

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

September 2, 2022

To: ILWU Longshore, Ship Clerk, Walking Boss/Foreman, and Watchmen Locals

From: Mario Perez, Director of Benefit Plans

Subject: COBRA Mailing

The attached letter and COBRA notices are being mailed to a group of members who were not previously sent COBRA notices when their coverage terminated. Please direct these members to the Benefit Plans Office for assistance, if they have any questions.

cc: Area Welfare Directors

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

ILWU-PMA Pension Plan
ILWU-PMA Welfare Plan

ILWU-PMA Watchmen Pension Plan

August 2022

Re: COBRA Continuation Coverage Under the ILWU-PMA Coastwise Indemnity Plan

We recently discovered that on 12/31/2021 you experienced a qualifying event and your coverage under the ILWU-PMA Coastwise Indemnity Plan (the "Plan") terminated, subject to a COBRA continuation election opportunity. Due to administrator error, the Plan's COBRA administrator failed to generate and send a COBRA election notice.

This letter accompanies a COBRA notice providing you the opportunity to elect COBRA continuation coverage for certain Welfare Plan benefits, with such COBRA coverage extending retroactive to your coverage termination date.

COBRA Election Options

Because you are receiving this notice outside of the original COBRA election window, we are offering you the following choices, if you choose to elect continuation coverage:

Coverage Election	Description
Retroactive Coverage	<p>If you elect this option, your coverage under the Plan will be reinstated retroactive to the date of your original qualifying event. You will be responsible for COBRA premiums for the retroactive coverage period, as if you had elected COBRA coverage when you terminated employment. You will generally be eligible to continue COBRA coverage for 18 months from your original qualifying event date, assuming timely payment of COBRA premiums and assuming you do not experience a second qualifying event.</p> <p>When deciding whether to elect retroactive coverage, you should consider whether you have incurred medical expenses that were not reimbursed by another health plan that would exceed the amount of the premiums you would owe if you were to elect retroactive coverage.</p> <p>Under this option, you will be permitted to specify that your COBRA coverage (and the associate premium obligation) shall cease at the end of any month following your qualifying event date. In other words, you will not be required to elect COBRA from your qualifying event date to present. But, you may not pick specific months for which you want coverage. You will be responsible for the full premium from your qualifying event date until the end of the month in which you desire coverage to terminate.</p> <p><i>Example: If your qualifying event was February 1, 2022, you may elect COBRA continuation coverage that commences on February 1, 2022, and ends on April 30, 2022. Or, you may elect COBRA continuation coverage that commences on February 1, 2022, and continues to present (and through the end of your COBRA period, if you continue to pay required premiums). You may not elect COBRA coverage for the months of May and June only, however.</i></p> <p style="text-align: right;">(over)</p>

Coverage Election	Description
Prospective Coverage	<p>If you elect this option, your COBRA coverage will commence as of September 1, 2022. You will only be responsible for COBRA premiums commencing with the date your coverage commences.</p> <p>Please note, if you elect this option, it will not extend your maximum COBRA eligibility period. Your eligibility period will be measured from your qualifying event date.</p>
No COBRA Coverage	<p>You might decide not to elect coverage. Instead of enrolling in COBRA continuation coverage, there may be other more affordable coverage options through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage.</p>

Premium Payments

Failure to pay your required premium in a timely fashion will result in a loss of coverage. If you elect retroactive coverage, any premiums owed for retroactive coverage will be due upon your first required payment date.

Outbreak Period Premium and Election Tolling

Due to the COVID-19 pandemic and the associated National Health Emergency, various plan deadlines have been tolled. Specifically, the typical timeframes for electing and paying COBRA premiums are tolled until the earlier of (a) the end of the National Health Emergency plus 60 days, or (b) one year from the original deadline. For more information on these extensions and how they may apply to you, please contact Mario Perez at the Benefit Plans Office.

* * *

Attached to this letter you will find your COBRA election notice. If you want to elect COBRA coverage, either retroactively or prospectively, please contact the Benefit Plans Office at (888) 372-4598.

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August 30, 2022

FROM: ILWU-PMA Welfare Plan

RE: Your Right to Purchase COBRA* Continuation Coverage for

Medical COASTWISE INDEMNITY PLAN
Dental DELTA DENTAL OF CALIFORNIA - ADULT

Your group coverage provided under the ILWU-PMA Welfare Plan would normally terminate as of 12/31/2021 because of Loss of Hours.

You may, however, elect to purchase continuation coverage through the Welfare Plan at group rates, at your expense, for yourself (and eligible dependents if any), for up to 18 months by completing the enclosed Election Form.

You must complete and return the Election Form within 60 days after (a) the date of this letter or (b) your termination date listed above, whichever is later. If you do not return the Election Form within this 60-day period, you will not be able to purchase continuation coverage.

If you elect to purchase continuation coverage, you have two options. You can purchase either:

1. **BASIC** medical benefits includes hospital, medical, surgical benefits, prescription drugs, alcoholism/drug recovery program, hearing aid, vision care (group practice plans only), and supplemental medical benefits which vary from health plan to plan.

Cost \$ \$3314.92 per month

OR

2. **BASIC** (as above) **PLUS** vision care (unless otherwise provided) and dental benefits.

Cost \$ \$3515.60 per month

These costs may be increased as permitted under federal regulations.

A federal law, part of the Consolidated Omnibus Budget Reconciliation Act of 1985.

(over)

If you elect to purchase continuation coverage, you will be billed for the coverage you select starting on the date your Welfare Plan eligibility would otherwise terminate . No breaks in coverage are allowed. Your coverage will be continued under the same health plan in which you were enrolled prior to your termination date.

After the initial billing, you will be billed monthly. Payments will be due by the 20th of the month for coverage the following month, whether or not a bill is received. Late payments will result in permanent loss of continuation coverage. Do not send a payment with your Election form; you will receive a bill for your initial payment.

For HMO participants who do not elect to purchase continuation coverage through the Welfare Plan, you have another option. You can apply to your health plan for conversion to individual coverage. Information about individual conversion of your HMO (Kaiser or Group Health Cooperative) coverage will be sent to you by your health plan when the health plan learns that your group coverage is terminating. If you have questions about the cost and benefits of individual conversion, please contact your health plan directly.

Please read the enclosed "COBRA Notice" for a complete description of COBRA eligibility and continuation coverage. Then, complete and return the appropriate Election Form to let us know whether or not you wish to purchase continuation coverage. Remember, if you do wish to purchase continuation coverage, your Election Form must be received within 60 days after the date of this letter or the date your coverage would otherwise normally terminate.

Enclosures

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 * **INSTRUCTIONS** *
 * **Employee:** To elect or decline continuation coverage for yourself and dependents, *
 * complete this form. If you are married, both you and your spouse must sign. *
 * *
 * Please note there are other coverage alternatives that may be available to you *
 * through the Health Insurance Marketplace. Please read the information contained *
 * in this notice very carefully. *

COBRA CONTINUATION COVERAGE ELECTION FORM 1 - ELECTION BY EMPLOYEE

I have read the Benefit Plans letter and enclosed Notice notifying me of my right to purchase COBRA continuation coverage. I hereby make my election as indicated below:

[] Yes, I elect to purchase continuation coverage for myself and dependents listed on the back of this form. I select the following coverage at the cost per month specified in the Benefit Plans letter:

(check one)

[] BASIC medical benefits - hospital, medical, surgical, prescription drugs, vision care (group practice plans only), hearing aid, alcoholism/drug recovery program, supplemental medical benefits.

[] BASIC medical benefits PLUS vision care (unless otherwise provided), and dental benefits.

If you have elected to purchase continuation coverage, please complete both sides of this form.

[] No, I decline continuation coverage for myself and dependents. I understand that my coverage under the Welfare Plan will end as of the termination date specified in the Benefit Plans letter.

Employee's Name **(PLEASE PRINT)** _____

Local _____ Reg. No. _____ Soc. Sec. No. _____

Address _____
Street

City _____ State _____ Zip Code _____

Signature of Employee

Date

Signature of Spouse

Date

Complete Page Three only if you have elected to purchase continuation coverage.

There may be other coverage options for you and your family. When key parts of the health care law take effect, you'll be able to buy coverage through the Health Insurance Marketplace. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Being eligible for COBRA does not limit your eligibility for coverage for a tax credit through the Marketplace. Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse's plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days.

**COBRA CONTINUATION COVERAGE ELECTION
FORM 1 - ELECTION BY EMPLOYEE**

Dependent Information. List the information below for all qualified dependents (spouse, children):

NAME	SOC. SEC. NO.	DATE OF BIRTH	RELATIONSHIP TO EMPLOYEE

Employee's Signature

Date

Do not enclose payment. If you have elected to purchase continuation coverage, you will be billed for the initial payment.

Mail completed form to: ILWU-PMA Benefit Plans
1188 Franklin Street, Suite 101
San Francisco, CA 94109

