

Teamsters Local 1932 Health & Welfare Trust
Medical and Dental Plans - County Plan and Teamsters 1932 Plan: Employee Cost Comparison
2020-21 Plan Year

Date Prepared: 06/04/2020

Plan	Coverage Type	Medical Premium Subsidy (MPS)	County Plan 2020-21 Bi-Weekly Rates*	County Plan Employee Out-of-Pocket	Teamsters Plan 2020-21 Bi-Weekly Rates*	Teamsters Plan Employee Out-of-Pocket
BLUE SHIELD OF CALIFORNIA						
HMO Platinum Plan	EE	\$240.72	\$274.09	\$33.37	\$269.72	\$29.00
\$10 copay	EE+1	\$452.80	\$546.19	\$93.39	\$541.80	\$89.00
\$0/admit; no charge	EE+2	\$640.14	\$772.03	\$131.89	\$768.14	\$128.00
HMO Gold Access+ Plan	EE	\$240.72	\$238.13	\$0.00	\$240.72	\$0.00
\$40 copay	EE+1	\$452.80	\$474.28	\$21.48	\$474.28	\$21.48
\$100/admit; plus 20%	EE+2	\$640.14	\$670.28	\$30.14	\$670.28	\$30.14
HMO Gold Trio Plan	EE	\$240.72			\$240.72	\$0.00
\$20 copay	EE+1	\$452.80	●●●● 2020 - NEW PLAN ●●●●		\$472.75	\$19.95
\$100/admit; plus 20%	EE+2	\$640.14	Teamsters 1932 Exclusive Plan		\$664.88	\$24.74
PPO Non-Needles Plan	EE	\$240.72	\$509.02	\$268.30	\$509.02	\$268.30
\$10 OV - \$250 Ded.	EE+1	\$452.80	\$1,035.30	\$582.50	\$1,035.30	\$582.50
80/70% Co-ins.	EE+2	\$640.14	\$1,605.82	\$965.68	\$1,605.82	\$965.68
PPO Needles Plan^	EE	\$545.48	\$574.48	\$33.37	\$574.48	\$29.00
\$10 OV - \$0/\$250 Ded.	EE+1	\$1,079.08	\$1,168.08	\$93.39	\$1,168.08	\$89.00
100/70% Co-ins.	EE+2	\$1,680.86	\$1,808.86	\$131.89	\$1,808.86	\$128.00
KAISER PERMANENTE - SOUTHERN CALIFORNIA						
HMO Platinum Plan	EE	\$240.72	\$313.40	\$72.68	\$313.40	\$72.68
\$10 copay	EE+1	\$452.80	\$624.78	\$171.98	\$624.78	\$171.98
\$0/admit; no charge	EE+2	\$640.14	\$883.21	\$243.07	\$883.21	\$243.07
HMO Gold Plan	EE	\$240.72	\$272.16	\$31.44	\$272.16	\$31.44
\$40 copay	EE+1	\$452.80	\$542.31	\$89.51	\$542.31	\$89.51
\$100/admit; plus 20%	EE+2	\$640.14	\$766.53	\$126.39	\$766.53	\$126.39

*Note: Includes Teamsters and County, Medical Plan management fee of \$2.01

^Note: Includes Department Subsidy

	Coverage Type	DPS	County Plan Bi-Weekly*	County Plan Out-of-Pocket	Teamsters Plan Bi-Weekly*	Teamsters Plan Out-of-Pocket
DeltaCare USA - DHMO	EE	\$9.46	\$9.88	\$0.42	\$9.88	\$0.42
Plan: CAD90	EE+1	\$9.46	\$15.94	\$6.48	\$15.94	\$6.48
	EE+2	\$9.46	\$20.77	\$11.31	\$20.77	\$11.31
Delta Dental - PPO	EE	\$9.46	\$25.09	\$15.63	\$25.09	\$15.63
\$0 Ded, \$1,700 Annual Max.	EE+1	\$9.46	\$46.80	\$37.34	\$46.80	\$37.34
Ortho: 50% up to \$1,700 Lifetime	EE+2	\$9.46	\$80.11	\$70.65	\$80.11	\$70.65

*Note: Includes Teamsters and County, Dental Plan management fee of \$1.44