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 December 3, 2025

TO: ILWU Longshore, Ship Clerks and Walking Boss/Foremen Locals

FROM: Mario Perez, Welfare Plan Director

SUBJECT: Request for Medicare Part B Premium Information

Enclosed is a copy of the notice mailing to pensioners and beneficiaries requesting proof of their 2026 Medicare Part B premium amount. The request is to ensure the Plan is reimbursing the correct monthly premium amount and to advise them Medicare has increased the base premium amount for 2026.

Enclosure

A copy of this memo can be downloaded at www.benefitplans.org

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Date December 3, 2025

Subject: ILWU-PMA Welfare Plan
Proof of 2026 Medicare Part B Premium-Medicare Eligibles

For many Medicare-eligible participants, Medicare Part B premiums change January 1 of each year. To ensure you are reimbursed the correct premium, Medicare Eligibles (including pensioners, beneficiaries, spouses, and disabled adult children) must submit a copy of their 2026 Medicare Part B Social Security notice to the Benefit Plans Office no later than May 31, 2026. However, please note that more time may be allowed for those experiencing extenuating circumstances which might delay their ability to timely submit their 2026 Social Security notice (e.g., hospitalization, out of the country for an extended period of time, etc.).

Medicare has increased the standard monthly premium for Medicare Part B enrollees to $202.90 for 2026, an increase of $17.90 from the 2025 premium of $185.00. For those paying the standard Medicare Part B monthly premium, you will notice this increase in premium cost in your monthly Pension check beginning in 2026.

Please note the Plan will only reimburse premiums being paid by members. If your premium is being paid by a third party, you are not eligible for reimbursement and should notify the Benefit Plans Office.

The Social Security Administration mails you a letter towards the end of November or the beginning of December with your upcoming premium rate for the following year. Please provide the Benefit Plans Office with a copy of the Social Security letter showing your 2026 Part B premium as soon as possible. Be sure to write your Registration Number next to the name to ensure efficient and accurate processing.

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Please refer to the back page for samples of an acceptable Social Security Administration letter/notice. If you misplaced or do not have your letter/notice, contact the Social Security Administration at 1-800-772-1213 to request another copy. You may also go online to www.ssa.gov and print out a copy of your 'Benefit Verification letter'.

Letters/notices received by May 31, 2026, will receive retroactive adjustment to January 2026. Letters/notices received after May 31, 2026, will be reimbursed based on the month of receipt and no retroactive adjustment will be made (unless otherwise allowed by the Benefit Plans Office as noted in the first paragraph). Because Medicare Part B reimbursement payments are tax exempt, any overpayments will be collected.

Please submit your letter/notice as soon as possible. **If you have already submitted your notice for 2026, please disregard this request.** You may also fax your letter/notice to 415-749-1400 or email your paperwork to Medicare@benefitplans.org to expedite delivery. Due to the high volume of Medicare Part B premium documents the BPO will be receiving, please allow up to 60 days before calling to check status of your monthly reimbursement.

If you have any questions, please contact the Benefit Plans Office at 888-372-4598, extension 390.

MP:st/opeiu29aflcio/Medicare Part B Premium Request 12.03.2025