

**Teamsters Local 1932 Health & Welfare Trust**

**FIRE AUXILIARY SERVICES UNIT 61-80 HOURS**

**Medical and Dental Plans - Cost Comparison**

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

Date Prepared: Revised 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	\$263.38	\$309.84	\$46.46	\$304.54	\$41.16
Two Party	\$510.00	\$617.72	\$107.72	\$607.10	\$97.10
Family	\$720.59	\$873.23	\$152.64	\$858.19	\$137.60
<b>HMO Gold Access+ Plan - \$40 copay - \$100/admit; plus 20%</b>					
EE Only	\$263.38	\$269.17	\$5.79	\$269.17	\$5.79
Two Party	\$510.00	\$536.37	\$26.37	\$536.37	\$26.37
Family	\$720.59	\$758.13	\$37.54	\$758.13	\$37.54
<b>HMO Gold Trio Plan - \$25 copay - \$100/admit; plus 20%</b>					
EE Only	\$263.38	<b>TEAMSTERS 1932 EXCLUSIVE PLAN</b>		\$263.38	\$0.00
Two Party	\$510.00		\$510.00	\$0.00	
Family	\$720.59		\$720.59	\$0.00	
<b>PPO Non-Needles Plan - \$10 office visit; \$250 deductible - 80/70% co-ins</b>					
EE Only	\$263.38	\$575.66	\$312.28	\$575.66	\$312.28
Two Party	\$510.00	\$1,171.11	\$661.11	\$1,171.11	\$661.11
Family	\$720.59	\$1,816.63	\$1,096.04	\$1,816.63	\$1,096.04
<b>PPO Needles Plan^ - \$10 office visit; \$0/\$250 deductible - 100/70% co-ins</b>					
EE Only	\$603.29	\$649.74	\$46.46	\$644.45	\$41.16
Two Party	\$1,213.63	\$1,321.35	\$107.72	\$1,310.73	\$97.10
Family	\$1,893.72	\$2,046.36	\$152.64	\$2,031.32	\$137.60
<b>KAISER PERMANENTE - SOUTHERN CALIFORNIA</b>					
<b>HMO Platinum Plan - \$10 copay - \$0/admit; no charge</b>					
EE Only	\$263.38	\$322.30	\$58.92	\$322.30	\$58.92
Two Party	\$510.00	\$642.59	\$132.59	\$642.59	\$132.59
Family	\$720.59	\$908.42	\$187.83	\$908.42	\$187.83
<b>PPO Platinum Plan - \$10 copay - \$0/admit; no charge</b>					
EE Only	\$263.38	\$279.89	\$16.51	\$279.89	\$16.51
Two Party	\$510.00	\$557.77	\$47.77	\$557.77	\$47.77
Family	\$720.59	\$788.43	\$67.84	\$788.43	\$67.84

\*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	\$9.46	\$9.88	\$0.42	\$9.88	\$0.42
Two Party	\$9.46	\$15.94	\$6.48	\$15.94	\$6.48
Family	\$9.46	\$20.77	\$11.31	\$20.77	\$11.31
<b>Delta Dental - PPO - \$0 deductible; \$1,700 annual max - Ortho 50% up to \$1,700 lifetime</b>					
EE Only	\$9.46	\$23.19	\$13.73	\$23.19	\$13.73
Two Party	\$9.46	\$43.16	\$33.70	\$43.16	\$33.70
Family	\$9.46	\$73.80	\$64.34	\$73.80	\$64.34

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