

Teamsters Local 1932 Health & Welfare Trust
PRESCHOOL SERVICES DEPARTMENT
Medical and Dental Plans - 12 Month Employee Premium Rates
2020-21 Plan Year
Date Prepared: 07/23/2020

Plan / Tier	Total Premium per Pay Period	Medical Premium Subsidy / Dental Premium Subsidy	Bi-Weekly Payroll Deduction
BLUE SHIELD OF CALIFORNIA			
HMO Platinum POS Plan			
EE Only	\$269.72	\$240.72	\$29.00
Two Party	\$541.80	\$240.72	\$301.08
Family	\$768.14	\$240.72	\$527.42
HMO Gold Access+ Plan			
EE Only	\$240.72	\$240.72	\$0.00
Two Party	\$474.28	\$240.72	\$233.56
Family	\$670.28	\$240.72	\$429.56
HMO Gold Trio Plan			
EE Only	\$240.72	\$240.72	\$0.00
Two Party	\$472.75	\$240.72	\$232.03
Family	\$664.88	\$240.72	\$424.16
KAISER PERMANENTE - SOUTHERN CALIFORNIA			
HMO Platinum Plan			
EE Only	\$313.40	\$240.72	\$72.68
Two Party	\$624.78	\$240.72	\$384.06
Family	\$883.21	\$240.72	\$642.49
HMO Gold Plan			
EE Only	\$272.16	\$240.72	\$31.44
Two Party	\$542.31	\$240.72	\$301.59
Family	\$766.53	\$240.72	\$525.81
DELTA DENTAL			
DeltaCare USA - DHMO			
EE Only	\$9.88	\$0.00	\$9.88
Two Party	\$15.94	\$0.00	\$15.94
Family	\$20.77	\$0.00	\$20.77
Delta Dental - PPO			
EE Only	\$25.09	\$0.00	\$25.09
Two Party	\$46.80	\$0.00	\$46.80
Family	\$80.11	\$0.00	\$80.11