



Teamsters Local 1932 Health & Welfare Trust

GENERAL UNIT 61-80 HOURS

Medical and Dental Plans - Cost Comparison

2022-23 Plan Year

Date Prepared: 05/25/2022

Plan	Coverage Type	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 Plan	EE	\$263.38	\$309.84	\$46.46	\$304.54	\$41.16
\$10 copay	EE+1	\$510.00	\$617.72	\$107.72	\$607.10	\$97.10
\$0/admit; no charge	EE+2	\$720.59	\$873.23	\$152.64	\$858.19	\$137.60
HMO Gold Access+ Plan	EE	\$263.38	\$269.17	\$0.00	\$269.17	\$5.79
\$40 copay	EE+1	\$510.00	\$536.37	\$26.37	\$536.37	\$26.37
\$100/admit; plus 20%	EE+2	\$720.59	\$758.13	\$37.54	\$758.13	\$37.54
HMO Gold Trio Plan	EE	\$263.38	TEAMSTERS 1932 EXCLUSIVE PLAN		\$263.38	\$0.00
\$25 copay	EE+1	\$510.00			\$510.00	\$0.00
\$100/admit; plus 20%	EE+2	\$720.59			\$720.59	\$0.00
PPO Non-Needles Plan	EE	\$263.38	\$575.66	\$312.28	\$575.66	\$312.28
\$10 OV - \$250 Ded.	EE+1	\$510.00	\$1,171.11	\$661.11	\$1,171.11	\$661.11
80/70% Co-ins.	EE+2	\$720.59	\$1,816.63	\$1,096.04	\$1,816.63	\$1,096.04
PPO Needles Plan	EE	\$603.28	\$649.74	\$46.46	\$644.45	\$41.16
\$10 OV - \$0/\$250 Ded.	EE+1	\$1,213.63	\$1,321.35	\$107.72	\$1,310.73	\$97.10
100/70% Co-ins.	EE+2	\$1,893.72	\$2,046.36	\$152.64	\$2,031.32	\$137.60
KAISER PERMANENTE - SOUTHERN CALIFORNIA						
HMO Platinum Plan	EE	\$263.38	\$322.30	\$58.92	\$322.30	\$58.92
\$10 copay	EE+1	\$510.00	\$642.59	\$132.59	\$642.59	\$132.59
\$0/admit; no charge	EE+2	\$720.59	\$908.42	\$187.83	\$908.42	\$187.83
HMO Gold Plan	EE	\$263.38	\$279.89	\$16.51	\$279.89	\$16.51
\$40 copay	EE+1	\$510.00	\$557.77	\$47.77	\$557.77	\$47.77
\$100/admit; plus 20%	EE+2	\$720.59	\$788.43	\$67.84	\$788.43	\$67.84

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

	Coverage Type	Dental Premium Subsidy (DPS)	County Plan 2022-2023 Bi-Weekly Premium*	County Plan Bi-Weekly Payroll Deduction	Teamsters Plan Bi-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