



Teamsters Local 1932 Health & Welfare Trust
PRESCHOOL SERVICES DEPARTMENT - 9 MONTH

Medical and Dental Plans - Cost Comparison
 2022-23 Plan Year

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

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
BLUE SHIELD OF CALIFORNIA									
HMO Platinum POS Plan - \$10 copay - \$0/admit; no charge									
EE Only	\$263.38	\$309.84	\$423.99	\$114.15	\$160.61	\$304.54	\$395.90	\$91.36	\$132.52
Two Party	\$263.38	\$617.72	\$845.30	\$227.58	\$581.92	\$607.10	\$789.23	\$182.13	\$525.85
Family	\$263.38	\$873.23	\$1,194.95	\$321.72	\$931.57	\$858.19	\$1,115.65	\$257.46	\$852.27
HMO Gold Access+ Plan - \$40 copay - \$100/admit; plus 20%									
EE Only	\$263.38	\$269.17	\$368.34	\$99.17	\$104.96	\$269.17	\$349.92	\$80.75	\$86.54
Two Party	\$263.38	\$536.37	\$733.98	\$197.61	\$470.60	\$536.37	\$697.28	\$160.91	\$433.90
Family	\$263.38	\$758.13	\$1,037.44	\$279.31	\$774.06	\$758.13	\$985.57	\$227.44	\$722.19
HMO Gold Trio Plan - \$25 copay - \$100/admit; plus 20%									
EE Only	\$263.38	TEAMSTERS 1932 EXCLUSIVE PLAN				\$263.38	\$342.39	\$79.01	\$79.01
Two Party	\$263.38					\$510.00	\$663.00	\$153.00	\$399.62
Family	\$263.38					\$720.59	\$936.77	\$216.18	\$673.39
KAISER PERMANENTE - SOUTHERN CALIFORNIA									
HMO Platinum Plan - \$10 copay - \$0/admit; no charge									
EE Only	\$263.38	\$322.30	\$418.99	\$96.69	\$155.61	\$322.30	\$418.99	\$96.69	\$155.61
Two Party	\$263.38	\$642.59	\$835.37	\$192.78	\$571.99	\$642.59	\$835.37	\$192.78	\$571.99
Family	\$263.38	\$908.42	\$1,180.95	\$272.53	\$917.57	\$908.42	\$1,180.95	\$272.53	\$917.57
HMO Gold Plan - \$40 copay - \$100/admit; plus 20%									
EE Only	\$263.38	\$279.89	\$363.86	\$83.97	\$100.48	\$279.89	\$363.86	\$83.97	\$100.48
Two Party	\$263.38	\$557.77	\$725.10	\$167.33	\$461.72	\$557.77	\$725.10	\$167.33	\$461.72
Family	\$263.38	\$788.43	\$1,024.96	\$236.53	\$761.58	\$788.43	\$1,024.96	\$236.53	\$761.58

*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
DELTA DENTAL									
DeltaCare USA - DHMO									
EE Only	\$0.00	\$9.88	\$12.84	\$2.96	\$12.84	\$9.88	\$12.84	\$2.96	\$12.84
Two Party	\$0.00	\$15.94	\$20.72	\$4.78	\$20.72	\$15.94	\$20.72	\$4.78	\$20.72
Family	\$0.00	\$20.77	\$27.00	\$6.23	\$27.00	\$20.77	\$27.00	\$6.23	\$27.00
Delta Dental - PPO - \$0 deductible; \$1,700 annual max - Ortho 50% up to \$1,700 lifetime									
EE Only	\$0.00	\$23.19	\$30.15	\$6.96	\$34.33	\$23.19	\$30.15	\$6.96	\$30.15
Two Party	\$0.00	\$43.16	\$56.11	\$12.95	\$64.04	\$43.16	\$56.11	\$12.95	\$56.11
Family	\$0.00	\$73.80	\$95.94	\$22.14	\$109.62	\$73.80	\$95.94	\$22.14	\$95.94

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