

**Teamsters Local 1932 Health & Welfare Trust**  
**Modified Benefit Option (MBO): Employee Cost Comparison**  
**Medical and Dental Plans - County Plan and Teamsters 1932 Plan**  
**2020-21 Plan Year**

Date Prepared: 08/04/2020

Plan	Coverage Type	Medical Premium Subsidy (MPS)	County Plan 2020-21 Bi-Weekly Rates*	County Plan Employee Out-of-Pocket	Teamsters Plan 2020-21 Bi-Weekly Rates*	Teamsters Plan Employee Out-of-Pocket
<b>BLUE SHIELD OF CALIFORNIA</b>						
<b>HMO Platinum Plan</b>	EE	\$170.91	\$274.09	\$103.18	\$269.72	\$98.81
<b>\$10 copay</b>	EE+1	\$371.30	\$546.19	\$174.89	\$541.80	\$170.50
\$0/admit; no charge	EE+2	\$524.91	\$772.03	\$247.12	\$768.14	\$243.23
<b>HMO Gold Access+ Plan</b>	EE	\$170.91	\$238.13	\$67.22	\$240.72	\$69.81
<b>\$40 copay</b>	EE+1	\$371.30	\$474.28	\$102.98	\$474.28	\$102.98
\$100/admit; plus 20%	EE+2	\$524.91	\$670.28	\$145.37	\$670.28	\$145.37
<b>HMO Gold Trio Plan</b>	EE	\$170.91			\$240.72	\$69.81
<b>\$20 copay</b>	EE+1	\$371.30	●●●●● 2020 - NEW PLAN ●●●●●		\$472.75	\$101.45
\$100/admit; plus 20%	EE+2	\$524.91	<b>Teamsters 1932 Exclusive Plan</b>		\$664.88	\$139.97
<b>PPO Non-Needles Plan</b>	EE	\$170.91	\$509.02	\$338.11	\$509.02	\$338.11
\$10 OV - \$250 Ded.	EE+1	\$371.30	\$1,035.30	\$664.00	\$1,035.30	\$664.00
80/70% Co-ins.	EE+2	\$524.91	\$1,605.82	\$1,080.91	\$1,605.82	\$1,080.91
<b>PPO Needles Plan^</b>	EE	\$475.67	\$574.48	\$103.18	\$574.48	\$98.81
\$10 OV - \$0/\$250 Ded.	EE+1	\$997.58	\$1,168.08	\$174.89	\$1,168.08	\$170.50
100/70% Co-ins.	EE+2	\$1,565.63	\$1,808.86	\$247.12	\$1,808.86	\$243.23
<b>KAISER PERMANENTE - SOUTHERN CALIFORNIA</b>						
<b>HMO Platinum Plan</b>	EE	\$170.91	\$313.40	\$142.49	\$313.40	\$142.49
<b>\$10 copay</b>	EE+1	\$371.30	\$624.78	\$253.48	\$624.78	\$253.48
\$0/admit; no charge	EE+2	\$524.91	\$883.21	\$358.30	\$883.21	\$358.30
<b>HMO Gold Plan</b>	EE	\$170.91	\$272.16	\$101.25	\$272.16	\$101.25
<b>\$40 copay</b>	EE+1	\$371.30	\$542.31	\$171.01	\$542.31	\$171.01
\$100/admit; plus 20%	EE+2	\$524.91	\$766.53	\$241.62	\$766.53	\$241.62

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

^Note: Includes Department Subsidy

	Coverage Type	DPS	County Plan Bi-Weekly*	County Plan Employee Out-of-Pocket	Teamsters Plan Bi-Weekly*	Teamsters Plan Employee Out-of-Pocket
<b>DeltaCare USA - DHMO</b>	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
<b>Delta Dental - PPO</b>	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