ILWU-PMA Welfare Plan
Dental Program Choice Form

For Southern California Locals 29 and 46
and Retirees and Survivors living in Southern California

CHECK (√) YOUR CHOICE AND SIGN BELOW

DENTAL PROGRAM

☐ Delta Dental of California

☐ 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 Name – PLEASE PRINT

   ________________________________
   Member’s Signature

   Date __________________________
   Local _________________________
   Registration No. _________________________

   Provider # __________________________
   Telephone Number _________________________

   ________________________________
   Name of Dentist–PLEASE PRINT

   ________________________________
   City

   ________________________________
   Street

   ________________________________
   City __________________ State ____________ Zip ____________

DENTAL CHOICE

Eligible families in Southern California Locals 29 and 46 and retirees and survivors living in Southern California
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. Dental Benefits for Dependent Children will terminate on the first of the month following the attainment of age 26.

Delta Dental of California: 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 Delta Dental, and payment is made directly to the dentist. Most dentists in California 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 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 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 Health Services: Under this plan, all services are provided by DHS contracted dentists. You must choose a dentist from the directory 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.

PLAN CHOICES AND WHERE SERVICES ARE OBTAINED

DELTA DENTAL OF CALIFORNIA
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 California Participating Dentists or visit DHS’ website at www.dentalhealthservices.com

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.