

LADWP and IBEW Local 18-Sponsored Dental Plan Rates

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

Coverage Level	United Concordia Preferred 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	\$35.79	\$18.24	\$117.90
Employee + 1 eligible dependent			
With subsidy	\$32.02	\$9.13	\$0.00
Without subsidy	\$67.81	\$27.37	\$117.90
Employee + 2 or more eligible dependents			
With subsidy	\$79.49	\$18.74	\$0.00
Without subsidy	\$115.28	\$36.98	\$117.90

Retirees must be enrolled in an IBEW Local 18-sponsored dental plan prior to retirement to participate in the plan. If as a retiree, you cancelled your IBEW Local 18-sponsored dental plan, you are now able to re-enroll into an IBEW Local 18-sponsored plan.