



Teamsters Local 1932 Health & Welfare Trust

CONFIRE UNIT 41-60 HOURS

Medical and Dental Plans - Cost Comparison

2024-25 Plan Year - Effective 07/27/2024

Date Prepared: 05/27/2024

Plan / Tier	Medical Premium Subsidy (MPS)	County Plan Bi-Weekly Premium*	County Plan Bi-Weekly Payroll Deduction	Teamsters Plan Bi-Weekly Premium*	Teamsters Plan Bi-Weekly Payroll Deduction
BLUE SHIELD OF CALIFORNIA					
HMO Platinum POS Plan - \$10 copay - \$0/admit; no charge					
EE Only	\$147.37	\$352.47	\$205.10	\$347.17	\$199.80
Two Party	\$269.59	\$702.94	\$433.35	\$692.32	\$422.73
Family	\$383.66	\$993.83	\$610.17	\$978.79	\$595.13
HMO Gold Access+ Plan - \$40 copay - \$100/admit; plus 20%					
EE Only	\$147.37	\$306.15	\$158.78	\$306.01	\$158.64
Two Party	\$269.59	\$610.31	\$340.72	\$605.00	\$335.41
Family	\$383.66	\$862.79	\$479.13	\$855.00	\$471.34
HMO Gold Trio Plan - \$25 copay - \$100/admit; plus 20%					
EE Only	\$147.37	\$287.32	\$139.95	\$306.01	\$158.64
Two Party	\$269.59	\$572.67	\$303.08	\$595.22	\$325.63
Family	\$383.66	\$809.50	\$425.84	\$841.19	\$457.53
KAISER PERMANENTE - SOUTHERN CALIFORNIA					
HMO Platinum Plan - \$10 copay - \$0/admit; no charge					
	\$147.37	\$375.56	\$228.19	\$375.56	\$228.19
Two Party	\$269.59	\$749.11	\$479.52	\$749.11	\$479.52
Family	\$383.66	\$1,059.16	\$675.50	\$1,059.16	\$675.50
HMO Gold Plan - \$40 copay - \$500 per day/admit					
EE Only	\$147.37	\$320.10	\$172.73	\$320.10	\$172.73
Two Party	\$269.59	\$638.19	\$368.60	\$638.19	\$368.60
Family	\$383.66	\$902.20	\$518.54	\$902.20	\$518.54
HMO Virtual Plan - \$0 co-pay/OV \$0-\$50 co-pay; 30% co-ins after deductible					
EE Only	\$147.37	\$294.10	\$146.73	\$294.10	\$146.73
Two Party	\$269.59	\$586.19	\$316.60	\$586.19	\$316.60
Family	\$383.66	\$828.62	\$444.96	\$828.62	\$444.96

*Includes Teamsters and County, Medical Plan Management fee of \$2.01

^ Department Subsidy included

	Dental Premium Subsidy (DPS)	County Plan Bi-Weekly Premium**	County Plan Bi-Weekly Payroll Deduction	Teamsters Plan Bi-Weekly Premium**	Teamsters Plan Bi-Weekly Payroll Deduction
DELTA DENTAL					
DeltaCare USA - DHMO					
EE Only	\$9.46	\$9.88	\$0.42	\$9.88	\$0.42
Two Party	\$9.46	\$15.94	\$6.48	\$15.94	\$6.48
Family	\$9.46	\$20.77	\$11.31	\$20.77	\$11.31
Delta Dental - PPO - \$0 deductible; \$1,700 annual max - Ortho 50% up to \$1,700 lifetime					
EE Only	\$9.46	\$23.19	\$13.73	\$23.19	\$13.73
Two Party	\$9.46	\$43.16	\$33.70	\$43.16	\$33.70
Family	\$9.46	\$73.80	\$64.34	\$73.80	\$64.34

**Includes Teamsters and County, Dental Plan Management fee of \$1.44