



**Teamsters Local 1932 Health & Welfare Trust**  
**GENERAL 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	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	\$217.27	\$352.47	\$135.20	\$347.17	\$129.90
<b>\$10 copay</b>	EE+1	\$488.08	\$702.94	\$214.86	\$692.32	\$204.24
\$0/admit; no charge	EE+2	\$689.78	\$993.83	\$304.05	\$978.79	\$289.01
<b>HMO Gold Access+ Plan</b>	EE	\$217.27	\$306.15	\$88.88	\$306.01	\$88.74
<b>\$40 copay</b>	EE+1	\$488.08	\$610.31	\$122.23	\$605.00	\$116.92
\$100/admit; plus 20%	EE+2	\$689.78	\$862.79	\$173.01	\$855.00	\$165.22
<b>HMO Gold Trio Plan</b>	EE	\$217.27	\$287.32	\$70.05	\$306.01	\$88.74
<b>\$25 copay</b>	EE+1	\$488.08	\$572.67	\$84.59	\$595.22	\$107.14
\$100/admit; plus 20%	EE+2	\$689.78	\$809.50	\$119.72	\$841.19	\$151.41
<b>PPO Non-Needles Plan</b>	EE	\$217.27	\$739.38	\$522.11	\$655.06	\$437.79
\$10 OV - \$250 Ded.	EE+1	\$488.08	\$1,503.97	\$1,015.89	\$1,332.93	\$844.85
80/70% Co-ins.	EE+2	\$689.78	\$2,329.31	\$1,639.53	\$2,067.79	\$1,378.01
<b>Virtual Blue (formerly PPO Needles Plan)</b>	EE	\$581.18	\$670.06	\$88.88	\$670.06	\$88.88
\$10 OV - \$0/\$250 Ded.	EE+1	\$1,240.55	\$1,362.78	\$122.23	\$1,362.78	\$122.23
100/70% Co-ins.	EE+2	\$1,937.52	\$2,110.53	\$173.01	\$2,110.53	\$173.01
<b>KAISER PERMANENTE</b>						
<b>HMO Platinum Plan</b>	EE	\$217.27	\$375.56	\$158.29	\$375.56	\$158.29
<b>\$10 copay</b>	EE+1	\$488.08	\$749.11	\$261.03	\$749.11	\$261.03
\$0/admit; no charge	EE+2	\$689.78	\$1,059.16	\$369.38	\$1,059.16	\$369.38
<b>HMO Gold Plan</b>	EE	\$217.27	\$320.10	\$102.83	\$320.10	\$102.83
<b>\$40 copay</b>	EE+1	\$488.08	\$638.19	\$150.11	\$638.19	\$150.11
\$500 per day/admit	EE+2	\$689.78	\$902.20	\$212.42	\$902.20	\$212.42
<b>HMO Virtual Plan</b>	EE	\$217.27	\$294.10	\$76.83	\$294.10	\$76.83
virtual \$0 co-pay/OV \$0-\$50 co-pay	EE+1	\$488.08	\$586.19	\$98.11	\$586.19	\$98.11
30% co-ins after deductible	EE+2	\$689.78	\$828.62	\$138.84	\$828.62	\$138.84

\*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