



Teamsters Local 1932 Health & Welfare Trust

PRESCHOOL SERVICES DEPARTMENT - 12 MONTH

Medical and Dental Plans - Cost Comparison

2022-23 Plan Year

Date Prepared: 10/25/2022 - MPS Increase Effective 10/22/2022

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
BLUE SHIELD OF CALIFORNIA					
HMO Platinum POS Plan - \$10 copay - \$0/admit; no charge					
EE Only	\$263.38	\$309.84	\$46.46	\$304.54	\$41.16
Two Party	\$263.38	\$617.72	\$354.34	\$607.10	\$343.72
Family	\$263.38	\$873.23	\$609.85	\$858.19	\$594.81
HMO Gold Access+ Plan - \$40 copay - \$100/admit; plus 20%					
EE Only	\$263.38	\$269.17	\$0.00	\$269.17	\$5.79
Two Party	\$263.38	\$536.37	\$272.99	\$536.37	\$272.99
Family	\$263.38	\$758.13	\$494.75	\$758.13	\$494.75
HMO Gold Trio Plan - \$25 copay - \$100/admit; plus 20%					
EE Only	\$263.38	TEAMSTERS 1932 EXCLUSIVE PLAN		\$263.38	\$0.00
Two Party	\$263.38		\$510.00	\$246.62	
Family	\$263.38		\$720.59	\$457.21	
KAISER PERMANENTE - SOUTHERN CALIFORNIA					
HMO Platinum Plan - \$10 copay - \$0/admit; no charge					
EE Only	\$263.38	\$322.30	\$58.92	\$322.30	\$58.92
Two Party	\$263.38	\$642.59	\$379.21	\$642.59	\$379.21
Family	\$263.38	\$908.42	\$645.04	\$908.42	\$645.04
HMO Gold Plan - \$40 copay - \$100/admit; plus 20%					
EE Only	\$263.38	\$279.89	\$16.51	\$279.89	\$16.51
Two Party	\$263.38	\$557.77	\$294.39	\$557.77	\$294.39
Family	\$263.38	\$788.43	\$525.05	\$788.43	\$525.05

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

Plan / Tier	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
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	\$23.19	\$23.19	\$23.19	\$23.19
Two Party	\$0.00	\$43.16	\$43.16	\$43.16	\$43.16
Family	\$0.00	\$73.80	\$73.80	\$73.80	\$73.80

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