

Teamsters Local 1932 Health & Welfare Trust

PRESCHOOL SERVICES DEPARTMENT - 9 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*	9-mo Employees County Plan 2021-22 Total Bi-Weekly Premium	9-mo Employees County Plan 2021-22 Additional Bi-Weekly Premium	9-mo Employees County Plan 2021-22 Employee Out-of-Pocket	Teamsters Plan 2021-22 Bi-Weekly Rates*	9-mo Employees 2021-22 Total Bi-Weekly Premium	9-mo Employees 2021-22 Additional Bi-Weekly Premium	9-mo Employees 2021-22 Bi-Weekly Payroll Deduction
BLUE SHIELD OF CALIFORNIA									
HMO Platinum POS Plan - \$10 copay - \$0/admit; no charge									
EE Only	\$240.72	\$291.01	\$398.22	\$107.21	\$157.50	\$291.01	\$398.22	\$107.21	\$157.50
Two Party	\$240.72	\$580.03	\$793.73	\$213.70	\$553.01	\$580.03	\$793.73	\$213.70	\$553.01
Family	\$240.72	\$819.90	\$1,121.97	\$302.07	\$881.25	\$819.90	\$1,121.97	\$302.07	\$881.25
HMO Gold Access+ Plan - \$40 copay - \$100/admit; plus 20%									
EE Only	\$240.72	\$252.82	\$345.96	\$93.14	\$105.24	\$255.12	\$349.11	\$93.99	\$108.39
Two Party	\$240.72	\$503.65	\$689.21	\$185.56	\$448.49	\$503.65	\$689.21	\$185.56	\$448.49
Family	\$240.72	\$711.83	\$974.08	\$262.25	\$733.36	\$711.83	\$974.08	\$262.25	\$733.36
HMO Gold Trio Plan - \$25 copay - \$100/admit; plus 20%									
EE Only	\$240.72	TEAMSTERS 1932 EXCLUSIVE PLAN				\$255.12	\$349.11	\$93.99	\$108.39
Two Party	\$240.72					\$493.55	\$675.38	\$181.83	\$434.66
Family	\$240.72					\$697.34	\$954.25	\$256.91	\$713.53
KAISER PERMANENTE - SOUTHERN CALIFORNIA									
HMO Platinum Plan - \$10 copay - \$0/admit; no charge									
EE Only	\$240.72	\$322.30	\$441.04	\$118.74	\$200.32	\$322.30	\$441.04	\$118.74	\$200.32
Two Party	\$240.72	\$642.59	\$879.33	\$236.74	\$638.61	\$642.59	\$879.33	\$236.74	\$638.61
Family	\$240.72	\$908.42	\$1,243.10	\$334.68	\$1,002.38	\$908.42	\$1,243.10	\$334.68	\$1,002.38
HMO Gold Plan - \$40 copay - \$100/admit; plus 20%									
EE Only	\$240.72	\$279.89	\$383.01	\$103.12	\$142.29	\$279.89	\$383.01	\$103.12	\$142.29
Two Party	\$240.72	\$557.77	\$763.26	\$205.49	\$522.54	\$557.77	\$763.26	\$205.49	\$522.54
Family	\$240.72	\$788.43	\$1,078.90	\$290.47	\$838.18	\$788.43	\$1,078.90	\$290.47	\$838.18

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

	Dental Premium Subsidy (DPS)	County Plan 2020-21 Bi-Weekly Rates**	9-mo Employees County Plan 2021-22 Total Bi-Weekly Premium	9-mo Employees County Plan 2021-22 Additional Bi-Weekly Premium	9-mo Employees County Plan 2021-22 Employee Out-of-Pocket	Teamsters Plan 2020-21 Bi-Weekly Rates***	9-mo Employees 2020-21 Total Bi-Weekly Premium	9-mo Employees 2020-21 Additional Bi-Weekly Premium	Bi-Weekly Payroll Deduction 9-mo Employees
DELTA DENTAL									
DeltaCare USA - DHMO									
EE Only	\$0.00	\$9.88	\$13.52	\$3.64	\$13.52	\$9.88	\$13.52	\$3.64	\$13.52
Two Party	\$0.00	\$15.94	\$21.81	\$5.87	\$21.81	\$15.94	\$21.81	\$5.87	\$21.81
Family	\$0.00	\$20.77	\$28.42	\$7.65	\$28.42	\$20.77	\$28.42	\$7.65	\$28.42
Delta Dental - PPO - \$0 deductible; \$1,700 annual max - Ortho 50% up to \$1,700 lifetime									
EE Only	\$0.00	\$25.09	\$34.33	\$9.24	\$34.33	\$25.09	\$34.33	\$9.24	\$34.33
Two Party	\$0.00	\$46.80	\$64.04	\$17.24	\$64.04	\$46.80	\$64.04	\$17.24	\$64.04
Family	\$0.00	\$80.11	\$109.62	\$29.51	\$109.62	\$80.11	\$109.62	\$29.51	\$109.62

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