

Rates for 2024-2025 Dental Plans

For LADWP-sponsored and IBEW Local 18-sponsored dental plans.

Rates are effective July 1, 2024 through June 30, 2025¹.

Coverage Level	United Concordia Preferred Dental Plan (PPO)	United Concordia Plus Dental Plan (DHMO)	Guardian Dental Plans (PPO) (Local 18) ²	Guardian Dental Plans(DHMO) (Local 18) ²
Retiree only				
With Subsidy	\$0.00	\$0.00	\$0.00	\$0.00
Without Subsidy	\$37.71	\$16.99	\$135.86	\$112.97
Retiree +1 eligible dependent				
With Subsidy	\$33.74	\$8.51	\$0.00	\$0.00
Without Subsidy	\$71.45	\$25.50	\$135.86	\$112.97
Retiree +2 or more eligible dependents				
With Subsidy	\$83.76	\$17.45	\$0.00	\$0.00
Without Subsidy	\$121.47	\$34.44	\$135.86	\$112.97

¹ The rates are subject to the approval of the Board of Water and Power Commissioners.

² Retirees must be enrolled in Anthem Blue Cross or Guardian Dental prior to retirement to participate in the plan. If as a retiree you cancelled your IBEW Local 18-sponsored Anthem Blue Cross or Guardian Dental plan, you are now able to re-enroll into an IBEW Local 18-sponsored dental plan.