

# ILWU-PMA BENEFIT PLANS /

International Longshore & Warehouse Union —  
Pacific Maritime Association [www.benefitplans.org](http://www.benefitplans.org)

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ILWU-PMA Pension Plan  
ILWU-PMA Welfare Plan

ILWU-PMA Watchmen Pension Plan

**May 6, 2026**

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, 2026.

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 19, 2026, 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:alh/opeiu29, afl-cio/ Annual Dental Plan Choice – 05.2026

# 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**

\_\_\_\_\_  
Member's Name – PLEASE PRINT

**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.**

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date Local Registration No.

\_\_\_\_\_  
Name of Dentist – PLEASE PRINT

\_\_\_\_\_  
Provider #

( ) \_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City

\_\_\_\_\_  
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](http://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.