



Teamsters Local 1932 Health & Welfare Trust

CONFIRE UNIT 61-80 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	\$294.73	\$352.47	\$57.74	\$347.17	\$52.44
Two Party	\$539.18	\$702.94	\$163.76	\$692.32	\$153.14
Family	\$767.32	\$993.83	\$226.51	\$978.79	\$211.47
HMO Gold Access+ Plan - \$40 copay - \$100/admit; plus 20%					
EE Only	\$294.73	\$306.15	\$11.42	\$306.01	\$11.28
Two Party	\$539.18	\$610.31	\$71.13	\$605.00	\$65.82
Family	\$767.32	\$862.79	\$95.47	\$855.00	\$87.68
HMO Gold Trio Plan - \$25 copay - \$100/admit; plus 20%					
EE Only	\$294.73	\$287.32	\$0.00	\$306.01	\$11.28
Two Party	\$539.18	\$572.67	\$33.49	\$595.22	\$56.04
Family	\$767.32	\$809.50	\$42.18	\$841.19	\$73.87
KAISER PERMANENTE - SOUTHERN CALIFORNIA					
HMO Platinum Plan - \$10 copay - \$0/admit; no charge					
EE Only	\$294.73	\$375.56	\$80.83	\$375.56	\$80.83
Two Party	\$539.18	\$749.11	\$209.93	\$749.11	\$209.93
Family	\$767.32	\$1,059.16	\$291.84	\$1,059.16	\$291.84
HMO Gold Plan - \$40 copay - \$500 per day/admit					
EE Only	\$294.73	\$320.10	\$25.37	\$320.10	\$25.37
Two Party	\$539.18	\$638.19	\$99.01	\$638.19	\$99.01
Family	\$767.32	\$902.20	\$134.88	\$902.20	\$134.88
HMO Virtual Plan - \$0 co-pay/OV \$0-\$50 co-pay; 30% co-ins after deductible					
EE Only	\$294.73	\$294.10	\$0.00	\$294.10	\$0.00
Two Party	\$539.18	\$586.19	\$47.01	\$586.19	\$47.01
Family	\$767.32	\$828.62	\$61.30	\$828.62	\$61.30

*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