

LADWP and IBEW Local 18-Sponsored Health Plans Rates

Rates are effective July 1, 2021 through June 30, 2022.¹

		UNITED HEALTHCARE MEDICARE ADVANTAGE PPO OPTION A	UNITED HEALTHCARE MEDICARE ADVANTAGE PPO OPTION B	UNITED HEALTHCARE MEDICARE ADVANTAGE PPO OPTION C	KAISER/ SENIOR ADVANTAGE	UNITED HEALTHCARE MEDICARE ADVANTAGE HMO	HPN ² /UHC MEDICARE ADVANTAGE HMO ³	ANTHEM BLUE CROSS HMO (LOCAL 18) ⁴	ANTHEM BLUE CROSS PPO (LOCAL 18) ⁴	ANTHEM BLUE CROSS OWENS VALLEY (LOCAL 18) ⁴
1	Retiree Under Age 65									
A	Self Only	\$1,476.67	\$1,281.59	\$997.48	\$935.44	\$1,807.64	\$1,391.68	\$1,533.21	\$1,721.93	\$1,808.97
B	Self + 1 dependent under 65	\$2,953.42	\$2,563.25	\$1,994.99	\$1,870.87	\$3,730.35	\$2,788.71	\$1,801.21	\$2,170.96	\$3,804.90
C	Self + 2 or more dependents under 65	\$3,867.93	\$3,356.95	\$2,612.74	\$2,647.28	\$4,092.48	\$3,896.64	\$2,074.90	\$2,691.58	\$4,729.10
D	Self + 1 dependent with Medicare Parts A & B	\$1,967.72	\$1,692.16	\$1,244.83	\$1,261.19	\$2,260.16	\$1,662.66	\$1,801.21	\$2,170.96	\$3,804.90
E	Self + 1 dependent with Medicare Part B	\$2,381.90	\$2,031.56	\$1,488.56	\$1,573.19	\$3,352.58	\$2,788.71	\$1,801.21	\$2,170.96	\$3,804.90
2	Retiree Over Age 65 and with Medicare Parts A & B									
A	Self Only	\$491.05	\$410.57	\$247.35	\$325.75	\$452.52	\$265.63	\$1,000.08	\$1,558.88	N/A
B	Self + 1 dependent under 65	\$1,967.72	\$1,692.16	\$1,244.83	\$1,261.18	\$2,260.16	\$1,662.66	\$1,591.83	\$1,838.51	N/A
C	Self + 2 or more dependents under 65	\$2,882.31	\$2,485.93	\$1,862.61	\$2,037.59	\$2,737.36	\$2,770.59	\$1,987.84	\$2,360.33	N/A
D	Self + 1 dependent with Medicare Parts A & B	\$982.10	\$821.14	\$494.70	\$651.50	\$905.04	\$531.26	\$1,570.85	\$1,838.51	N/A
E	Self + 1 dependent with Medicare Part B	\$1,396.28	\$1,160.54	\$738.43	\$963.50	\$1,997.46	\$1,662.66	Self + 1 dependent with Medicare Parts A & B + 1 or more dependent(s) under 65 \$1,966.86 \$2,360.33		N/A
3	Retiree Over Age 65 and with Medicare Part B Only									
A	Self Only	\$905.23	\$749.97	\$491.08	\$637.75	\$1,544.94	\$1,391.68	N/A	N/A	N/A
B	Self + 1 dependent under 65	\$2,381.90	\$2,031.56	\$1,488.56	\$1,573.18	\$3,352.53	\$2,788.71	N/A	N/A	N/A
C	Self + 2 or more dependents under 65	\$3,296.49	\$2,825.33	\$2,106.34	\$2,349.59	\$3,829.80	\$3,896.64	N/A	N/A	N/A
D	Self + 1 dependent with Medicare Parts A & B	\$1,396.28	\$1,160.54	\$738.43	\$963.50	\$1,997.46	\$1,662.66	N/A	N/A	N/A
E	Self + 1 dependent with Medicare Part B	\$1,810.46	\$1,499.94	\$982.16	\$1,275.50	\$3,089.88	\$2,788.71	N/A	N/A	N/A

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

² For retirees who are under age 65 or who are age 65 or over with Medicare Part B only and reside in Nevada.

³ For retirees age 65 or over with Medicare Parts A and B and reside in Nevada.

⁴ Retirees must be enrolled in Anthem Blue Cross prior to retirement to participate in the plan. If as a retiree you cancelled your IBEW Local 18-sponsored medical plan, you are now able to re-enroll into an IBEW local 18-sponsored plan.