

ILWU-PMA Welfare Plan Dental Program Choice Form

For Portland/Vancouver Locals 4, 8, 40, 92
and Retirees and Survivors living in Portland/Vancouver Area

CHECK (✓) YOUR CHOICE AND SIGN BELOW

DENTAL PROGRAM

**Oregon Dental Service (ODS)/
Delta Dental of Washington**
No enrollment form needed

Member's Name – PLEASE PRINT

Oregon Kaiser Dental Plan
Be sure to attach a completed Kaiser
enrollment application. (Enrollment
applications are available at the Locals.)

Member's Signature

LifeMap – Willamette Dental
No enrollment form needed

Date Local Registration No.

() _____
Telephone Number

Street

City State Zip

DENTAL CHOICE

Eligible families in Portland/Vancouver Locals 4, 8, 40 and 92 and retirees and survivors living in the Portland/Vancouver area have 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 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.

Oregon Dental Service:

**P.O. Box 40384
Portland, OR 97240-0384
877-277-7280
www.odskompanies.com**

Delta Dental of Washington:

**P.O. Box 75688, Northgate Station
Seattle, WA 98175-0983
800- 554-1907
www.deltadentalwa.com**

You may visit any licensed dentist. By selecting a participating dentist (member of Delta Dental's Premier Network) 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 Oregon Dental Service (ODS)/Delta Dental of Washington, and payment is made directly to the dentist. Most dentists in Oregon/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 network 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, Oregon Dental Service (ODS)/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.

Oregon Kaiser Dental Plan:

**500 NE Multnomah St., Suite 100
Portland, OR 97232-2099
Portland area – 503-813-2000 All other areas- 800-813-2000
www.kaiserpermanentedentalnw.org/getting_care/**

All dental services are provided only at Kaiser Oregon Dental facilities. 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; please see the Oregon Kaiser Dental Plan SSPD for Service Co-Pays. Dental benefits for Dependent Children will terminate on the first of the month following the attainment of age 26.

LifeMap-Willamette Dental:

**6950 NE Campus Way
Hillsboro, OR 97124
800- 460-7644
www.willamettedental.com**

All dental services are provided only at Willamette Dental facilities. 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; please see the LifeMap-Willamette Dental SSPD for Service Co-Pays. Dental benefits for Dependent Children will terminate on the first of the month following attainment of age 19, or for fulltime students, age 23.

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