

Teamsters Local 1932 Health & Welfare Trust

MODIFIED BENEFIT OPTION (MBO)

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	\$181.14	\$291.01	\$109.87	\$291.01	\$109.87
\$10 copay	EE+1	\$404.71	\$580.03	\$175.32	\$580.03	\$175.32
\$0/admit; no charge	EE+2	\$571.82	\$819.90	\$248.08	\$819.90	\$248.08
HMO Gold Access+ Plan	EE	\$181.14	\$252.82	\$71.68	\$255.12	\$73.98
\$40 copay	EE+1	\$404.71	\$503.65	\$98.94	\$503.65	\$98.94
\$100/admit; plus 20%	EE+2	\$571.82	\$711.83	\$140.01	\$711.83	\$140.01
HMO Gold Trio Plan	EE	\$181.14	TEAMSTERS 1932 EXCLUSIVE PLAN		\$255.12	\$73.98
\$25 copay	EE+1	\$404.71			\$493.55	\$88.84
\$100/admit; plus 20%	EE+2	\$571.82			\$697.34	\$125.52
PPO Non-Needles Plan	EE	\$181.14	\$540.54	\$359.40	\$540.54	\$359.40
\$10 OV - \$250 Ded.	EE+1	\$404.71	\$1,099.54	\$694.83	\$1,099.54	\$694.83
80/70% Co-ins.	EE+2	\$571.82	\$1,705.53	\$1,133.71	\$1,705.53	\$1,133.71
PPO Needles Plan	EE	\$500.20	\$610.07	\$109.87	\$610.07	\$109.87
\$10 OV - \$0/\$250 Ded.	EE+1	\$1,065.25	\$1,240.57	\$175.32	\$1,240.57	\$175.32
100/70% Co-ins.	EE+2	\$1,673.11	\$1,921.19	\$248.08	\$1,921.19	\$248.08
KAISER PERMANENTE - SOUTHERN CALIFORNIA						
HMO Platinum Plan	EE	\$181.14	\$322.30	\$141.16	\$322.30	\$141.16
\$10 copay	EE+1	\$404.71	\$642.59	\$237.88	\$642.59	\$237.88
\$0/admit; no charge	EE+2	\$571.82	\$908.42	\$336.60	\$908.42	\$336.60
HMO Gold Plan	EE	\$181.14	\$279.89	\$98.75	\$279.89	\$98.75
\$40 copay	EE+1	\$404.71	\$557.77	\$153.06	\$557.77	\$153.06
\$100/admit; plus 20%	EE+2	\$571.82	\$788.43	\$216.61	\$788.43	\$216.61

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

	Coverage Type	DPS	County Plan Bi-Weekly*	County Plan Employee Out-of-Pocket	Teamsters Plan Bi-Weekly*	Teamsters Plan Employee 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