



Teamsters Local 1932 Health & Welfare Trust

GENERAL UNIT 41-60 HOURS

Medical and Dental Plans - Cost Comparison

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

Date Prepared: 05/24/2024

Plan	Coverage Type	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 Plan	EE	\$153.01	\$352.47	\$199.46	\$347.17	\$194.16
\$10 copay	EE+1	\$297.61	\$702.94	\$405.33	\$692.32	\$394.71
\$0/admit; no charge	EE+2	\$420.60	\$993.83	\$573.23	\$978.79	\$558.19
HMO Gold Access+ Plan	EE	\$153.01	\$306.15	\$153.14	\$306.01	\$153.00
\$40 copay	EE+1	\$297.61	\$610.31	\$312.70	\$605.00	\$307.39
\$100/admit; plus 20%	EE+2	\$420.60	\$862.79	\$442.19	\$855.00	\$434.40
HMO Gold Trio Plan	EE	\$153.01	\$287.32	\$134.31	\$306.01	\$153.00
\$25 copay	EE+1	\$297.61	\$572.67	\$275.06	\$595.22	\$297.61
\$100/admit; plus 20%	EE+2	\$420.60	\$809.50	\$388.90	\$841.19	\$420.59
PPO Non-Needles Plan	EE	\$153.01	\$655.06	\$502.05	\$655.06	\$502.05
\$10 OV - \$250 Ded.	EE+1	\$297.61	\$1,332.93	\$1,035.32	\$1,332.93	\$1,035.32
80/70% Co-ins.	EE+2	\$420.60	\$2,067.79	\$1,647.19	\$2,067.79	\$1,647.19
Virtual Blue (formerly PPO Needles)	EE	\$516.92	\$670.06	\$153.14	\$670.06	\$153.14
\$10 OV - \$0/\$250 Ded.	EE+1	\$1,050.08	\$1,362.78	\$312.70	\$1,362.78	\$312.70
100/70% Co-ins.	EE+2	\$1,668.34	\$2,110.53	\$442.19	\$2,110.53	\$442.19
KAISER PERMANENTE						
HMO Platinum Plan	EE	\$153.01	\$375.56	\$222.55	\$375.56	\$222.55
\$10 copay	EE+1	\$297.61	\$749.11	\$451.50	\$749.11	\$451.50
\$0/admit; no charge	EE+2	\$420.60	\$1,059.16	\$638.56	\$1,059.16	\$638.56
HMO Gold Plan	EE	\$153.01	\$320.10	\$167.09	\$320.10	\$167.09
\$40 copay	EE+1	\$297.61	\$638.19	\$340.58	\$638.19	\$340.58
\$500 per day/admit	EE+2	\$420.60	\$902.20	\$481.60	\$902.20	\$481.60
HMO Virtual Plan	EE	\$153.01	\$294.10	\$141.09	\$294.10	\$141.09
virtual \$0 co-pay/OV \$0-\$50 co-pay	EE+1	\$297.61	\$586.19	\$288.58	\$586.19	\$288.58
30% co-ins after deductible	EE+2	\$420.60	\$828.62	\$408.02	\$828.62	\$408.02

*Note: Includes Teamsters and County, Medical Plan management fee of \$2.01

	Coverage Type	Dental Premium Subsidy (DPS)	County Plan Bi-Weekly Premium*	County Plan Bi-Weekly Payroll Deduction	Teamsters Plan Weekly Premium*	Teamsters Plan Bi-Weekly Payroll Deduction
DeltaCare USA - DHMO	EE	\$9.46	\$9.88	\$0.42	\$9.88	\$0.42
Plan: CAD90	EE+1	\$9.46	\$15.94	\$6.48	\$15.94	\$6.48
	EE+2	\$9.46	\$20.77	\$11.31	\$20.77	\$11.31
Delta Dental - PPO	EE	\$9.46	\$23.19	\$13.73	\$23.19	\$13.73
\$0 Ded, \$1,700 Annual Max.	EE+1	\$9.46	\$43.16	\$33.70	\$43.16	\$33.70
Ortho: 50% up to \$1,700 Lifetime	EE+2	\$9.46	\$73.80	\$64.34	\$73.80	\$64.34

*Note: Includes Teamsters and County, Dental Plan management fee of \$1.44