

Teamsters Local 1932 Health & Welfare Trust

GENERAL UNIT

Medical and Dental Plans - Cost Comparison

2021-22 Plan Year

Date Prepared: 05/21/2021

Plan	Coverage Type	Medical Premium Subsidy (MPS)	County Plan 2021-22 Bi-Weekly Rates*	County Plan Employee Out-of-Pocket	Teamsters Plan 2021-22 Bi-Weekly Rates*	Teamsters Plan Employee Out-of-Pocket
BLUE SHIELD OF CALIFORNIA						
HMO Platinum Plan	EE	\$255.12	\$291.01	\$35.89	\$291.01	\$35.89
\$10 copay	EE+1	\$493.55	\$580.03	\$86.48	\$580.03	\$86.48
\$0/admit; no charge	EE+2	\$697.34	\$819.90	\$122.56	\$819.90	\$122.56
HMO Gold Access+ Plan	EE	\$255.12	\$252.82	\$0.00	\$255.12	\$0.00
\$40 copay	EE+1	\$493.55	\$503.65	\$10.10	\$503.65	\$10.10
\$100/admit; plus 20%	EE+2	\$697.34	\$711.83	\$14.49	\$711.83	\$14.49
HMO Gold Trio Plan	EE	\$255.12	TEAMSTERS 1932 EXCLUSIVE PLAN		\$255.12	\$0.00
\$25 copay	EE+1	\$493.55		\$493.55	\$0.00	
\$100/admit; plus 20%	EE+2	\$697.34		\$697.34	\$0.00	
PPO Non-Needles Plan	EE	\$255.12	\$540.54	\$285.42	\$540.54	\$285.42
\$10 OV - \$250 Ded.	EE+1	\$493.55	\$1,099.54	\$605.99	\$1,099.54	\$605.99
80/70% Co-ins.	EE+2	\$697.34	\$1,705.53	\$1,008.19	\$1,705.53	\$1,008.19
PPO Needles Plan	EE	\$574.18	\$610.07	\$35.89	\$610.07	\$35.89
\$10 OV - \$0/\$250 Ded.	EE+1	\$1,154.09	\$1,240.57	\$86.48	\$1,240.57	\$86.48
100/70% Co-ins.	EE+2	\$1,798.63	\$1,921.19	\$122.56	\$1,921.19	\$122.56
KAISER PERMANENTE - SOUTHERN CALIFORNIA						
HMO Platinum Plan	EE	\$255.12	\$322.30	\$67.18	\$322.30	\$67.18
\$10 copay	EE+1	\$493.55	\$642.59	\$149.04	\$642.59	\$149.04
\$0/admit; no charge	EE+2	\$697.34	\$908.42	\$211.08	\$908.42	\$211.08
HMO Gold Plan	EE	\$255.12	\$279.89	\$24.77	\$279.89	\$24.77
\$40 copay	EE+1	\$493.55	\$557.77	\$64.22	\$557.77	\$64.22
\$100/admit; plus 20%	EE+2	\$697.34	\$788.43	\$91.09	\$788.43	\$91.09

*Note: Includes Teamsters and County, Medical Plan management fee of \$2.01

	Coverage Type	DPS	County Plan Bi-Weekly*	County Plan Out-of-Pocket	Teamsters Plan Bi-Weekly*	Teamsters Plan Out-of-Pocket
DeltaCare USA - DHMO	EE	\$9.46	\$9.88	\$0.42	\$9.88	\$0.42
Plan: CAD90	EE+1	\$9.46	\$15.94	\$6.48	\$15.94	\$6.48
	EE+2	\$9.46	\$20.77	\$11.31	\$20.77	\$11.31
Delta Dental - PPO	EE	\$9.46	\$25.09	\$15.63	\$25.09	\$15.63
\$0 Ded, \$1,700 Annual Max.	EE+1	\$9.46	\$46.80	\$37.34	\$46.80	\$37.34
Ortho: 50% up to \$1,700 Lifetime	EE+2	\$9.46	\$80.11	\$70.65	\$80.11	\$70.65

*Note: Includes Teamsters and County, Dental Plan management fee of \$1.44