

**Teamsters Local 1932 Health & Welfare Trust**

**PRESCHOOL SERVICES DEPARTMENT - 9 MONTH**

Medical and Dental Plans - Cost Comparison

2022-23 Plan Year

Date Prepared: Revised 08/31/2022

| 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 |
|---|-------------------------------|--------------------------------------|--|---|--|---|--|---|--|
| <b>BLUE SHIELD OF CALIFORNIA</b>                                  |                               |                                      |  |   |  |   |  |   |  |
| <b>HMO Platinum POS Plan - \$10 copay - \$0/admit; no charge</b>  |                               |                                      |  |   |  |   |  |   |  |
| EE Only   | \$255.15                      | \$309.84                             | \$423.99   | \$114.15  | \$168.84   | \$304.54                                  | \$395.90                               | \$91.36                                     | \$140.75                                   |
| Two Party   | \$255.15                      | \$617.72                             | \$845.30   | \$227.58  | \$590.15   | \$607.10                                  | \$789.23                               | \$182.13                                    | \$534.08                                   |
| Family  | \$255.15                      | \$873.23                             | \$1,194.95   | \$321.72  | \$939.80   | \$858.19                                  | \$1,115.65                             | \$257.46                                    | \$860.50                                   |
| <b>HMO Gold Access+ Plan - \$40 copay - \$100/admit; plus 20%</b> |                               |                                      |  |   |  |   |  |   |  |
| EE Only   | \$255.15                      | \$269.17                             | \$368.34   | \$99.17   | \$113.19   | \$269.17                                  | \$349.92                               | \$80.75                                     | \$94.77                                    |
| Two Party   | \$255.15                      | \$536.37                             | \$733.98   | \$197.61  | \$478.83   | \$536.37                                  | \$697.28                               | \$160.91                                    | \$442.13                                   |
| Family  | \$255.15                      | \$758.13                             | \$1,037.44   | \$279.31  | \$782.29   | \$758.13                                  | \$985.57                               | \$227.44                                    | \$730.42                                   |
| <b>HMO Gold Trio Plan - \$25 copay - \$100/admit; plus 20%</b>    |                               |                                      |  |   |  |   |  |   |  |
| EE Only   | \$255.15                      | <b>TEAMSTERS 1932 EXCLUSIVE PLAN</b> |  |   |  | \$263.38                                  | \$342.39                               | \$79.01                                     | \$87.24                                    |
| Two Party   | \$255.15                      |                                      |  |   |  | \$510.00                                  | \$663.00                               | \$153.00                                    | \$407.85                                   |
| Family  | \$255.15                      |                                      |  |   |  | \$720.59                                  | \$936.77                               | \$216.18                                    | \$681.62                                   |
| <b>KAISER PERMANENTE - SOUTHERN CALIFORNIA</b>                    |                               |                                      |  |   |  |   |  |   |  |
| <b>HMO Platinum Plan - \$10 copay - \$0/admit; no charge</b>      |                               |                                      |  |   |  |   |  |   |  |
| EE Only   | \$255.15                      | \$322.30                             | \$441.04   | \$118.74  | \$185.89   | \$322.30                                  | \$418.99                               | \$96.69                                     | \$163.84                                   |
| Two Party   | \$255.15                      | \$642.59                             | \$879.33   | \$236.74  | \$624.18   | \$642.59                                  | \$835.37                               | \$192.78                                    | \$580.22                                   |
| Family  | \$255.15                      | \$908.42                             | \$1,243.10   | \$334.68  | \$987.95   | \$908.42                                  | \$1,180.95                             | \$272.53                                    | \$925.80                                   |
| <b>HMO Gold Plan - \$40 copay - \$100/admit; plus 20%</b>         |                               |                                      |  |   |  |   |  |   |  |
| EE Only   | \$255.15                      | \$279.89                             | \$383.01   | \$103.12  | \$127.86   | \$279.89                                  | \$363.86                               | \$83.97                                     | \$108.71                                   |
| Two Party   | \$255.15                      | \$557.77                             | \$763.26   | \$205.49  | \$508.11   | \$557.77                                  | \$725.10                               | \$167.33                                    | \$469.95                                   |
| Family  | \$255.15                      | \$788.43                             | \$1,078.90   | \$290.47  | \$823.75   | \$788.43                                  | \$1,024.96                             | \$236.53                                    | \$769.81                                   |

\*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 |
|---|------------------------------|---|--|---|--|--|--|---|--|
| <b>DELTA DENTAL</b>   |                              |   |  |   |  |  |  |   |  |
| <b>DeltaCare USA - DHMO</b>   |                              |   |  |   |  |  |  |   |  |
| EE Only   | \$0.00                       | \$9.88                                  | \$13.52  | \$3.64  | \$13.52  | \$9.88                                     | \$12.84                                | \$2.96                                      | \$12.84                                    |
| Two Party   | \$0.00                       | \$15.94                                 | \$21.81  | \$5.87  | \$21.81  | \$15.94                                    | \$20.72                                | \$4.78                                      | \$20.72                                    |
| Family  | \$0.00                       | \$20.77                                 | \$28.42  | \$7.65  | \$28.42  | \$20.77                                    | \$27.00                                | \$6.23                                      | \$27.00                                    |
| <b>Delta Dental - PPO - \$0 deductible; \$1,700 annual max - Ortho 50% up to \$1,700 lifetime</b> |                              |   |  |   |  |  |  |   |  |
| EE Only   | \$0.00                       | \$23.19                                 | \$34.33  | \$9.24  | \$34.33  | \$23.19                                    | \$30.15                                | \$6.96                                      | \$30.15                                    |
| Two Party   | \$0.00                       | \$43.16                                 | \$64.04  | \$17.24   | \$64.04  | \$43.16                                    | \$56.11                                | \$12.95                                     | \$56.11                                    |
| Family  | \$0.00                       | \$73.80                                 | \$109.62   | \$29.51   | \$109.62   | \$73.80                                    | \$95.94                                | \$22.14                                     | \$95.94                                    |

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