

Teamsters Local 1932 Health & Welfare Trust

FIRE AUXILIARY SERVICES UNIT

Medical and Dental Plans - Cost Comparison

2021-22 Plan Year

Date Prepared: 05/21/2021

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	\$255.12	\$291.01	\$35.89	\$291.01	\$35.89
Two Party	\$493.55	\$580.03	\$86.48	\$580.03	\$86.48
Family	\$697.34	\$819.90	\$122.56	\$819.90	\$122.56
HMO Gold Access+ Plan - \$40 copay - \$100/admit; plus 20%					
EE Only	\$255.12	\$252.82	\$0.00	\$255.12	\$0.00
Two Party	\$493.55	\$503.65	\$10.10	\$503.65	\$10.10
Family	\$697.34	\$711.83	\$14.49	\$711.83	\$14.49
HMO Gold Trio Plan - \$25 copay - \$100/admit; plus 20%					
EE Only	\$255.12	TEAMSTERS 1932 EXCLUSIVE PLAN		\$255.12	\$0.00
Two Party	\$493.55			\$493.55	\$0.00
Family	\$697.34			\$697.34	\$0.00
PPO Non-Needles Plan - \$10 office visit; \$250 deductible - 80/70% co-ins					
EE Only	\$255.12	\$540.54	\$285.42	\$540.54	\$285.42
Two Party	\$493.55	\$1,099.54	\$605.99	\$1,099.54	\$605.99
Family	\$697.34	\$1,705.53	\$1,008.19	\$1,705.53	\$1,008.19
PPO Needles Plan^ - \$10 office visit; \$0/\$250 deductible - 100/70% co-ins					
EE Only	\$574.18	\$610.07	\$35.89	\$610.07	\$35.89
Two Party	\$1,154.05	\$1,240.57	\$86.48	\$1,240.54	\$86.48
Family	\$1,798.63	\$1,921.19	\$122.56	\$1,921.19	\$122.56
KAISER PERMANENTE - SOUTHERN CALIFORNIA					
HMO Platinum Plan - \$10 copay - \$0/admit; no charge					
EE Only	\$255.12	\$322.30	\$67.18	\$322.30	\$67.18
Two Party	\$493.55	\$642.59	\$149.04	\$642.59	\$149.04
Family	\$697.34	\$908.42	\$211.08	\$908.42	\$211.08
HMO Gold Plan - \$40 copay - \$100/admit; plus 20%					
EE Only	\$255.12	\$279.89	\$24.77	\$279.89	\$24.77
Two Party	\$493.55	\$557.77	\$64.22	\$557.77	\$64.22
Family	\$697.34	\$788.43	\$91.09	\$788.43	\$91.09

*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					
Employees who prior to July 9, 2005 elected "Employee Only" Medical Coverage and continue such coverage					
DeltaCare USA - DHMO					
EE Only	\$19.72	\$9.88	\$0.00	\$9.88	\$0.00
Two Party	\$19.72	\$15.94	\$0.00	\$15.94	\$0.00
Family	\$19.72	\$20.77	\$1.05	\$20.77	\$1.05
Delta Dental - PPO - \$0 deductible; \$1,700 annual max - Ortho 50% up to \$1,700 lifetime					
EE Only	\$19.72	\$25.09	\$5.37	\$25.09	\$5.37
Two Party	\$19.72	\$46.80	\$27.08	\$46.80	\$27.08
Family	\$19.72	\$80.11	\$60.39	\$80.11	\$60.39
All other Employees					
DeltaCare USA - DHMO					
EE Only	\$9.46	\$9.88	\$0.42	\$9.88	\$0.42
Two Party	\$9.46	\$15.94	\$6.48	\$15.94	\$6.48
Family	\$9.46	\$20.77	\$11.31	\$20.77	\$11.31
Delta Dental - PPO - \$0 deductible; \$1,700 annual max - Ortho 50% up to \$1,700 lifetime					
EE Only	\$9.46	\$25.09	\$15.63	\$25.09	\$15.63
Two Party	\$9.46	\$46.80	\$37.34	\$46.80	\$37.34
Family	\$9.46	\$80.11	\$70.65	\$80.11	\$70.65

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