



**Teamsters Local 1932 Health & Welfare Trust**  
**PRESCHOOL SERVICES DEPARTMENT - 12 MONTH**

Medical and Dental Plans - Cost Comparison

2022-23 Plan Year

Date Prepared: 05/25/2022

Plan / Tier	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
<b>BLUE SHIELD OF CALIFORNIA</b>					
<b>HMO Platinum POS Plan - \$10 copay - \$0/admit; no charge</b>					
EE Only	\$255.15	\$309.84	\$54.69	\$304.54	\$49.39
Two Party	\$255.15	\$617.72	\$362.57	\$607.10	\$351.95
Family	\$255.15	\$873.23	\$618.08	\$858.19	\$603.04
<b>HMO Gold Access+ Plan - \$40 copay - \$100/admit; plus 20%</b>					
EE Only	\$255.15	\$269.17	\$0.00	\$269.17	\$14.02
Two Party	\$255.15	\$536.37	\$281.22	\$536.37	\$281.22
Family	\$255.15	\$758.13	\$502.98	\$758.13	\$502.98
<b>HMO Gold Trio Plan - \$25 copay - \$100/admit; plus 20%</b>					
EE Only	\$255.15	<b>TEAMSTERS 1932 EXCLUSIVE PLAN</b>		\$263.38	\$8.23
Two Party	\$255.15		\$510.00	\$254.85	
Family	\$255.15		\$720.59	\$465.44	
<b>KAISER PERMANENTE - SOUTHERN CALIFORNIA</b>					
<b>HMO Platinum Plan - \$10 copay - \$0/admit; no charge</b>					
EE Only	\$255.15	\$322.30	\$67.15	\$322.30	\$67.15
Two Party	\$255.15	\$642.59	\$387.44	\$642.59	\$387.44
Family	\$255.15	\$908.42	\$653.27	\$908.42	\$653.27
<b>HMO Gold Plan - \$40 copay - \$100/admit; plus 20%</b>					
EE Only	\$255.15	\$279.89	\$24.74	\$279.89	\$24.74
Two Party	\$255.15	\$557.77	\$302.62	\$557.77	\$302.62
Family	\$255.15	\$788.43	\$533.28	\$788.43	\$533.28

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

Plan / Tier	Dental Premium Subsidy (DPS)	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
<b>DELTA DENTAL</b>					
<b>DeltaCare USA - DHMO</b>					
EE Only	\$0.00	\$9.88	\$9.88	\$9.88	\$9.88
Two Party	\$0.00	\$15.94	\$15.94	\$15.94	\$15.94
Family	\$0.00	\$20.77	\$20.77	\$20.77	\$20.77
<b>Delta Dental - PPO - \$0 deductible; \$1,700 annual max - Ortho 50% up to \$1,700 lifetime</b>					
EE Only	\$0.00	\$23.19	\$23.19	\$23.19	\$23.19
Two Party	\$0.00	\$43.16	\$43.16	\$43.16	\$43.16
Family	\$0.00	\$73.80	\$73.80	\$73.80	\$73.80

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