

# Rate and Subsidy Charts

The maximum LADWP subsidy is \$2,457.36. Rates are effective July 1, 2024 through June 30, 2025.

## Rates for Health Plan Choices for Employees Represented by IBEW Local 18<sup>1</sup>

| Coverage Level                                  | Kaiser Permanente HMO | UHC HMO    | UHC PPO    | Health Plan of Nevada <sup>2</sup> | Anthem Blue Cross HMO (Local 18) | Anthem Blue Cross PPO (Local 18) |
|---|-----------------------|------------|------------|------------------------------------|----------------------------------|----------------------------------|
| <b>Employee only</b>                            |                       |            |            |                                    |                                  |                                  |
| With subsidy                                    | \$0.00                | \$0.00     | \$0.00     | \$0.00                             | \$0.00                           | \$0.00                           |
| Without subsidy                                 | \$868.32              | \$2,140.06 | \$1,400.08 | \$1,461.25                         | \$1,900.28                       | \$2,131.08                       |
| <b>Employee + 1 eligible dependent</b>          |                       |            |            |                                    |                                  |                                  |
| With subsidy                                    | \$0.00                | \$35.81    | \$0.00     | \$0.00                             | \$0.00                           | \$24.03                          |
| Without subsidy                                 | \$1,736.64            | \$2,493.17 | \$2,240.13 | \$2,928.11                         | \$2,224.57                       | \$2,481.39                       |
| <b>Employee + 2 or more eligible dependents</b> |                       |            |            |                                    |                                  |                                  |
| With subsidy                                    | \$0.00                | \$281.92   | \$272.80   | \$0.00                             | \$0.00                           | \$620.63                         |
| Without subsidy                                 | \$2,457.36            | \$2,739.28 | \$2,730.16 | \$4,091.43                         | \$2,457.36                       | \$3,077.99                       |

<sup>1</sup> The rates are subject to the approval of the Board of Water and Power Commissioners.

<sup>2</sup> Only for employees assigned to a Southern Nevada work location.

## For LADWP and IBEW Local 18 Owens Valley Health Plans<sup>1,2</sup>

| Coverage Level                                  | UnitedHealthcare Non-Differential PPO | Anthem Blue Cross PPO (Local 18) Prudent Buyer/Owens Valley |
|---|---------------------------------------|---|
| <b>Employee only</b>                            |                                       |   |
| With subsidy                                    | \$0.00                                | \$0.00  |
| Without subsidy                                 | \$1,767.60                            | \$2,237.53  |
| <b>Employee + 1 eligible dependent</b>          |                                       |   |
| With subsidy                                    | \$0.00                                | \$0.00  |
| Without subsidy                                 | \$3,532.55                            | \$4,674.93  |
| <b>Employee + 2 or more eligible dependents</b> |                                       |   |
| With subsidy                                    | \$0.00                                | \$0.00  |
| Without subsidy                                 | \$4,450.95                            | \$5,799.31  |

<sup>1</sup> The rates are subject to the approval of the Board of Water and Power Commissioners.

<sup>2</sup> 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.

## Rates for Health Plan Choices for Employees and Managers Represented by the Association of Confidential Employees (ACE), Los Angeles Water and Power Dispatchers Association, Management Employees Association (MEA), Service Employees International Union, Local 721, and Exempt Managers (Bargaining Unit V)<sup>1,2</sup>

| Coverage Level                                   | Kaiser Permanente HMO | UHC HMO    | UHC PPO    | UHC NON DIFF PPO <sup>2</sup> |
|--|-----------------------|------------|------------|-------------------------------|
| <b>Employee only</b>                             |                       |            |            |                               |
| With subsidy                                     | \$0.00                | \$0.00     | \$0.00     | \$0.00                        |
| Without subsidy                                  | \$868.32              | \$2,140.06 | \$1,400.08 | \$2,237.53                    |
| <b>Employee + 1 eligible dependent</b>           |                       |            |            |                               |
| With subsidy                                     | \$0.00                | \$35.81    | \$0.00     | \$0.00                        |
| Without subsidy                                  | \$1,736.64            | \$2,493.17 | \$2,240.13 | \$4,674.93                    |
| <b>Employee + 2 or more eligible dependentsw</b> |                       |            |            |                               |
| With subsidy                                     | \$0.00                | \$281.92   | \$272.80   | \$0.00                        |
| Without subsidy                                  | \$2,457.36            | \$2,739.28 | \$2,730.16 | \$5,799.31                    |

<sup>1</sup> The rates are subject to the approval of the Board of Water and Power Commissioners.

<sup>2</sup> UHC Non-Differential PPO plan is only available to ACE, MEA and Exempt Managers (Bargaining Unit V)

## LADWP and IBEW Local 18-Sponsored Dental Plan Rates<sup>1,2</sup>

Rates are effective July 1, 2024 through June 30, 2025.

| Coverage Level                                  | Delta Dental Plan (PPO) | United Concordia Plus Dental Plan (DHMO) | Guardian Dental Plans (PPO) (Local 18) <sup>2</sup> | Guardian Dental Plans (DHMO) (Local 18) <sup>2</sup> |
|---|-------------------------|--|---|--|
| <b>Employee only</b>                            |                         |  |   |  |
| With subsidy                                    | \$0.00                  | \$0.00                                   | \$0.00  | \$0.00   |
| Without subsidy                                 | \$42.34                 | \$18.80                                  | \$135.86  | \$112.97   |
| <b>Employee + 1 eligible dependent</b>          |                         |  |   |  |
| With subsidy                                    | \$0.00                  | \$0.00                                   | \$0.00  | \$0.00   |
| Without subsidy                                 | \$85.35                 | \$26.85                                  | \$135.86  | \$112.97   |
| <b>Employee + 2 or more eligible dependents</b> |                         |  |   |  |
| With subsidy                                    | \$0.00                  | \$0.00                                   | \$0.00  | \$0.00   |
| Without subsidy                                 | \$139.94                | \$38.17                                  | \$135.86  | \$112.97   |

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**.

<sup>1</sup> The rates are subject to the approval of the Board of Water and Power Commissioners.

<sup>2</sup> IBEW Local 18-sponsored plans are available to members of IBEW Local 18-represented classifications only.