



**Teamsters Local 1932 Health & Welfare Trust**  
**PART-TIME UNDER 40 HOURS AND RECURRENT EMPLOYEES**  
**Medical 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 Payroll Deduction	Teamsters Plan Bi-Weekly Premium*	Teamsters Plan Bi-Weekly Payroll Deduction
<b>BLUE SHIELD OF CALIFORNIA</b>						
<b>HMO Gold Access+ Plan</b>	EE	\$0.00	\$306.15	\$306.15	\$306.01	\$306.01
<b>\$40 copay</b>	EE+1	\$0.00	\$610.31	\$610.31	\$605.00	\$605.00
\$100/admit, plus 20%	EE+2	\$0.00	\$862.79	\$862.79	\$855.00	\$855.00
<b>HMO Gold Trio Plan</b>	EE	\$0.00	\$287.32	\$287.32	\$306.01	\$306.01
<b>\$25 copay</b>	EE+1	\$0.00	\$572.67	\$572.67	\$595.22	\$595.22
\$100/admit, plus 20%	EE+2	\$0.00	\$809.50	\$809.50	\$841.19	\$841.19

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