



Teamsters Local 1932 Health & Welfare Trust

PRESCHOOL SERVICES DEPARTMENT - 9 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*	9-mo Employees County Plan Total Bi-Weekly Premium	9-mo Employees County Plan Additional Bi-Weekly Premium	9-mo Employees County Plan Bi-Weekly Payroll Deduction	Teamsters Plan Bi-Weekly Premium*	9-mo Employees Total Bi-Weekly Premium	9-mo Employees Additional Bi-Weekly Premium	9-mo Employees Bi-Weekly Payroll Deduction
BLUE SHIELD OF CALIFORNIA									
HMO Platinum POS Plan - \$10 copay - \$0/admit; no charge									
EE Only	\$289.00	\$352.47	\$398.45	\$45.98	\$109.45	\$347.17	\$392.46	\$45.29	\$103.46
Two Party	\$289.00	\$702.94	\$794.63	\$91.69	\$505.63	\$692.32	\$782.63	\$90.31	\$493.63
Family	\$289.00	\$993.83	\$1,123.46	\$129.63	\$834.46	\$978.79	\$1,106.46	\$127.67	\$817.46
HMO Gold Access+ Plan - \$40 copay - \$100/admit; plus 20%									
EE Only	\$289.00	\$306.15	\$346.09	\$39.94	\$57.09	\$306.01	\$345.93	\$39.92	\$56.93
Two Party	\$289.00	\$610.31	\$689.92	\$79.61	\$400.92	\$605.00	\$683.92	\$78.92	\$394.92
Family	\$289.00	\$862.79	\$975.33	\$112.54	\$686.33	\$855.00	\$966.53	\$111.53	\$677.53
HMO Gold Trio Plan - \$25 copay - \$100/admit; plus 20%									
EE Only	\$289.00	\$287.32	\$324.80	\$37.48	\$37.48	\$306.01	\$345.93	\$39.92	\$56.93
Two Party	\$289.00	\$572.67	\$647.37	\$74.70	\$358.37	\$595.22	\$672.84	\$77.62	\$383.86
Family	\$289.00	\$809.50	\$915.09	\$105.59	\$626.09	\$841.19	\$950.92	\$109.73	\$661.92
KAISER PERMANENTE - SOUTHERN CALIFORNIA									
HMO Platinum Plan - \$10 copay - \$0/admit; no charge									
EE Only	\$289.00	\$375.56	\$424.55	\$48.99	\$135.55	\$375.56	\$424.55	\$48.99	\$135.55
Two Party	\$289.00	\$749.11	\$846.82	\$97.71	\$557.82	\$749.11	\$846.82	\$97.71	\$557.82
Family	\$289.00	\$1,059.16	\$1,197.32	\$138.16	\$908.32	\$1,059.16	\$1,197.32	\$138.16	\$908.32
HMO Gold Plan - \$40 copay - \$500 per day/admit									
EE Only	\$289.00	\$320.10	\$364.86	\$41.76	\$72.86	\$320.10	\$361.86	\$41.76	\$72.86
Two Party	\$289.00	\$638.19	\$721.44	\$83.25	\$432.44	\$638.19	\$721.44	\$83.25	\$432.44
Family	\$289.00	\$902.20	\$1,019.88	\$117.68	\$730.88	\$902.20	\$1,019.88	\$117.68	\$730.88
HMO Virtual Plan - virtual \$0 co-pay/OV \$0-\$50 co-pay; 30% co-ins after deductible									
EE Only	\$272.49	\$294.10	\$332.47	\$38.37	\$43.47	\$294.10	\$332.47	\$38.37	\$43.47
Two Party	\$289.00	\$586.19	\$662.65	\$76.46	\$373.65	\$586.19	\$662.65	\$76.46	\$373.65
Family	\$289.00	\$828.62	\$936.71	\$108.09	\$647.71	\$828.62	\$936.71	\$108.09	\$647.71

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

	Dental Premium Subsidy (DPS)	County Plan Bi-Weekly Premium**	9-mo Employees County Plan Total Bi-Weekly Premium	9-mo Employees County Plan Additional Bi-Weekly Premium	9-mo Employees County Plan Bi-Weekly Payroll Deduction	Teamsters Plan Bi-Weekly Premium**	9-mo Employees Total Bi-Weekly Premium	9-mo Employees Additional Bi-Weekly Premium	9-mo Employees Bi-Weekly Payroll Deduction
DELTA DENTAL									
DeltaCare USA - DHMO									
EE Only	\$9.88	\$9.88	\$12.84	\$2.96	\$2.96	\$9.88	\$12.84	\$2.96	\$2.96
Two Party	\$9.88	\$15.94	\$20.84	\$4.78	\$10.84	\$15.94	\$20.72	\$4.78	\$10.84
Family	\$9.88	\$20.77	\$27.16	\$6.23	\$17.12	\$20.77	\$27.00	\$6.23	\$17.12
Delta Dental - PPO - \$0 deductible; \$1,700 annual max - Ortho 50% up to \$1,700 lifetime									
EE Only	\$9.88	\$21.91	\$24.77	\$2.86	\$14.89	\$23.19	\$26.22	\$3.03	\$16.34
Two Party	\$9.88	\$40.70	\$46.01	\$5.31	\$36.13	\$43.16	\$48.79	\$5.63	\$38.91
Family	\$9.88	\$69.52	\$78.59	\$9.07	\$68.71	\$73.80	\$83.43	\$9.63	\$73.55

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