◆ **Automatic Payment (EFT):** the debit will occur on January 15, 2021.

*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, 2021**

EXHIBIT

	KAISER CALIFORNIA			KAISER CALIFORNIA			KAISER HAWAII			KAISER OREGON		
	2020	2021	% Change	2020	2021	% Change	2020	2021	% Change	2020	2021	% Change
Non-Medicare (HMO)												
single	\$1,314	\$1,365	3.9%							\$1,057	\$1,153	9.1%
two-party	2,627	2,729	3.9%							2,114	2,306	9.1%
family	3,704	3,848	3.9%							3,154	3,440	9.1%
Non-Medicare (DHMO)												
single	\$998	\$1,038	4.0%									
two-party	1,997	2,075	3.9%									
family	2,813	2,923	3.9%									
Medicare Risk												
	\$10 Office Visit Plan			\$20 Office Visit Plan								
single	\$510	\$451	-11.6%	\$404	\$352	-12.9%	\$447	\$450	0.7%	\$349	\$355	1.7%
two-party	1,020	902	-11.6%	807	704	-12.8%	894	900	0.7%	698	709	1.6%
3-party, all medicare	1,511	1,332	-11.8%	1,193	1,037	-13.1%						
Medicare Risk												
	\$10 Office Visit, Hearing Aid & Dental Plan			\$20 Office Visit, Hearing Aid & Dental Plan								
single	\$533	\$474	-11.1%	\$427	\$376	-11.9%						
two-party	1,066	948	-11.1%	854	751	-12.1%						
3-party, all medicare	1,581	1,403	-11.3%	1,263	1,108	-12.3%						
Medicare Risk Combination												
	\$10 Office Visit Plan			\$20 Office Visit Plan								
1 w/ risk, 1 w/o (HMO)	\$1,823	\$1,815	-0.4%	\$1,717	\$1,717	0.0%	N/A	N/A	N/A	\$1,406	\$1,508	7.3%
1 w/ risk, 1 w/o (DHMO)	1,508	1,488	-1.3%	1,402	1,390	-0.9%						
1 w/ medicare, 2 w/o (HMO)	2,900	2,934	1.2%	2,795	2,835	1.4%						
1 w/ medicare, 2 w/o (DHMO)	2,324	2,335	0.5%	2,218	2,237	0.9%						
1 w/ medicare, 3 w/o (HMO)	2,900	2,934	1.2%	2,795	2,835	1.4%						
1 w/ medicare, 3 w/o (DHMO)	2,324	2,335	0.5%	2,218	2,237	0.9%						
2 w/ medicare, family (HMO)	2,096	2,020	-3.6%	1,885	1,823	-3.3%						
2 w/ medicare, family (DHMO)	1,835	1,748	-4.7%	1,623	1,551	-4.4%						
Adults (1w, 1wo (HMO)), med child	2,315	2,246	-3.0%	2,103	2,049	-2.6%						
Adults (1w, 1wo (DHMO)), med child	2,000	1,919	-4.1%	1,788	1,722	-3.7%						
Medicare Risk Combination												
	\$10 Office Visit, Hearing Aid & Dental Plan			\$20 Office Visit, Hearing Aid & Dental Plan								
1 w/ risk, 1 w/o (HMO)	\$1,847	\$1,839	-0.4%	\$1,741	\$1,740	-0.1%						
1 w/ risk, 1 w/o (DHMO)	1,531	1,512	-1.2%	1,426	1,413	-0.9%						
1 w/ medicare, 2 w/o (HMO)	2,924	2,957	1.1%	2,818	2,859	1.5%						
1 w/ medicare, 2 w/o (DHMO)	2,347	2,359	0.5%	2,241	2,261	0.9%						
1 w/ medicare, 3 w/o (HMO)	2,924	2,957	1.1%	2,818	2,859	1.5%						
1 w/ medicare, 3 w/o (DHMO)	2,347	2,359	0.5%	2,241	2,261	0.9%						
2 w/ medicare, family (HMO)	2,143	2,067	-3.5%	1,932	1,870	-3.2%						
2 w/ medicare, family (DHMO)	1,882	1,796	-4.6%	1,670	1,599	-4.3%						
Adults (1w, 1wo (HMO)), med child	2,362	2,293	-2.9%	2,150	2,096	-2.5%						
Adults (1w, 1wo (DHMO)), med child	2,047	1,966	-4.0%	1,835	1,769	-3.6%						

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FINAL RETIREE NON-SUBSIDIZED CONTRIBUTION RATES
EFFECTIVE JANUARY 1, 2021**

EXHIBIT

	UNITEDHEALTHCARE						KAISER WASHINGTON **			HEALTH NET		
	2020	2021	% Change	2020	2021	% Change	2020	2021	% Change	2020	2021	% Change
	HMO			PPO/SENIOR SUPPLEMENT			HMO					
Non-Medicare	Plan UBB			Non-Medicare								
single	\$2,333	\$2,494	6.9%	*	*	N/A						
two-party	4,666	4,989	6.9%	*	*	N/A						
family	6,980	7,464	6.9%	*	*	N/A						
Medicare	Medicare Risk - Plan O6G			Medicare Supplement - Standard Plan C			Medicare			Medicare		
single	\$514	\$488	-5.1%	\$699	\$651	-6.9%	\$422	\$434	2.8%	\$508	\$511	0.6%
two-party	1,028	976	-5.1%	1,398	1,303	-6.8%	844	867	2.7%	1,016	1,022	0.6%
3-party, all medicare	1,525	1,445	-5.2%	2,079	1,934	-7.0%	1,249	1,281	2.6%	1,505	1,512	0.5%
Medicare Combination	Non-Medicare HMO Plan UBB/Plan O6G			Non-Medicare PPO/Standard Plan C								
1 w/ medicare, 1 w/o	\$2,847	\$2,983	4.8%	N/A	N/A	N/A						
1 w/ medicare, 2 w/o	5,162	5,458	5.7%	N/A	N/A	N/A						
2 w/ medicare, family	3,343	3,451	3.2%	N/A	N/A	N/A						
MedicareRx Plans (Drug only)	\$10/\$20/\$35											
single	\$382	\$364	-4.7%									
two-party	764	728	-4.7%									

* No rate is provided due to no enrollment

** Formerly Group Health Cooperative