NORTHERN CALIFORNIA PIPE TRADES TRUST FUNDS FOR UA LOCAL 342

935 Detroit Avenue, Suite 242A, Concord, CA 94518-2501 • Phone 925/356-8921 • Fax 925/356-8938
tfo@ncpttf.com • www.ncpttf.com

ACTIVE SUBSIDIZED SELF-PAYMENT
RETIREE HEALTH AND WELFARE PLAN
SURVIVING DEPENDENT
PREMIUM RATES CURRENTLY IN EFFECT AS OF JANUARY 1, 2018

Please be aware that the monthly premium for Active Subsidized Self-Payments, Retiree Health and Welfare Plan coverage, or Surviving Dependent coverage may, at the discretion of the Board of Trustees, increase at any time. In addition, Plan rules are subject to change at any time. Please see your Summary Plan Description for details.

ACTIVE SUBSIDIZED SELF-PAYMENT (ACTIVE PARTICIPANTS ONLY) (002)

Active Subsidized Self-Payment is a Composite Rate, meaning the Monthly Payment is the same regardless of the number of Dependents enrolled. Active Subsidized Self-Payment includes Medical, Prescription Drug and Life Insurance Coverage (excludes Dental, Orthodontia, Hearing Aid, and Vision Coverage).

TYPE OF COVERAGE	MONTHLY PAYMENT
Composite (Family Coverage)	$550

RETIREE HEALTH AND WELFARE PLAN (004)

All Retirees eligible for Retiree Health and Welfare Benefits who would be entitled to a gross monthly Retirement Benefit of $1,000 or greater at their Normal Retirement Age under the Single Life Annuity Benefit are required to pay a monthly premium to maintain Health and Welfare Benefits.

Additional fees may be required if you and/or your enrolled dependent(s) are eligible for Medicare Coverage but fail to enroll under all parts of Medicare, including, but not limited to, Medicare Part A and Part B.

IF THE RETIREE IS:	WITH THE FOLLOWING DEPENDENT(S):	MONTHLY PAYMENT:
Non-Medicare Retiree	No Dependents	$220
	Non-Medicare Spouse	$330
	One (1) or more Dependent Child(ren) (Non-Medicare or Medicare)	$330
	Non-Medicare Spouse and one (1) or more Child(ren) (Non-Medicare or Medicare)	$440
	Medicare Spouse	$275
	Medicare Spouse and one (1) or more Dependent Child(ren) (Non-Medicare or Medicare)	$385
Medicare Retiree	No Dependents	$110
	Non-Medicare Spouse	$220
	One (1) or more Dependent (Child)ren (Non-Medicare or Mediare)	$165
	Non-Medicare Spouse and one (1) or more Dependent Child(ren) (Non-Medicare or Medicare)	$275
	Medicare Spouse	$165
	Medicare Spouse and one (1) or more Dependent Child(ren) (Non-Medicare or Medicare)	$220

SURVIVING DEPENDENT (005)

Surviving Dependent coverage is a Composite Rate, meaning the Monthly Payment is the same regardless of the number of Dependents enrolled. The rate would be based on the Medicare status of the oldest Surviving Dependent.

A Surviving Dependent is permitted to continue coverage as a Surviving Dependent until such time as they no longer meet the Plan definition of an eligible Dependent.

IF THE SURVIVING DEPENDENT IS:	MONTHLY PAYMENT:
Non-Medicare Surviving Dependent (Composite – Family Coverage)	$330
Medicare Surviving Dependent (Composite – Family Coverage)	$220

If you have any questions, please contact the Trust Fund Office at 925/356-8921 ext. 710 for additional information.

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DOMESTIC PARTNER - IMPUTED INCOME TAX BREAKDOWN
ACTIVE PARTICIPANTS ONLY
IMPUTED INCOME TAX RATES EFFECTIVE WITH MARCH 1, 2019 COVERAGE
IMPUTED INCOME TAXES ARE WITHHELD AT SINGLE WITH ZERO EXEMPTIONS / ALLOWANCES

Please be aware that the monthly Domestic Partner Imputed Income Tax Rate may change at any time due to changes in Federal and/or California State tax tables.

	KAISER COVERAGE		BLUE SHIELD COVERAGE-PPO		BLUE SHIELD COVERAGE-HMO	
	Domestic Partner	Domestic Partner with Domestic Partner's Child(ren)	Domestic Partner	Domestic Partner with Domestic Partner's Child(ren)	Domestic Partner	Domestic Partner with Domestic Partner's Child(ren)
Gross Benefit	$888.00	$1,625.00	$1,270.00	$2,324.00	$1,185.00	$2,169.00
FIT	57.13	140.81	98.21	224.69	88.01	206.09
FICA (SS)	55.06	100.75	78.74	144.09	73.47	134.48
Medicare	12.88	23.56	18.42	33.70	17.18	31.45
SIT *	0.00 *	19.86 *	12.05 *	41.15 *	0.00 *	34.32 *
SDI	8.88	16.25	12.70	23.24	11.85	21.69
Total Tax	**$133.95**	**$301.23**	**$220.12**	**$466.87**	**$190.51**	**$428.03**
Rate Table	91540	91550	91538	91539	91536	91537

* The SIT portion is not due for a Domestic Partnership registered with the State. You are required to submit proof of Domestic Partner registration to the Trust Fund Office.

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BLUE SHIELD OF CALIFORNIA PPO – ACTIVE
Consolidated Omnibus Budget Reconciliation Act ("COBRA")
Rates Effective August 2018 Eligibility

The following COBRA rates have been approved by the Board of Trustees and are effective August 2018 eligibility.

Core Coverage (Medical and Prescription Drug Only)

Single **91235 – CO**	**$1,104**
Two Person **91236 - CO**	**$2,117**
Family **91237 – CO**	**$3,030**

Full Coverage (Medical, Prescription Drug, Vision, Dental and Orthodontic)

Single **91238 - CO**	**$1,289**
Two Person **91239 - CO**	**$2,525**
Family **91240 - CO**	**$3,437**

Please refer to your Notice of Right to Continuation of Health Coverage and other Health Coverage Alternatives under Federal Law ("COBRA") for information on how you and/or your dependent(s) may continue coverage through the Plan at your own expense through COBRA, as well as information on your rights and options that you may be entitled to.

If Social Security determines that you (or a dependent) are totally disabled when your hours are reduced, you may elect COBRA for additional months under COBRA Disability Extension. To qualify for the additional months, you must provide written notice to the Plan within 60 days following the date Social Security determines you are disabled and before the initial 18 month COBRA period ends. Please be aware that the COBRA rates under the COBRA Disability Extension are generally greater than those listed above. Please contact the Trust Fund Office for additional information.

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BLUE SHIELD OF CALIFORNIA HMO – ACTIVE
Consolidated Omnibus Budget Reconciliation Act ("COBRA")
Rates Effective August 2018 Eligibility

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Core Coverage (Medical and Prescription Drug Only)

Single **91225 - CO**	**$1,017**
Two Person **91226 - CO**	**$1,799**
Family **91227 – CO**	**$2,515**

Full Coverage (Medical, Prescription Drug, Vision, Dental and Orthodontic)

Single **91228 - CO**	**$1,203**
Two Person **91229 - CO**	**$1,984**
Family **91230 - CO**	**$2,700**

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KAISER PERMANENTE – ACTIVE
Consolidated Omnibus Budget Reconciliation Act ("COBRA")
Rates Effective August 2018 Eligibility

The following COBRA rates have been approved by the Board of Trustees and are effective August 2018 eligibility.

Core Coverage (Medical and Prescription Drug Only)

Single **91241 - CO**	**$714**
Two Person **91242 - CO**	**$1,338**
Family **91243 – CO**	**$1,829**

Full Coverage (Medical, Prescription Drug, Vision, Dental and Orthodontic)

Single **91251 - CO**	**$900**
Two Person **91252 - CO**	**$1,470**
Family **91253 - CO**	**$2,042**

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BLUE SHIELD OF CALIFORNIA PPO – RETIREE
Consolidated Omnibus Budget Reconciliation Act ("COBRA")
Rates Effective August 2018 Eligibility

The following COBRA rates have been approved by the Board of Trustees and are effective August 2018 eligibility.

Core Coverage (Medical and Prescription Drug Only)

Single RT not assigned	**$1,008**
Two Person RT not assigned	**$2,062**
Family RT not assigned	**$3,580**

Full Coverage (Medical, Prescription Drug, Vision and Dental)

Single RT not assigned	**$1,096**
Two Person RT not assigned	**$2,151**
Family RT not assigned	**$3,668**

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BLUE SHIELD OF CALIFORNIA HMO – RETIREE
Consolidated Omnibus Budget Reconciliation Act ("COBRA")
Rates Effective August 2018 Eligibility

The following COBRA rates have been approved by the Board of Trustees and are effective August 2018 eligibility.

Core Coverage (Medical and Prescription Drug Only)

Single RT not assigned	**$857**
Two Person RT not assigned	**$1,709**
Family RT not assigned	**$2,475**

Full Coverage (Medical, Prescription Drug, Vision and Dental)

Single RT not assigned	**$945**
Two Person RT not assigned	**$1,797**
Family RT not assigned	**$2,421**

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KAISER PERMANENTE – RETIREE
Consolidated Omnibus Budget Reconciliation Act ("COBRA")
Rates Effective August 2018 Eligibility

The following COBRA rates have been approved by the Board of Trustees and are effective August 2018 eligibility.

Core Coverage (Medical and Prescription Drug Only)

Single **91478 – CO**	**$334**
Two Person RT not assigned	**$662**
Family RT not assigned	**$934**

Full Coverage (Medical, Prescription Drug, Vision and Dental)

Single RT not assigned	**$422**
Two Person RT not assigned	**$750**
Family RT not assigned	**$1,022**

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