

Teamsters Local 1932 Health & Welfare Trust
PART-TIME UNDER 40 HOURS AND RECURRENT EMPLOYEES

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 Weekly Rates*	Teamsters Plan Employee Out-of-Pocket
BLUE SHIELD OF CALIFORNIA						
HMO Gold Access+ Plan	EE	\$0.00	\$252.82	\$252.82	\$255.12	\$255.12
\$40 copay	EE+1	\$0.00	\$503.65	\$503.65	\$503.65	\$503.65
\$100/admit, plus 20%	EE+2	\$0.00	\$711.83	\$711.83	\$711.83	\$711.83
HMO Gold Trio Plan	EE	\$0.00	TEAMSTERS 1932 EXCLUSIVE PLAN	\$255.12	\$255.12	
\$25 copay	EE+1	\$0.00		\$493.55	\$493.55	
\$100/admit, plus 20%	EE+2	\$0.00		\$697.34	\$697.34	

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