



Teamsters Local 1932 Health & Welfare Trust
FIRE AUXILIARY SERVICES UNIT MODIFIED BENEFIT OPTION (MBO)

Medical and Dental Plans - Cost Comparison

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

Date Prepared: 05/24/2024

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	\$217.27	\$352.47	\$135.20	\$347.17	\$129.90
Two Party	\$488.08	\$702.94	\$214.86	\$692.32	\$204.24
Family	\$689.78	\$993.83	\$304.05	\$978.79	\$289.01
HMO Gold Access+ Plan - \$40 copay - \$100/admit; plus 20%					
EE Only	\$217.27	\$306.15	\$88.88	\$306.01	\$88.74
Two Party	\$488.08	\$610.31	\$122.23	\$605.00	\$116.92
Family	\$689.78	\$862.79	\$173.01	\$855.00	\$165.22
HMO Gold Trio Plan - \$25 copay - \$100/admit; plus 20%					
EE Only	\$217.27	\$287.32	\$70.05	\$306.01	\$88.74
Two Party	\$488.08	\$572.67	\$84.59	\$595.22	\$107.14
Family	\$689.78	\$809.50	\$119.72	\$841.19	\$151.41
PPO Non-Needles Plan - \$10 office visit; \$250 deductible - 80/70% co-ins					
EE Only	\$217.27	\$739.38	\$522.11	\$655.06	\$437.79
Two Party	\$488.08	\$1,503.97	\$1,015.89	\$1,332.93	\$844.85
Family	\$689.78	\$2,329.31	\$1,639.53	\$2,067.79	\$1,378.01
Virtual Blue (formerly PPO Needles Plan) ^ - \$10 office visit; \$0/\$250 deductible - 100/70% co-ins					
EE Only	\$581.18	\$670.06	\$88.88	\$670.06	\$88.88
Two Party	\$1,240.55	\$1,362.78	\$122.23	\$1,362.78	\$122.23
Family	\$1,937.52	\$2,110.53	\$173.01	\$2,110.53	\$173.01
KAISER PERMANENTE - SOUTHERN CALIFORNIA					
HMO Platinum Plan - \$10 copay - \$0/admit; no charge					
EE Only	\$217.27	\$375.56	\$158.29	\$375.56	\$158.29
Two Party	\$488.08	\$749.11	\$261.03	\$749.11	\$261.03
Family	\$689.78	\$1,059.16	\$369.38	\$1,059.16	\$369.38
HMO Gold Plan - \$40 copay - \$500 per day/admit					
EE Only	\$217.27	\$320.10	\$102.83	\$320.10	\$102.83
Two Party	\$488.08	\$638.19	\$150.11	\$638.19	\$150.11
Family	\$689.78	\$902.20	\$212.42	\$902.20	\$212.42
HMO Virtual Plan - \$0 co-pay/OV \$0-\$50 co-pay; 30% co-ins after deductible					
EE Only	\$217.27	\$294.10	\$76.83	\$294.10	\$76.83
Two Party	\$488.08	\$586.19	\$98.11	\$586.19	\$98.11
Family	\$689.78	\$828.62	\$138.84	\$828.62	\$138.84

*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