

Teamsters Local 1932 Health & Welfare Trust

FIRE AUXILIARY SERVICES UNIT

Medical and Dental Plans - Cost Comparison

2020-21 Plan Year

Date Prepared: 10/02/2020

Plan / Tier	Medical Premium Subsidy (MPS)	County Plan 2020-21 Bi-Weekly Rates*	County Plan Employee Out-of-Pocket	Teamsters Plan 2020-21 Bi-Weekly Rates*	Bi-Weekly Payroll Deduction
BLUE SHIELD OF CALIFORNIA					
HMO Platinum POS Plan					
EE Only	\$208.22	\$274.09	\$65.87	\$269.72	\$61.50
Two Party	\$363.50	\$546.19	\$182.69	\$541.80	\$178.30
Family	\$520.71	\$772.03	\$251.32	\$768.14	\$247.43
HMO Gold Access+ Plan					
EE Only	\$208.22	\$238.13	\$29.91	\$240.72	\$32.50
Two Party	\$363.50	\$474.28	\$110.78	\$474.28	\$110.78
Family	\$520.71	\$670.28	\$149.57	\$670.28	\$149.57
HMO Gold Trio Plan					
EE Only	\$208.22	****2020 NEW PLAN**** TEAMSTERS 1932 EXCLUSIVE PLAN		\$240.72	\$32.50
Two Party	\$363.50			\$472.75	\$109.25
Family	\$520.71			\$664.88	\$144.17
PPO Non-Needles Plan					
EE Only	\$208.22	\$509.02	\$300.80	\$509.02	\$300.80
Two Party	\$363.50	\$1,035.30	\$671.80	\$1,035.30	\$671.80
Family	\$520.71	\$1,605.82	\$1,085.11	\$1,605.82	\$1,085.11
PPO Needles Plan^					
EE Only	\$512.98	\$574.48	\$61.50	\$574.48	\$61.50
Two Party	\$989.78	\$1,168.08	\$178.30	\$1,168.08	\$178.30
Family	\$1,561.43	\$1,808.86	\$247.43	\$1,808.86	\$247.43
KAISER PERMANENTE - SOUTHERN CALIFORNIA					
HMO Platinum Plan					
EE Only	\$208.22	\$313.40	\$105.18	\$313.40	\$105.18
Grandfathered EE Only**	\$234.65	\$313.40	\$78.75	\$313.40	\$78.75
Two Party	\$363.50	\$624.78	\$261.28	\$624.78	\$261.28
Family	\$520.71	\$883.21	\$362.50	\$883.21	\$362.50
HMO Gold Plan					
EE Only	\$208.22	\$272.16	\$63.94	\$272.16	\$63.94
Two Party	\$363.50	\$542.31	\$178.81	\$542.31	\$178.81
Family	\$520.71	\$766.53	\$245.82	\$766.53	\$245.82

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

** Grandfathered ONLY employees who prior to July 21, 2018 elected the Employee Only Highest Cost HMO coverage, and continue to elect the same

^ Department Subsidy included

	Dental Premium Subsidy (DPS)	County Plan 2020-21 Bi-Weekly Rates***	County Plan Employee Out-of-Pocket	Teamsters Plan 2020-21 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					
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					
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