



Teamsters Local 1932 Health & Welfare Trust

FIRE AUXILIARY SERVICES UNIT 41-60 HOURS

Medical and Dental Plans - Cost Comparison

2022-23 Plan Year

Date Prepared: 05/24/2022

Plan / Tier	Medical Premium Subsidy (MPS)	County Plan 2022-23 Bi-Weekly Premium*	County Plan Bi-Weekly Payroll Deduction	Teamsters Plan 2022-23 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	\$127.56	\$309.84	\$182.28	\$304.54	\$176.98
Two Party	\$246.78	\$617.72	\$370.94	\$607.10	\$360.32
Family	\$348.67	\$873.23	\$524.56	\$858.19	\$509.52
HMO Gold Access+ Plan - \$40 copay - \$100/admit; plus 20%					
EE Only	\$127.56	\$269.17	\$141.61	\$269.17	\$141.61
Two Party	\$246.78	\$536.37	\$289.59	\$536.37	\$289.59
Family	\$348.67	\$758.13	\$409.46	\$758.13	\$409.46
HMO Gold Trio Plan - \$25 copay - \$100/admit; plus 20%					
EE Only	\$127.56	TEAMSTERS 1932 EXCLUSIVE PLAN		\$263.38	\$135.82
Two Party	\$246.78			\$510.00	\$263.22
Family	\$348.67			\$720.59	\$371.92
PPO Non-Needles Plan - \$10 office visit; \$250 deductible - 80/70% co-ins					
EE Only	\$127.56	\$575.66	\$448.10	\$575.66	\$448.10
Two Party	\$246.78	\$1,171.11	\$924.33	\$1,171.11	\$924.33
Family	\$348.67	\$1,816.63	\$1,467.96	\$1,816.63	\$1,467.96
PPO Needles Plan^ - \$10 office visit; \$0/\$250 deductible - 100/70% co-ins					
EE Only	\$467.46	\$649.74	\$182.28	\$644.45	\$176.98
Two Party	\$950.41	\$1,321.35	\$370.94	\$1,310.73	\$360.32
Family	\$1,521.80	\$2,046.36	\$524.56	\$2,031.32	\$509.52
KAISER PERMANENTE - SOUTHERN CALIFORNIA					
HMO Platinum Plan - \$10 copay - \$0/admit; no charge					
EE Only	\$127.56	\$322.30	\$194.74	\$322.30	\$194.74
Two Party	\$246.78	\$642.59	\$395.81	\$642.59	\$395.81
Family	\$348.67	\$908.42	\$559.75	\$908.42	\$559.75
HMO Gold Plan - \$40 copay - \$100/admit; plus 20%					
EE Only	\$127.56	\$279.89	\$152.33	\$279.89	\$152.33
Two Party	\$246.78	\$557.77	\$310.99	\$557.77	\$310.99
Family	\$348.67	\$788.43	\$439.76	\$788.43	\$439.76

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

^ Department Subsidy included

Plan / Tier	Dental Premium Subsidy (DPS)	County Plan 2022-23 Bi-Weekly Premium**	County Plan Bi-Weekly Payroll Deduction	Teamsters Plan 2022-23 Bi-Weekly Premium**	Teamsters Plan Bi-Weekly Payroll Deduction
DELTA DENTAL					
Employees who prior to July 9, 2005 elected "Employee Only" Medical Coverage and continue such coverage					
DeltaCare USA - DHMO					
EE Only	\$19.72	\$9.88	\$0.00	\$9.88	\$0.00
Two Party	\$19.72	\$15.94	\$0.00	\$15.94	\$0.00
Family	\$19.72	\$20.77	\$1.05	\$20.77	\$1.05
Delta Dental - PPO - \$0 deductible; \$1,700 annual max - Ortho 50% up to \$1,700 lifetime					
EE Only	\$19.72	\$23.19	\$3.47	\$23.19	\$3.47
Two Party	\$19.72	\$43.16	\$23.44	\$43.16	\$23.44
Family	\$19.72	\$73.80	\$54.08	\$73.80	\$54.08
All other Employees					
DeltaCare USA - DHMO					
EE Only	\$4.73	\$9.88	\$5.15	\$9.88	\$5.15
Two Party	\$4.73	\$15.94	\$11.21	\$15.94	\$11.21
Family	\$4.73	\$20.77	\$16.04	\$20.77	\$16.04
Delta Dental - PPO - \$0 deductible; \$1,700 annual max - Ortho 50% up to \$1,700 lifetime					
EE Only	\$4.73	\$23.19	\$18.46	\$23.19	\$18.46
Two Party	\$4.73	\$43.16	\$38.43	\$43.16	\$38.43
Family	\$4.73	\$73.80	\$69.07	\$73.80	\$69.07

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