

**Teamsters Local 1932 Health & Welfare Trust**

**FIRE AUXILIARY SERVICES UNIT 41-60 HOURS**

**Medical and Dental Plans - Cost Comparison**

**2022-23 Plan Year - ffective 07/30/2022**

Date Prepared: 09/19/2022

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	\$131.69	\$309.84	\$178.15	\$304.54	\$172.85
Two Party	\$255.00	\$617.72	\$362.72	\$607.10	\$352.10
Family	\$360.29	\$873.23	\$512.94	\$858.19	\$497.90
<b>HMO Gold Access+ Plan - \$40 copay - \$100/admit; plus 20%</b>					
EE Only	\$131.69	\$269.17	\$137.48	\$269.17	\$137.48
Two Party	\$255.00	\$536.37	\$281.37	\$536.37	\$281.37
Family	\$360.29	\$758.13	\$397.84	\$758.13	\$397.84
<b>HMO Gold Trio Plan - \$25 copay - \$100/admit; plus 20%</b>					
EE Only	\$131.69	<b>TEAMSTERS 1932 EXCLUSIVE PLAN</b>		\$263.38	\$131.69
Two Party	\$255.00			\$510.00	\$255.00
Family	\$360.29			\$720.59	\$360.30
<b>PPO Non-Needles Plan - \$10 office visit; \$250 deductible - 80/70% co-ins</b>					
EE Only	\$131.69	\$575.66	\$443.97	\$575.66	\$443.97
Two Party	\$255.00	\$1,171.11	\$916.11	\$1,171.11	\$916.11
Family	\$360.29	\$1,816.63	\$1,456.34	\$1,816.63	\$1,456.34
<b>PPO Needles Plan^ - \$10 office visit; \$0/\$250 deductible - 100/70% co-ins</b>					
EE Only	\$471.60	\$649.74	\$178.15	\$644.45	\$172.85
Two Party	\$958.63	\$1,321.35	\$362.72	\$1,310.73	\$352.10
Family	\$1,533.42	\$2,046.36	\$512.94	\$2,031.32	\$497.90
<b>KAISER PERMANENTE - SOUTHERN CALIFORNIA</b>					
<b>HMO Platinum Plan - \$10 copay - \$0/admit; no charge</b>					
EE Only	\$131.69	\$322.30	\$190.61	\$322.30	\$190.61
Two Party	\$255.00	\$642.59	\$387.59	\$642.59	\$387.59
Family	\$360.29	\$908.42	\$548.13	\$908.42	\$548.13
<b>HMO Gold Plan - \$40 copay - \$100/admit; plus 20%</b>					
EE Only	\$131.69	\$279.89	\$148.20	\$279.89	\$148.20
Two Party	\$255.00	\$557.77	\$302.77	\$557.77	\$302.77
Family	\$360.29	\$788.43	\$428.14	\$788.43	\$428.14

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

^ Department Subsidy included

	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>Employees who prior to July 9, 2005 elected "Employee Only" Medical Coverage and continue such coverage</b>					
<b>DeltaCare USA - DHMO</b>					
EE Only	\$19.72	\$9.88	\$0.00	\$9.88	\$0.00
Two Party	\$19.72	\$15.94	\$0.00	\$15.94	\$0.00
Family	\$19.72	\$20.77	\$1.05	\$20.77	\$1.05
<b>Delta Dental - PPO - \$0 deductible; \$1,700 annual max - Ortho 50% up to \$1,700 lifetime</b>					
EE Only	\$19.72	\$23.19	\$3.47	\$23.19	\$3.47
Two Party	\$19.72	\$43.16	\$23.44	\$43.16	\$23.44
Family	\$19.72	\$73.80	\$54.08	\$73.80	\$54.08
<b>All other Employees</b>					
<b>DeltaCare USA - DHMO</b>					
EE Only	\$4.73	\$9.88	\$5.15	\$9.88	\$5.15
Two Party	\$4.73	\$15.94	\$11.21	\$15.94	\$11.21
Family	\$4.73	\$20.77	\$16.04	\$20.77	\$16.04
<b>Delta Dental - PPO - \$0 deductible; \$1,700 annual max - Ortho 50% up to \$1,700 lifetime</b>					
EE Only	\$4.73	\$23.19	\$18.46	\$23.19	\$18.46
Two Party	\$4.73	\$43.16	\$38.43	\$43.16	\$38.43
Family	\$4.73	\$73.80	\$69.07	\$73.80	\$69.07

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