



Teamsters Local 1932 Health & Welfare Trust
PRESCHOOL SERVICES DEPARTMENT - 9 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 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 2022-23 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	\$255.15	\$309.84	\$423.99	\$114.15	\$168.84	\$304.54	\$416.74	\$112.20	\$161.59
Two Party	\$255.15	\$617.72	\$845.30	\$227.58	\$590.15	\$607.10	\$830.77	\$223.67	\$575.62
Family	\$255.15	\$873.23	\$1,194.95	\$321.72	\$939.80	\$858.19	\$1,174.37	\$316.18	\$919.22
HMO Gold Access+ Plan - \$40 copay - \$100/admit; plus 20%									
EE Only	\$255.15	\$269.17	\$368.34	\$99.17	\$113.19	\$269.17	\$368.34	\$99.17	\$113.19
Two Party	\$255.15	\$536.37	\$733.98	\$197.61	\$478.83	\$536.37	\$733.98	\$197.61	\$478.83
Family	\$255.15	\$758.13	\$1,037.44	\$279.31	\$782.29	\$758.13	\$1,037.44	\$279.31	\$782.29
HMO Gold Trio Plan - \$25 copay - \$100/admit; plus 20%									
EE Only	\$255.15	TEAMSTERS 1932 EXCLUSIVE PLAN				\$263.38	\$360.41	\$97.03	\$105.26
Two Party	\$255.15					\$510.00	\$697.89	\$187.89	\$442.74
Family	\$255.15					\$720.59	\$986.07	\$265.48	\$730.92
KAISER PERMANENTE - SOUTHERN CALIFORNIA									
HMO Platinum Plan - \$10 copay - \$0/admit; no charge									
EE Only	\$255.15	\$322.30	\$441.04	\$118.74	\$185.89	\$322.30	\$441.04	\$118.74	\$185.89
Two Party	\$255.15	\$642.59	\$879.33	\$236.74	\$624.18	\$642.59	\$879.33	\$236.74	\$624.18
Family	\$255.15	\$908.42	\$1,243.10	\$334.68	\$987.95	\$908.42	\$1,243.10	\$334.68	\$987.95
HMO Gold Plan - \$40 copay - \$100/admit; plus 20%									
EE Only	\$255.15	\$279.89	\$383.01	\$103.12	\$127.86	\$279.89	\$383.01	\$103.12	\$127.86
Two Party	\$255.15	\$557.77	\$763.26	\$205.49	\$508.11	\$557.77	\$763.26	\$205.49	\$508.11
Family	\$255.15	\$788.43	\$1,078.90	\$290.47	\$823.75	\$788.43	\$1,078.90	\$290.47	\$823.75

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

	Dental Premium Subsidy (DPS)	County Plan 2022-23 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 2022-23 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	\$0.00	\$9.88	\$13.52	\$3.64	\$13.52	\$9.88	\$13.52	\$3.64	\$13.52
Two Party	\$0.00	\$15.94	\$21.81	\$5.87	\$21.81	\$15.94	\$21.81	\$5.87	\$21.81
Family	\$0.00	\$20.77	\$28.42	\$7.65	\$28.42	\$20.77	\$28.42	\$7.65	\$28.42
Delta Dental - PPO - \$0 deductible; \$1,700 annual max - Ortho 50% up to \$1,700 lifetime									
EE Only	\$0.00	\$23.19	\$34.33	\$9.24	\$34.33	\$23.19	\$31.73	\$8.54	\$31.73
Two Party	\$0.00	\$43.16	\$64.04	\$17.24	\$64.04	\$43.16	\$59.06	\$15.90	\$59.06
Family	\$0.00	\$73.80	\$109.62	\$29.51	\$109.62	\$73.80	\$100.99	\$27.19	\$100.99

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