



Teamsters Local 1932 Health & Welfare Trust

FIRE AUXILIARY SERVICES UNIT 61-80 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	\$255.12	\$309.84	\$54.72	\$304.54	\$49.42
Two Party	\$493.55	\$617.72	\$124.17	\$607.10	\$113.55
Family	\$697.34	\$873.23	\$175.89	\$858.19	\$160.85
HMO Gold Access+ Plan - \$40 copay - \$100/admit; plus 20%					
EE Only	\$255.12	\$269.17	\$14.05	\$269.17	\$14.05
Two Party	\$493.55	\$536.37	\$42.82	\$536.37	\$42.82
Family	\$697.34	\$758.13	\$60.79	\$758.13	\$60.79
HMO Gold Trio Plan - \$25 copay - \$100/admit; plus 20%					
EE Only	\$255.12	TEAMSTERS 1932 EXCLUSIVE PLAN		\$263.38	\$8.26
Two Party	\$493.55			\$510.00	\$16.45
Family	\$697.34			\$720.59	\$23.25
PPO Non-Needles Plan - \$10 office visit; \$250 deductible - 80/70% co-ins					
EE Only	\$255.12	\$575.66	\$320.54	\$575.66	\$320.54
Two Party	\$493.55	\$1,171.11	\$677.56	\$1,171.11	\$677.56
Family	\$697.34	\$1,816.63	\$1,119.29	\$1,816.63	\$1,119.29
PPO Needles Plan^ - \$10 office visit; \$0/\$250 deductible - 100/70% co-ins					
EE Only	\$595.02	\$649.74	\$54.72	\$644.45	\$49.42
Two Party	\$1,197.18	\$1,321.35	\$124.17	\$1,310.73	\$113.55
Family	\$1,870.47	\$2,046.36	\$175.89	\$2,031.32	\$160.85
KAISER PERMANENTE - SOUTHERN CALIFORNIA					
HMO Platinum Plan - \$10 copay - \$0/admit; no charge					
EE Only	\$255.12	\$322.30	\$67.18	\$322.30	\$67.18
Two Party	\$493.55	\$642.59	\$149.04	\$642.59	\$149.04
Family	\$697.34	\$908.42	\$211.08	\$908.42	\$211.08
HMO Gold Plan - \$40 copay - \$100/admit; plus 20%					
EE Only	\$255.12	\$279.89	\$24.77	\$279.89	\$24.77
Two Party	\$493.55	\$557.77	\$64.22	\$557.77	\$64.22
Family	\$697.34	\$788.43	\$91.09	\$788.43	\$91.09

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

^ Department Subsidy included

	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	\$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