

LADWP and IBEW Local 18-Sponsored Health Plan Rates

The maximum LADWP subsidy is \$1,850.63. Rates are effective July 1, 2018 through June 30, 2019.

Everyone except Owens Valley, Los Angeles Water and Power Dispatchers Association, Management Employees Association and Association of Confidential Employees⁽¹⁾

Coverage Level	Kaiser HMO	UHC HMO	UHC PPO	Health Plan of Nevada ⁽²⁾	Anthem Blue Cross HMO (Local 18)	Anthem Blue Cross PPO (Local 18)
Employee Only						
With subsidy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Without subsidy	\$653.93	\$897.52	\$899.63	\$1,218.94	\$1,518.83	\$1,716.26
Employee + 1 eligible dependent						
With subsidy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$328.80
Without subsidy	\$1,307.86	\$1,793.70	\$1,797.90	\$2,442.56	\$1,797.80	\$2,179.43
Employee + 2 or more eligible dependents						
With subsidy	\$0.00	\$409.43	\$414.73	\$0.00	\$0.00	\$848.75
Without subsidy	\$1,850.63	\$2,260.06	\$2,265.36	\$3,412.96	\$1,850.63	\$2,699.38

⁽¹⁾Los Angeles Water and Power Dispatchers Association, Management Employees Association and Association of Confidential Employees will continue contributing toward their health insurance premiums.

⁽²⁾Only for employees assigned to a Southern Nevada work location.

For LADWP and IBEW Local 18 Owens Valley Health Plans⁽¹⁾

Rates are effective July 1, 2018 through June 30, 2019.

Coverage Level	UnitedHealthcare Non-Differential PPO	Anthem Blue Cross PPO (Local 18) Prudent Buyer/Owens Valley
Employee Only		
With subsidy	\$0.00	\$0.00
Without subsidy	\$1,270.95	\$1,844.50
Employee + 1 eligible dependent		
With subsidy	\$0.00	\$0.00
Without subsidy	\$2,540.00	\$3,841.73
Employee + 2 or more eligible dependents		
With subsidy	\$0.00	\$0.00
Without subsidy	\$3,200.36	\$4,765.66

⁽¹⁾Available to employees who are assigned to work locations not covered by LADWP-sponsored or IBEW Local 18-sponsored HMO health plans, who live and work in the Owens Valley

LADWP and IBEW Local 18-Sponsored Dental Plan Rates

Rates are effective July 1, 2018 through June 30, 2019.

Coverage Level	Delta Dental Plan (PPO)	United Concordia Plus Dental Plan (DHMO)	Guardian Dental Plans (PPO and DHMO) (Local 18)
Employee Only			
With subsidy	\$0.00	\$0.00	\$0.00
Without subsidy	\$33.35	\$20.18	\$117.90
Employee + 1 eligible dependent			
With subsidy	\$0.00	\$0.00	\$0.00
Without subsidy	\$68.60	\$28.82	\$117.90
Employee + 2 or more eligible dependents			
With subsidy	\$0.00	\$0.00	\$0.00
Without subsidy	\$121.55	\$40.98	\$117.90

If you are a Security Officer (Class Code 3181), you are eligible to enroll in the LADWP Delta Dental Plan, or you may elect a United Concordia Dental Plan through Local Union 721 Zenith American Solutions by calling (877) 802-9740