

Teamsters Local 1932 Health & Welfare Trust
PRESCHOOL SERVICES DEPARTMENT
Medical and Dental Plans - 9 Month Employee Premium Rates
2020-21 Plan Year

Date Prepared: 07/23/2020

Plan / Tier	2020-21 Bi-Weekly Rate	Additional Premium Owed per Pay Period	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	\$113.57	\$383.29	\$240.72	\$142.57
Two Party	\$541.80	\$228.13	\$769.93	\$240.72	\$529.21
Family	\$768.14	\$323.43	\$1,091.57	\$240.72	\$850.85
HMO Gold Access+ Plan					
EE Only	\$240.72	\$101.36	\$342.08	\$240.72	\$101.36
Two Party	\$474.28	\$199.70	\$673.98	\$240.72	\$433.26
Family	\$670.28	\$282.22	\$952.50	\$240.72	\$711.78
HMO Gold Trio Plan					
EE Only	\$240.72	\$101.36	\$342.08	\$240.72	\$101.36
Two Party	\$472.75	\$199.05	\$671.80	\$240.72	\$431.08
Family	\$664.88	\$279.95	\$944.83	\$240.72	\$704.11
KAISER PERMANENTE - SOUTHERN CALIFORNIA					
HMO Platinum Plan					
EE Only	\$313.40	\$131.96	\$445.36	\$240.72	\$204.64
Two Party	\$624.78	\$263.07	\$887.85	\$240.72	\$647.13
Family	\$883.21	\$371.88	\$1,255.09	\$240.72	\$1,014.37
HMO Gold Plan					
EE Only	\$272.16	\$114.59	\$386.75	\$240.72	\$146.03
Two Party	\$542.31	\$228.34	\$770.65	\$240.72	\$529.93
Family	\$766.53	\$322.75	\$1,089.28	\$240.72	\$848.56
DELTA DENTAL					
DeltaCare USA - DHMO					
EE Only	\$9.88	\$4.16	\$14.04	\$0.00	\$14.04
Two Party	\$15.94	\$6.71	\$22.65	\$0.00	\$22.65
Family	\$20.77	\$8.75	\$29.52	\$0.00	\$29.52
Delta Dental - PPO					
EE Only	\$25.09	\$10.56	\$35.65	\$0.00	\$35.65
Two Party	\$46.80	\$19.71	\$66.51	\$0.00	\$66.51
Family	\$80.11	\$33.73	\$113.84	\$0.00	\$113.84