



**Teamsters Local 1932 Health & Welfare Trust**

**GENERAL UNIT 61-80 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
<b>BLUE SHIELD OF CALIFORNIA</b>						
<b>HMO Platinum Plan</b>	EE	\$306.01	\$352.47	\$46.46	\$347.17	\$41.16
<b>\$10 copay</b>	EE+1	\$595.22	\$702.94	\$107.72	\$692.32	\$97.10
\$0/admit; no charge	EE+2	\$841.19	\$993.83	\$152.64	\$978.79	\$137.60
<b>HMO Gold Access+ Plan</b>	EE	\$306.01	\$306.15	\$0.00	\$306.01	\$0.00
<b>\$40 copay</b>	EE+1	\$595.22	\$610.31	\$15.09	\$605.00	\$9.78
\$100/admit; plus 20%	EE+2	\$841.19	\$862.79	\$21.60	\$855.00	\$13.81
<b>HMO Gold Trio Plan</b>	EE	\$306.01	\$287.32	\$0.00	\$306.01	\$0.00
<b>\$25 copay</b>	EE+1	\$595.22	\$572.67	\$0.00	\$595.22	\$0.00
\$100/admit; plus 20%	EE+2	\$841.19	\$809.50	\$0.00	\$841.19	\$0.00
<b>PPO Non-Needles Plan</b>	EE	\$306.01	\$655.06	\$349.05	\$655.06	\$349.05
\$10 OV - \$250 Ded.	EE+1	\$595.22	\$1,332.93	\$737.71	\$1,332.93	\$737.71
80/70% Co-ins.	EE+2	\$841.19	\$2,067.79	\$1,226.60	\$2,067.79	\$1,226.60
<b>Virtual Blue (formerly PPO Needles)</b>	EE	\$669.92	\$670.06	\$0.14	\$670.06	\$0.14
\$10 OV - \$0/\$250 Ded.	EE+1	\$1,347.69	\$1,362.78	\$15.09	\$1,362.78	\$15.09
100/70% Co-ins.	EE+2	\$2,088.93	\$2,110.53	\$21.60	\$2,110.53	\$21.60
<b>KAISER PERMANENTE</b>						
<b>HMO Platinum Plan</b>	EE	\$306.01	\$375.56	\$69.55	\$375.56	\$69.55
<b>\$10 copay</b>	EE+1	\$595.22	\$749.11	\$153.89	\$749.11	\$153.89
\$0/admit; no charge	EE+2	\$841.19	\$1,059.16	\$217.97	\$1,059.16	\$217.97
<b>HMO Gold Plan</b>	EE	\$306.01	\$320.10	\$14.09	\$320.10	\$14.09
<b>\$40 copay</b>	EE+1	\$595.22	\$638.19	\$42.97	\$638.19	\$42.97
\$500 per day/admit	EE+2	\$841.19	\$902.20	\$61.01	\$902.20	\$61.01
<b>HMO Virtual Plan</b>	EE	\$306.01	\$294.10	\$0.00	\$294.10	\$0.00
virtual \$0 co-pay/OV \$0-\$50 co-pay	EE+1	\$595.22	\$586.19	\$0.00	\$586.19	\$0.00
30% co-ins after deductible	EE+2	\$841.19	\$828.62	\$0.00	\$828.62	\$0.00

\*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
<b>DeltaCare USA - DHMO</b>	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
<b>Delta Dental - PPO</b>	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