

Teamsters Local 1932 Health & Welfare Trust
Medical Plans - County Plan and Teamsters 1932 Plan
PART-TIME AND RECURRENT EMPLOYEES: Employee Cost Comparison
2020-21 Plan Year

Date Prepared: 10/05/2020

Plan	Coverage Type	Medical Premium Subsidy (MPS)	County Plan 2020-21 Bi-Weekly Rates*	County Plan Employee Out-of-Pocket	Teamsters Plan 2020-21 Weekly Rates*	Teamsters Plan Employee Out-of-Pocket
BLUE SHIELD OF CALIFORNIA						
HMO Gold Access+ Plan	EE	\$0.00	\$238.13	\$238.13	\$240.72	\$240.72
\$40 copay	EE+1	\$0.00	\$474.28	\$474.28	\$474.28	\$474.28
\$100/admit, plus 20%	EE+2	\$0.00	\$670.28	\$670.28	\$670.28	\$670.28
HMO Gold Trio Plan	EE	\$0.00	••• 2020 - NEW PLAN ••• TEAMSTERS 1932 EXCLUSIVE PLAN		\$240.72	\$240.72
\$20 copay	EE+1	\$0.00			\$472.75	\$472.75
\$100/admit, plus 20%	EE+2	\$0.00			\$664.88	\$664.88

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