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) 749-1400

ILWU-PMA Pension Plan ILWU-PMA Welfare Plan ILWU-PMA Watchmen Pension Plan

August 21, 2017

To: ILWU Southern California Locals 13, 26, 29, 46, 63, 94

ILWU Northern California Locals 10, 14, 18, 34, 34A, 54, 75, 91

From: Mario Perez, Manager, Welfare Plans

Subject: Notice to All ILWU-PMA Welfare Plan Members Enrolled in the

Coastwise Indemnity Plan in California

The attached letter is being sent to California Coastwise Indemnity Plan enrollees containing new identification cards for the BlueCard program, effective September 1, 2017. Each family is being mailed 2 cards.

cc: Sam Alvarado, Area Welfare Director Joe Cabrales, Area Welfare Director

Attachment

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

MP:nt/opeiu29aflcio/MTP-BlueCard-082117

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The ILWU-PMA Welfare Plan is issuing updated Member Identification Cards for California members who are enrolled in the Coastwise Indemnity Plan. As you know, under the self-funded Coastwise Indemnity Plan option, you generally have your choice of any health care provider (e.g., doctors, hospitals, or facilities). Currently, Blue Shield of California is the preferred provider network ("PPO") for services provided in California to Coastwise Indemnity Plan enrollees. If your health care provider is in California and a member of the Blue Shield network, the Plan will pay the fee that your provider negotiated with Blue Shield for your medical services and you will have no out-of-pocket expense for those covered services. The national BlueCard PPO network will be available to you for medical services outside California. With the BlueCard program, if you receive medical services outside of California from a Blue Cross Blue Shield provider, it will be considered in-network coverage.

If you choose to receive covered Welfare Plan services from a non-network provider other than emergency or urgent care services, the Plan will cover 100% of the Basic Benefit for that service, and you will be responsible for an annual Major Medical Deductible of \$100 per family member, not to exceed \$300 per family annually (as negotiated by the parties in 1990), and 20% of the Maximum Allowable Charge (MAC) for the covered service, not to exceed \$1,000 per family annually (as negotiated by the parties in 1984). You will also be responsible for any balance billing charged by your chosen provider in excess of the Maximum Allowable Charge. If you have any questions regarding your new Member Identification Card or your benefit generally, please refer to your SSPD and/or call the Benefit Plans Office at (415) 673-8500.

Please discard your old Coastwise Indemnity Plan identification card(s).

MP:nt/opeiu29aflcio/BlueCardV8Final-080817