

Teamsters Local 1932 Health & Welfare Trust

PRESCHOOL SERVICES DEPARTMENT - 9 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*	9-mo Employees County Plan 2021-22 Total Bi-Weekly Premium	9-mo Employees County Plan 2021-22 Additional Bi-Weekly Premium	9-mo Employees County Plan 2021-22 Employee Out-of-Pocket	Teamsters Plan 2021-22 Bi-Weekly Rates*	9-mo Employees 2021-22 Total Bi-Weekly Premium	9-mo Employees 2021-22 Additional Bi-Weekly Premium	9-mo Employees 2021-22 Bi-Weekly Payroll Deduction
BLUE SHIELD OF CALIFORNIA									
HMO Platinum POS Plan - \$10 copay - \$0/admit; no charge									
EE Only	\$255.15	\$291.01	\$398.22	\$107.21	\$143.07	\$291.01	\$398.22	\$107.21	\$143.07
Two Party	\$255.15	\$580.03	\$793.73	\$213.70	\$538.58	\$580.03	\$793.73	\$213.70	\$538.58
Family	\$255.15	\$819.90	\$1,121.97	\$302.07	\$866.82	\$819.90	\$1,121.97	\$302.07	\$866.82
HMO Gold Access+ Plan - \$40 copay - \$100/admit; plus 20%									
EE Only	\$255.15	\$252.82	\$345.96	\$93.14	\$90.81	\$255.12	\$349.11	\$93.99	\$93.96
Two Party	\$255.15	\$503.65	\$689.21	\$185.56	\$434.06	\$503.65	\$689.21	\$185.56	\$434.06
Family	\$255.15	\$711.83	\$974.08	\$262.25	\$718.93	\$711.83	\$974.08	\$262.25	\$718.93
HMO Gold Trio Plan - \$25 copay - \$100/admit; plus 20%									
EE Only	\$255.15	TEAMSTERS 1932 EXCLUSIVE PLAN				\$255.12	\$349.11	\$93.99	\$93.96
Two Party	\$255.15					\$493.55	\$675.38	\$181.83	\$420.23
Family	\$255.15					\$697.34	\$954.25	\$256.91	\$699.10
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 2020-21 Bi-Weekly Rates**	9-mo Employees County Plan 2021-22 Total Bi-Weekly Premium	9-mo Employees County Plan 2021-22 Additional Bi-Weekly Premium	9-mo Employees County Plan 2021-22 Employee Out-of-Pocket	Teamsters Plan 2020-21 Bi-Weekly Rates***	9-mo Employees 2020-21 Total Bi-Weekly Premium	9-mo Employees 2020-21 Additional Bi-Weekly Premium	Bi-Weekly Payroll Deduction 9-mo Employees
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	\$25.09	\$34.33	\$9.24	\$34.33	\$25.09	\$34.33	\$9.24	\$34.33
Two Party	\$0.00	\$46.80	\$64.04	\$17.24	\$64.04	\$46.80	\$64.04	\$17.24	\$64.04
Family	\$0.00	\$80.11	\$109.62	\$29.51	\$109.62	\$80.11	\$109.62	\$29.51	\$109.62

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