



Teamsters Local 1932 Health & Welfare Trust
PRESCHOOL SERVICES DEPARTMENT - 12 MONTH
 Medical and Dental Plans - Cost Comparison
 2024-25 Plan Year - Effective 07/27/2024
 Date Prepared: 05/24/2024

Plan / Tier	Medical Premium Subsidy (MPS)	County Plan Bi-Weekly Rates*	County Plan Bi-Weekly Payroll Deduction	Teamsters Plan Bi-Weekly Rates*	Teamsters Plan Bi-Weekly Payroll Deduction
BLUE SHIELD OF CALIFORNIA					
HMO Platinum POS Plan - \$10 copay - \$0/admit; no charge					
EE Only	\$289.00	\$352.47	\$63.47	\$347.17	\$58.17
Two Party	\$289.00	\$702.94	\$413.94	\$692.32	\$403.32
Family	\$289.00	\$993.83	\$704.83	\$978.79	\$689.79
HMO Gold Access+ Plan - \$40 copay - \$100/admit; plus 20%					
EE Only	\$289.00	\$306.15	\$17.15	\$306.01	\$17.01
Two Party	\$289.00	\$610.31	\$321.31	\$605.00	\$316.00
Family	\$289.00	\$862.79	\$573.79	\$855.00	\$566.00
HMO Gold Trio Plan - \$25 copay - \$100/admit; plus 20%					
EE Only	\$289.00	\$287.32	\$0.00	\$306.01	\$17.01
Two Party	\$289.00	\$572.67	\$283.67	\$595.22	\$306.22
Family	\$289.00	\$809.50	\$520.50	\$841.19	\$552.19
KAISER PERMANENTE - SOUTHERN CALIFORNIA					
HMO Platinum Plan - \$10 copay - \$0/admit; no charge					
EE Only	\$289.00	\$375.56	\$86.56	\$375.56	\$86.56
Two Party	\$289.00	\$749.11	\$460.11	\$749.11	\$460.11
Family	\$289.00	\$1,059.16	\$770.16	\$1,059.16	\$770.16
HMO Gold Plan - \$40 copay - \$500 per day/admit					
EE Only	\$289.00	\$320.10	\$31.10	\$320.10	\$31.10
Two Party	\$289.00	\$638.19	\$349.19	\$638.19	\$349.19
Family	\$289.00	\$902.20	\$613.20	\$902.20	\$613.20
HMO Virtual Plan - virtual \$0 co-pay/OV \$0-\$50 co-pay; 30% co-ins after deductible					
EE Only	\$289.00	\$294.10	\$5.10	\$294.10	\$5.10
Two Party	\$289.00	\$586.19	\$297.19	\$586.19	\$297.19
Family	\$289.00	\$828.62	\$539.62	\$828.62	\$539.62

*Includes Teamsters and County, Medical Plan Management fee of \$2.01

Plan / Tier	Dental Premium Subsidy (DPS)	County Plan Bi-Weekly Rates**	County Plan Bi-Weekly Payroll Deduction	Teamsters Plan Bi-Weekly Rates**	Teamsters Plan Bi-Weekly Payroll Deduction
DELTA DENTAL					
DeltaCare USA - DHMO					
EE Only	\$9.88	\$9.88	\$0.00	\$9.88	\$0.00
Two Party	\$9.88	\$15.94	\$6.06	\$15.94	\$6.06
Family	\$9.88	\$20.77	\$10.89	\$20.77	\$10.89
Delta Dental - PPO - \$0 deductible; \$1,700 annual max - Ortho 50% up to \$1,700 lifetime					
EE Only	\$9.88	\$21.91	\$12.03	\$23.19	\$13.31
Two Party	\$9.88	\$40.70	\$30.82	\$43.16	\$33.28
Family	\$9.88	\$69.52	\$59.64	\$73.80	\$63.92

***Includes Teamsters and County, Dental Plan Management fee of \$1.44