

Teamsters Local 1932 Health & Welfare Trust

PRESCHOOL SERVICES DEPARTMENT - 12 MONTH

Medical and Dental Plans - Cost Comparison

2021-22 Plan Year

Date Prepared: 07/28/2021

Plan / Tier	Medical Premium Subsidy (MPS)	County Plan 2021-22 Bi-Weekly Rates*	County Plan Employee Out-of-Pocket	Teamsters Plan 2021-22 Bi-Weekly Rates*	Bi-Weekly Payroll Deduction
BLUE SHIELD OF CALIFORNIA					
HMO Platinum POS Plan - \$10 copay - \$0/admit; no charge					
EE Only	\$255.15	\$291.01	\$35.86	\$291.01	\$35.86
Two Party	\$255.15	\$580.03	\$324.88	\$580.03	\$324.88
Family	\$255.15	\$819.90	\$564.75	\$819.90	\$564.75
HMO Gold Access+ Plan - \$40 copay - \$100/admit; plus 20%					
EE Only	\$255.15	\$252.82	\$0.00	\$255.12	\$0.00
Two Party	\$255.15	\$503.65	\$248.50	\$503.65	\$248.50
Family	\$255.15	\$711.83	\$456.68	\$711.83	\$456.68
HMO Gold Trio Plan - \$25 copay - \$100/admit; plus 20%					
EE Only	\$255.15	TEAMSTERS 1932 EXCLUSIVE PLAN		\$255.12	\$0.00
Two Party	\$255.15		\$493.55	\$238.40	
Family	\$255.15		\$697.34	\$442.19	
KAISER PERMANENTE - SOUTHERN CALIFORNIA					
HMO Platinum Plan - \$10 copay - \$0/admit; no charge					
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
HMO Gold Plan - \$40 copay - \$100/admit; plus 20%					
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

^ Department Subsidy included

	Dental Premium Subsidy (DPS)	County Plan 2021-22 Bi-Weekly Rates***	County Plan Employee Out-of-Pocket	Teamsters Plan 2021-22 Bi-Weekly Rates***	Bi-Weekly Payroll Deduction
DELTA DENTAL					
DeltaCare USA - DHMO					
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
Delta Dental - PPO - \$0 deductible; \$1,700 annual max - Ortho 50% up to \$1,700 lifetime					
EE Only	\$0.00	\$25.09	\$25.09	\$25.09	\$25.09
Two Party	\$0.00	\$46.80	\$46.80	\$46.80	\$46.80
Family	\$0.00	\$80.11	\$80.11	\$80.11	\$80.11

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