ILWU-PMA Benefit Plans - 1188 Franklin St., Ste. 101 - San Francisco, CA 94109 - (415) 673-8500

THIS MAILING CONTAINS INFORMATION FOR PENSIONERS, SURVIVING SPOUSES AND ALTERNATE PAYEES UNDER THE ILWU-PMA PENSION PLAN OR THE ILWU-PMA WATCHMEN PENSION PLAN AND PENSIONERS AND BENEFICIARIES RECEIVING MEDICARE PART B REIMBURSEMENT UNDER THE ILWU-PMA WELFARE PLAN

For Pensioners and Beneficiaries receiving Medicare Part B Reimbursement under the ILWU-PMA Welfare Plan:

MEDICARE PREMIUM RATE

The Medicare Part B premium for 2014 will be \$104.90 per person if the member's modified adjusted gross income does not exceed \$85,000 (\$170,000 for couples). Individuals whose modified adjusted gross income exceeds \$85,000 (\$170,000 for couples) are subject to higher premium amounts.

Pensioners and Beneficiaries whose monthly Medicare Part B premium is higher than the standard rate of \$104.90 must submit documentation annually to the Plan office verifying the amount of their monthly premium.

If you receive a Medicare Part B reimbursement amount which you believe is incorrect, please contact the Benefit Plans office immediately.

DISABLED PERSONS UNDER AGE 65

A disabled person <u>under age 65</u> is entitled to Medicare coverage after the 24th month of his or her social security benefit entitlement. Under provisions of the Welfare Plan, eligible pensioners and their dependents and survivors under age 65 must notify the Benefit Plans office when they become eligible for Medicare due to disability. **If you have not reported your own or your dependent's entitlement to Medicare -- do so now**, as this will allow us to reimburse your Medicare premium.

ALL PERSONS

The Benefit Plans office must be notified about any of the events listed below:

 CHANGE OF MARITAL STATUS – Divorce, Marriage, Death of Spouse (Record Change Forms are available at the ILWU locals or can be downloaded at www.benefitplans.org to report this change.)

2. CHANGE OF ADDRESS

(Record Change Forms are available at the ILWU locals or can be downloaded at www.benefitplans.org to report this change.)

3. CHANGE OF MEDICARE STATUS

(Contact the Benefit Plans office to report this change.)

- Loss of Medicare Part B eligibility
- . Medicare entitlement before age 65
- . Part B premium paid by a third party (another Employer or a State Agency, e.g., Medicaid or Medi-Cal)