



Teamsters Local 1932 Health & Welfare Trust

FIRE AUXILIARY SERVICES UNIT 41-60 HOURS

Medical and Dental Plans - Cost Comparison

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

Date Prepared: 5/24/2024

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	\$153.01	\$352.47	\$199.46	\$347.17	\$194.16
Two Party	\$297.61	\$702.94	\$405.33	\$692.32	\$394.71
Family	\$420.60	\$993.83	\$573.23	\$978.79	\$558.19
HMO Gold Access+ Plan - \$40 copay - \$100/admit; plus 20%					
EE Only	\$153.01	\$306.15	-\$114.45	\$306.01	\$153.00
Two Party	\$297.61	\$610.31	\$312.70	\$605.00	\$307.39
Family	\$420.60	\$862.79	\$442.19	\$855.00	\$434.40
HMO Gold Trio Plan - \$25 copay - \$100/admit; plus 20%					
EE Only	\$153.01	\$287.32	\$134.31	\$306.01	\$153.00
Two Party	\$297.61	\$572.67	\$419.66	\$595.22	\$297.61
Family	\$420.60	\$809.50	\$656.49	\$841.19	\$420.59
PPO Non-Needles Plan - \$10 office visit; \$250 deductible - 80/70% co-ins					
EE Only	\$153.01	\$655.06	\$502.05	\$655.06	\$502.05
Two Party	\$297.61	\$1,332.93	\$1,035.32	\$1,332.93	\$1,035.32
Family	\$420.60	\$2,067.79	\$1,647.19	\$2,067.79	\$1,647.19
Virtual Blue (formerly PPO Needles Plan) ^ - \$10 office visit; \$0/\$250 deductible - 100/70% co-ins					
EE Only	\$516.92	\$670.06	\$153.14	\$670.06	\$153.14
Two Party	\$1,050.08	\$1,362.78	\$312.70	\$1,362.78	\$312.70
Family	\$1,668.34	\$2,110.53	\$442.19	\$2,110.53	\$442.19
KAISER PERMANENTE - SOUTHERN CALIFORNIA					
HMO Platinum Plan - \$10 copay - \$0/admit; no charge					
EE Only	\$153.01	\$375.56	\$222.55	\$375.56	\$222.55
Two Party	\$297.61	\$749.11	\$451.50	\$749.11	\$451.50
Family	\$420.60	\$1,059.16	\$638.56	\$1,059.16	\$638.56
HMO Gold Plan - \$40 copay - \$500 per day/admit					
EE Only	\$153.01	\$320.10	\$167.09	\$320.10	\$167.09
Two Party	\$297.61	\$638.19	\$340.58	\$638.19	\$340.58
Family	\$420.60	\$902.20	\$481.60	\$902.20	\$481.60
HMO Virtual Plan - \$0 co-pay/OV \$0-\$50 co-pay; 30% co-ins after deductible					
EE Only	\$153.01	\$294.10	\$141.09	\$294.10	\$141.09
Two Party	\$297.61	\$586.19	\$288.58	\$586.19	\$288.58
Family	\$420.60	\$828.62	\$408.02	\$828.62	\$408.02

*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					
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	\$22.54	\$2.82	\$22.54	\$2.82
Two Party	\$19.72	\$41.91	\$22.19	\$41.91	\$22.19
Family	\$19.72	\$71.63	\$51.91	\$71.63	\$51.91
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