

LADWP and IBEW Local 18-Sponsored Dental Plan Rates

Rates are effective July 1, 2021 through June 30, 2022.

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	\$31.95	\$20.89	\$116.46
Employee + 1 eligible dependent			
With Subsidy	\$0.00	\$0.00	\$0.00
Without Subsidy	\$65.73	\$29.83	\$116.46
Employee + 2 or more eligible dependents			
With Subsidy	\$0.00	\$0.00	\$0.00
Without Subsidy	\$116.46	\$42.41	\$116.46

If you are a Security Officer (Class Code 3138), 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.