# ILWU-PMA BENEFIT PLANS /

International Longshore & Warehouse Union – Pacific Maritime Association

1188 FRANKLIN STREET • SUITE 101 • SAN FRANCISCO, CALIFORNIA 94109

ILWU-PMA Pension Plan ILWU-PMA Welfare Plan ILWU-PMA Watchmen Pension Plan ILWU-PMA Supplemental Welfare Benefit Plan

September 21, 2009

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

From: Elizabeth Sharpe, Manager, Welfare Plans

Subject: ILWU-PMA Coastwise Indemnity Plan – Schedule of Benefit Allowances

Attached is the Coastwise Indemnity Plan Schedule of Basic Plan Benefit Allowances effective October 1, 2009. A supply will be sent to you.

Attachment

cc: Area Welfare Directors

A copy of this memo can be downloaded at <u>www.benefitplans.org</u>

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## SUMMARY OF BENEFITS FOR NON-MEDICARE ELIGIBLES ILWU-PMA Coastwise Indemnity Plan Schedule of Basic Plan Allowances Effective October 1, 2009

The following Basic Benefits are paid at 100% of the scheduled amounts shown below for the applicable type of medical expense and are not subject to a deductible. These benefits do not count toward your Major Medical lifetime maximum. In most cases, the balance of UCR charges remaining after these Basic Benefits have been paid is covered under the Major Medical plan. (Note: Substance abuse treatment is not covered under Major Medical.) These Basic Plan Allowances are subject to periodic adjustment.

## **Hospital Benefits**

Room & Board: Up to \$637.06 per day, for up to 365 days per confinement.

Hospital Extras\*:

PPO: 100% of PPO charges

Non-PPO: Up to \$7,964.02 with any balance at 80% of UCR under Major Medical No PPO Access: 100% of UCR

Ambulance: Up to \$588.63 per confinement for transportation to or from a hospital (included in the Hospital Extras benefit).

\*(The *Hospital Extras* benefit is payable for inpatient hospital charges for supplies and services other than room and board, outpatient hospital charges incurred for surgery or accident treatment, and surgery charges from approved ambulatory surgi-centers.)

## **Surgery and Anesthesia**

# **Doctor Visits**

Maximum per day:	
Office Visits	\$48.43
Home Visits	\$79.48
Hospital Visits	\$48.43
Maximum hospital visit per confinement:	\$17,676.95

#### **Diagnostic X-Ray and Laboratory – Outpatient**

Maximum per accident or sickness in each 6-month period......\$796.40 (Benefit maximum renews on January 1 and July 1 each year)

#### Maternity

Pregnancy related expenses are paid on the same basis as any other medical condition under the Basic and Major Medical benefits of the plan.

A copy of this insert can be downloaded at <u>www.benefitplans.org</u>