

**Teamsters Local 1932 Health & Welfare Trust**  
**PRESCHOOL SERVICES DEPARTMENT - 12 MONTH**

Medical and Dental Plans - Cost Comparison

2021-22 Plan Year

Date Prepared: 05/21/2021

Plan / Tier	Medical Premium Subsidy (MPS)	County Plan 2021-22 Bi-Weekly Rates*	County Plan Employee Out-of-Pocket	Teamsters Plan 2021-22 Bi-Weekly Rates*	Bi-Weekly Payroll Deduction
<b>BLUE SHIELD OF CALIFORNIA</b>					
<b>HMO Platinum POS Plan - \$10 copay - \$0/admit; no charge</b>					
EE Only	\$240.72	\$291.01	\$50.29	\$291.01	\$50.29
Two Party	\$240.72	\$580.03	\$339.31	\$580.03	\$339.31
Family	\$240.72	\$819.90	\$579.18	\$819.90	\$579.18
<b>HMO Gold Access+ Plan - \$40 copay - \$100/admit; plus 20%</b>					
EE Only	\$240.72	\$252.82	\$12.10	\$255.12	\$14.40
Two Party	\$240.72	\$503.65	\$262.93	\$503.65	\$262.93
Family	\$240.72	\$711.83	\$471.11	\$711.83	\$471.11
<b>HMO Gold Trio Plan - \$25 copay - \$100/admit; plus 20%</b>					
EE Only	\$240.72	<b>TEAMSTERS 1932 EXCLUSIVE PLAN</b>		\$255.12	\$14.40
Two Party	\$240.72			\$493.55	\$252.83
Family	\$240.72			\$697.34	\$456.62
<b>KAISER PERMANENTE - SOUTHERN CALIFORNIA</b>					
<b>HMO Platinum Plan - \$10 copay - \$0/admit; no charge</b>					
EE Only	\$240.72	\$322.30	\$81.58	\$322.30	\$81.58
Two Party	\$240.72	\$642.59	\$401.87	\$642.59	\$401.87
Family	\$240.72	\$908.42	\$667.70	\$908.42	\$667.70
<b>HMO Gold Plan - \$40 copay - \$100/admit; plus 20%</b>					
EE Only	\$240.72	\$279.89	\$39.17	\$279.89	\$39.17
Two Party	\$240.72	\$557.77	\$317.05	\$557.77	\$317.05
Family	\$240.72	\$788.43	\$547.71	\$788.43	\$547.71

\*Includes Teamsters and County, Medical Plan Management fee of \$2.01

^ Department Subsidy included

	Dental Premium Subsidy (DPS)	County Plan 2021-22 Bi-Weekly Rates***	County Plan Employee Out-of-Pocket	Teamsters Plan 2021-22 Bi-Weekly Rates***	Bi-Weekly Payroll Deduction
<b>DELTA DENTAL</b>					
<b>DeltaCare USA - DHMO</b>					
EE Only	\$0.00	\$9.88	\$9.88	\$9.88	\$9.88
Two Party	\$0.00	\$15.94	\$15.94	\$15.94	\$15.94
Family	\$0.00	\$20.77	\$20.77	\$20.77	\$20.77
<b>Delta Dental - PPO - \$0 deductible; \$1,700 annual max - Ortho 50% up to \$1,700 lifetime</b>					
EE Only	\$0.00	\$25.09	\$25.09	\$25.09	\$25.09
Two Party	\$0.00	\$46.80	\$46.80	\$46.80	\$46.80
Family	\$0.00	\$80.11	\$80.11	\$80.11	\$80.11

\*\*\*Includes Teamsters and County, Dental Plan Management fee of \$1.44