

Automotive Industries Welfare Fund

Administered by: Associated Third Party Administrators
1640 South Loop Road • Alameda, CA 94502 • Telephone (510) 836-2484 or (800) 635-3105
Mailing Address: Post Office Box 23120 • Oakland, CA 94623-0120
Claims Mailing Address: Post Office Box 23263 • Oakland, CA 94623-2363
Website: www.aitrustfunds.org

AUGUST 2015

TO: ALL PARTICIPATING HEALTH & WELFARE EMPLOYERS
FROM: TRUST FUND ADMINISTRATIVE OFFICE
SUBJECT: DOMESTIC PARTNER COVERAGE – IMPUTED INCOME
EFFECTIVE SEPTEMBER 1, 2015

Dear Employer:

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
Schedule of Monthly Premium
For Determination of Domestic Partner Imputed Income
Effective September 1, 2015 Through August 31, 2016

	Plan A		Plan B		Plan C		Plan K	
	Domestic Partner	Domestic Partner & Child(ren)						
Medical								
Direct Pay	\$520.67	\$885.14	\$398.09	\$687.95	\$421.19	\$728.03	n/a	n/a
Kaiser	\$676.15	\$1,237.35	\$462.29	\$842.50	\$435.34	\$796.67	n/a	n/a
Kaiser Plan K20	n/a	n/a	n/a	n/a	n/a	n/a	\$495.91	\$907.51
Kaiser Plan K500	n/a	n/a	n/a	n/a	n/a	n/a	\$394.74	\$722.39
Kaiser Plan K1000	n/a	n/a	n/a	n/a	n/a	n/a	\$384.73	\$704.07
Prescription Drug								
Direct Pay	\$75.75	\$128.76	\$67.38	\$114.55	\$78.72	\$129.89	n/a	n/a
Kaiser	\$82.38	\$150.75	\$56.09	\$102.63	\$53.58	\$98.06	n/a	n/a
Kaiser Plan K20	n/a	n/a	n/a	n/a	n/a	n/a	\$65.16	\$119.24
Kaiser Plan K500	n/a	n/a	n/a	n/a	n/a	n/a	\$51.87	\$94.91
Kaiser Plan K1000	n/a	n/a	n/a	n/a	n/a	n/a	\$50.55	\$92.50
Dental								
Delta Dental DPO (Plan 9)	\$95.22	\$171.39	\$107.67	\$193.80	n/a	n/a	n/a	n/a
Self-Funded Dental Plan (Delta Basic Plan)	60.53	108.95	69.06	117.40	69.06	117.40	69.06	117.40
Scheduled Dental Plan	58.96	106.12	55.43	94.23	55.43	94.23	55.43	94.23
Newport Dental	23.14	54.20	23.14	54.20	23.14	54.20	23.14	54.20
MetLife	15.51	29.42	15.51	29.42	15.51	29.42	15.51	29.42
United Concordia Plus	18.85	33.93	18.85	33.93	18.85	33.93	18.85	33.93
United Healthcare Dental	17.67	38.27	17.67	38.27	17.67	38.27	17.67	38.27
Orthodontia	\$2.64	\$4.75	\$3.04	\$5.17	\$3.04	\$5.17	\$3.04	\$5.47
Vision (\$25 copay, 24/24/24)	\$8.34	\$15.00	\$9.34	\$20.73	\$8.92	\$15.00	\$8.92	\$15.00
Burial Benefit	\$0.36	\$0.64	\$0.36	\$0.64	\$0.36	\$0.64	\$0.36	\$0.64

AUTOMOTIVE INDUSTRIES WELFARE FUND
Schedule of Monthly Premium
For Determination of Domestic Partner Imputed Income
Effective September 1, 2014 Through August 31, 2015

	Plan A		Plan B		Plan C	
	Domestic Partner	Domestic Partner & Child(ren)	Domestic Partner	Domestic Partner & Child(ren)	Domestic Partner	Domestic Partner & Child(ren)
Medical						
Direct Pay	\$588.95	\$1,001.21	\$531.96	\$933.92	\$584.88	\$961.55
Kaiser	651.31	1,191.89	505.43	931.64	483.60	831.57
Prescription Drug						
Direct Pay	\$72.69	\$123.58	\$75.56	\$128.46	\$79.61	\$135.33
Kaiser	107.22	196.22	72.95	133.49	69.70	127.53
Dental						
Delta Dental DPO						
Plan 9	\$99.72	\$179.49	\$71.97	\$164.50	n/a	n/a
Plan 13	83.86	150.95	60.52	138.34	n/a	n/a
Self-Funded Dental Plan (Delta Basic Plan)	68.24	122.84	71.65	128.97	77.80	140.03
Scheduled Dental Plan	62.27	112.09	65.38	117.69	70.99	127.78
Newport Dental	30.05	70.39	30.05	70.39	30.05	70.39
MetLife	15.51	29.42	15.51	29.42	15.51	29.42
United Concordia Plus	19.84	35.72	19.84	35.72	19.84	35.72
United Healthcare Dental	17.67	38.27	17.67	38.27	17.67	38.27
Orthodontia	\$2.54	\$4.58	\$2.67	\$4.81	\$2.90	\$5.22
Vision (\$25 copay, 24/24/24)	\$7.76	\$13.96	\$8.65	\$19.19	\$8.26	\$13.89
Burial Benefit	\$0.35	\$0.64	\$0.35	\$0.64	\$0.35	\$0.64