

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	\$213.97	\$274.09	\$60.12	\$269.72	\$55.75
Two Party	\$378.20	\$546.19	\$167.99	\$541.80	\$163.60
Family	\$520.71	\$772.03	\$251.32	\$768.14	\$247.43
HMO Gold Access+ Plan					
EE Only	\$213.97	\$238.13	\$24.16	\$240.72	\$26.75
Two Party	\$378.20	\$474.28	\$96.08	\$474.28	\$96.08
Family	\$520.71	\$670.28	\$149.57	\$670.28	\$149.57
HMO Gold Trio Plan					
EE Only	\$213.97	****2020 NEW PLAN****		\$240.72	\$26.75
Two Party	\$378.20	TEAMSTERS 1932		\$472.75	\$94.55
Family	\$520.71	EXCLUSIVE PLAN		\$664.88	\$144.17
PPO Non-Needles Plan					
EE Only	\$213.97	\$509.02	\$295.05	\$509.02	\$295.05
Two Party	\$378.20	\$1,035.30	\$657.10	\$1,035.30	\$657.10
Family	\$520.71	\$1,605.82	\$1,085.11	\$1,605.82	\$1,085.11
PPO Needles Plan^					
EE Only	\$518.73	\$574.48	\$60.12	\$574.48	\$55.75
Two Party	\$1,004.48	\$1,168.08	\$167.99	\$1,168.08	\$163.60
Family	\$1,561.43	\$1,808.86	\$251.32	\$1,808.86	\$247.43
KAISER PERMANENTE - SOUTHERN CALIFORNIA					
HMO Platinum Plan					
EE Only	\$213.97	\$313.40	\$99.43	\$313.40	\$99.43
Grandfathered EE Only**	\$234.65	\$313.40	\$78.75	\$313.40	\$78.75
Two Party	\$378.20	\$624.78	\$246.58	\$624.78	\$246.58
Family	\$520.71	\$883.21	\$362.50	\$883.21	\$362.50
HMO Gold Plan					
EE Only	\$213.97	\$272.16	\$58.19	\$272.16	\$58.19
Two Party	\$378.20	\$542.31	\$164.11	\$542.31	\$164.11
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