ILWU-PMA BENEFIT PLANS /
International Longshore & Warehouse Union —
Pacific Maritime Association www.benefitplans.org
1188 FRANKLIN STREET • SUITE 101 • SAN FRANCISCO, CALIFORNIA 94109
PHONE (415) 673-8500
FAX (415) 749-1321

ILWU-PMA Pension Plan
ILWU-PMA Welfare Plan
ILWU-PMA Watchmen Pension Plan

Date: May 20, 2025

To: ILWU Non-Choice Port Locals

Oregon: 21
Washington: 7, 24, 25, 27, and 51

From: Mario Perez, Director of Benefit Plans

Subject: ANNUAL DENTAL PLAN CHOICE

The annual dental plan choice period for eligible active and retired longshoremen will take place in May and early June for plan changes effective July 1, 2025.

Note: In addition to the May dental plan choice period, eligible active and retired longshoremen may change their dental plans once at any time during the Plan Year.

The enclosed dental plan choice form for your area has been prepared to help members choose a dental plan. Additional copies will be furnished upon request.

Choice Forms for dental plan choice, with the applicable enrollment application, must be completed by the Member and submitted to the Benefit Plans Office no later than June 20, 2025, to ensure timely notification to the medical plans before the July 1 effective date. Choice Forms, enrollment applications, and supplemental summary plan descriptions will be furnished upon request. There is no action required if you wish to remain with your current dental plan.

DENTAL PLAN CHOICES:

Washington Dental Service (Delta Dental) or Dental Health Services

Enclosures

cc: Area Welfare Directors

MP:st/opeiu29aflcio/Memo to Ports Annual Dental Plan Choice Draft 051925-05202025

ILWU-PMA Welfare Plan
Dental Program Choice Form

For Washington Locals 7, 19, 21, 23, 24, 25, 27, 32, 47, 51, 52, 98 and Retirees and Survivors living in Washington

CHECK (√) YOUR CHOICE AND SIGN BELOW

DENTAL PROGRAM

☐ **Delta Dental of Washington**

☐ **Dental Health Services**

If you choose Dental Health Services (DHS), you must choose a dentist from the directory of DHS Participating Providers as your regular dentist. Please list your DHS dentist below.

_____
Name of Dentist – PLEASE PRINT Provider #

_____
City

_____
Member's Name – PLEASE PRINT

_____
Member's Signature

_____
Date Local Registration No.

( )
_____
Telephone Number

_____
Street

_____
City State Zip

DENTAL CHOICE

Eligible families in Washington Locals 7, 19, 21, 23, 24, 25, 27, 32, 47, 51, 52 and 98, and retirees and survivors living in Washington are now offered a choice of dental plans. The choice is made when eligibility is first obtained. Plans may be changed during Annual Enrollment each year, in May. In addition to the May Annual Enrollment period, members may change their dental plan once at any time during the Plan Year (July 1-June 30). You must give the Benefit Plans Office written notice of your change. The Benefit Plans Office will provide written confirmation of the change and notice of the effective date. Retirees and survivors are also offered a choice when they move into a new area where more than one plan is available.

If you are a new eligible, or if you want to change dental plans, complete and mail this form to:

ILWU-PMA Benefit Plans
1188 Franklin Street, Suite 101
San Francisco, CA 94109

EFFECTIVE DATE

If you have just become eligible for ILWU-PMA Welfare Plan benefits, your dental coverage begins the same date as your Welfare Plan eligibility. Enrollment forms will be sent to your address of record.

If you are already enrolled but are changing dental plans during the May Annual Enrollment period, your coverage under the new plan begins July 1. If you are changing dental plans during the Plan Year, your coverage under the new plan will begin as soon as possible following receipt of your request in the Benefit Plans Office.

If you are a retiree or survivor moving to a new area, your coverage under the new plan will coincide as nearly as possible with your move.

(OVER)

BENEFITS

The Dental Plans are briefly described in this section. You will be furnished with a Supplemental Summary Plan Description for the Dental Plan you choose. If you wish to examine Plan Descriptions for the plans in your area before making your choice, they are available upon request at the Locals, the Benefit Plans Office, or your Area Welfare Director. Dependents must be enrolled in the same plan as the adult through whom enrolled.

Delta Dental of Washington: You may visit any licensed dentist. By selecting a participating dentist (member of Delta Dental) you are assured of direct payment to the dentist and a guarantee of the maximum benefits payable. No identification card is necessary. The dentist submits the claim to Washington Dental Service, and payment is made directly to the dentist. Most dentists in Washington have the necessary claim forms. The adult dental program pays 80% of the participating Dentist's Maximum Allowable Charge (MAC) for covered services. Use of a non-Delta Dental dentist may result in Plan payment of less than 80% and member responsibility of more than 20%. The children's dental program covers children up to age 19 and provides covered dental services, other than orthodontic services, at no cost to the patient. For orthodontic services, Delta Dental of Washington will pay 90% of the Dentist's Maximum Allowable Charge (MAC) for children up to age 19. The member is responsible for the remaining balance. Dental benefits for Dependent Children will terminate on the first of the month following the attainment of age 26.

Dental Health Services: Under this plan, all services are provided by DHS contracted dentists. You must choose a dentist from the list of Dental Health Services Participating Providers as your regular dentist. You must see this dentist except for emergencies. No identification card is necessary, there are no claim forms to fill out, and prior authorization of treatment is not required. Most covered services are provided at no cost to the patient. For orthodontic services the DHS Group Plan will pay 90% of the DHS contracted dentist's Maximum Allowable Charge (MAC) for children up to age 19. The member is responsible for the remaining balance. Dental benefits for Dependent Children will terminate on the first of the month following the attainment of age 25.

PLAN CHOICES AND WHERE SERVICES ARE OBTAINED

DELTA DENTAL OF WASHINGTON

Services provided by any licensed dentist. However, you must use a Delta Dental participating dentist to be assured of 80% payment of the participating Dentist's MAC for adults; 100% payment for children; and 90% of the participating Dentist's MAC for orthodontic services for children up to age 19.

DENTAL HEALTH SERVICES

Services provided by DHS contracted dentists. Refer to DHS' Directory of Washington Participating Dentists or visit DHS' website at www.dentalhealthservices.com

Note: Dental Implants – Benefits for approved dental implant procedures are not provided under ILWU-PMA Welfare dental plans. A request for review (precertification) of proposed dental implant procedures should be submitted to the Benefit Plans Office.