



**MODIFIED BENEFIT OPTION (MBO)**  
 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 Premium Deduction	Teamsters Plan 2022-23 Bi-Weekly Premium*	Teamsters Plan Bi-Weekly Premium Deduction
<b>BLUE SHIELD OF CALIFORNIA</b>						
<b>HMO Platinum Plan</b>	EE	\$187.00	\$309.84	\$122.84	\$304.54	\$117.54
<b>\$10 copay</b>	EE+1	\$418.20	\$617.72	\$199.52	\$607.10	\$188.90
\$0/admit; no charge	EE+2	\$590.88	\$873.23	\$282.35	\$858.19	\$267.31
<b>HMO Gold Access+ Plan</b>	EE	\$187.00	\$269.17	\$82.17	\$269.17	\$82.17
<b>\$40 copay</b>	EE+1	\$418.20	\$536.37	\$118.17	\$536.37	\$118.17
\$100/admit; plus 20%	EE+2	\$590.88	\$758.13	\$167.25	\$758.13	\$167.25
<b>HMO Gold Trio Plan</b>	EE	\$187.00	<b>TEAMSTERS 1932 EXCLUSIVE PLAN</b>		\$263.38	\$76.38
<b>\$25 copay</b>	EE+1	\$418.20			\$510.00	\$91.80
\$100/admit; plus 20%	EE+2	\$590.88			\$720.59	\$129.71
<b>PPO Non-Needles Plan</b>	EE	\$187.00	\$575.66	\$388.66	\$575.66	\$388.66
\$10 OV - \$250 Ded.	EE+1	\$418.20	\$1,171.11	\$752.91	\$1,171.11	\$752.91
80/70% Co-ins.	EE+2	\$590.88	\$1,816.63	\$1,225.75	\$1,816.63	\$1,225.75
<b>PPO Needles Plan</b>	EE	\$526.90	\$649.74	\$122.84	\$644.45	\$117.54
\$10 OV - \$0/\$250 Ded.	EE+1	\$1,121.83	\$1,321.35	\$199.52	\$1,310.73	\$188.90
100/70% Co-ins.	EE+2	\$1,764.01	\$2,046.36	\$282.35	\$2,031.32	\$267.31
<b>KAISER PERMANENTE - SOUTHERN CALIFORNIA</b>						
<b>HMO Platinum Plan</b>	EE	\$187.00	\$322.30	\$135.30	\$322.30	\$135.30
<b>\$10 copay</b>	EE+1	\$418.20	\$642.59	\$224.39	\$642.59	\$224.39
\$0/admit; no charge	EE+2	\$590.88	\$908.42	\$317.54	\$908.42	\$317.54
<b>HMO Gold Plan</b>	EE	\$187.00	\$279.89	\$92.89	\$279.89	\$92.89
<b>\$40 copay</b>	EE+1	\$418.20	\$557.77	\$139.57	\$557.77	\$139.57
\$100/admit; plus 20%	EE+2	\$590.88	\$788.43	\$197.55	\$788.43	\$197.55

\*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 Premium Deduction	Teamsters Plan 2022-23 Bi-Weekly Premium*	Teamsters Plan Bi-Weekly Premium 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