

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 |
|--|---------------|-------------------------------|--------------------------------------|------------------------------------|---|---------------------------------------|
| BLUE SHIELD OF CALIFORNIA | | | | | | |
| HMO Platinum Plan | EE | \$170.91 | \$274.09 | \$103.18 | \$269.72 | \$98.81 |
| \$10 copay | 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 |
| HMO Gold Access+ Plan | EE | \$170.91 | \$238.13 | \$0.00 | \$240.72 | \$69.81 |
| \$40 copay | 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 |
| HMO Gold Trio Plan | EE | \$170.91 | | | \$240.72 | \$69.81 |
| \$20 copay | EE+1 | \$371.30 | ●●●●● 2020 - NEW PLAN ●●●●● | | \$472.75 | \$101.45 |
| \$100/admit; plus 20% | EE+2 | \$524.91 | Teamsters 1932 Exclusive Plan | | \$664.88 | \$139.97 |
| PPO Non-Needles Plan | 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 |
| PPO Needles Plan^ | EE | \$475.67 | \$574.48 | \$33.37 | \$574.48 | \$98.81 |
| \$10 OV - \$0/\$250 Ded. | EE+1 | \$997.58 | \$1,168.08 | \$93.39 | \$1,168.08 | \$170.50 |
| 100/70% Co-ins. | EE+2 | \$1,565.63 | \$1,808.86 | \$131.89 | \$1,808.86 | \$243.23 |
| KAISER PERMANENTE - SOUTHERN CALIFORNIA | | | | | | |
| HMO Platinum Plan | EE | \$170.91 | \$313.40 | \$142.49 | \$313.40 | \$142.49 |
| \$10 copay | 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 |
| HMO Gold Plan | EE | \$170.91 | \$272.16 | \$101.25 | \$272.16 | \$101.25 |
| \$40 copay | 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 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 |