

ILWU-PMA BENEFIT PLANS /

International Longshore & Warehouse Union —
Pacific Maritime Association

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ILWU-PMA Pension Plan
ILWU-PMA Welfare Plan

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

May 26, 2010

To: ILWU California Locals 10,13,18, 26, 29, 34, 34-A, 46, 54, 63, 75, 91 and
94
ILWU Oregon Locals 4, 8, 40, and 92

From: Elizabeth Sharpe, Manager, Welfare Plans

**Subject: Kaiser Permanente Health Plan - Coverage for Dependent Children
to Age 26 Effective June 1, 2010**

The enclosed notice with a Health Plan Comparison is being mailed to all eligible Plan Participants in California and Oregon Choice Ports.

Enclosures

ES:jo/opeiu29aflicio/MTP Kaiser Age 26 Dep-052610

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

May 24, 2010

**IMPORTANT NOTICE
REGARDING YOUR ILWU-PMA WELFARE PLAN HEALTH COVERAGE**

To: Active Employees, Pensioners and Survivors with Welfare Plan Eligibility in California and Oregon Choice Ports

Subject: **Kaiser Permanente Health Plan - Coverage for Dependent Children to Age 26**

Effective June 1, 2010, the Kaiser Permanente health plans in California and Oregon will provide medical coverage for eligible dependent children up to age 26 with no requirement for full-time student status:

For participants currently enrolled in the Kaiser Plan in California or Oregon:

Eligibility for your dependent children will continue up to age 26. No action is required from you for your dependents who are currently enrolled. To add an eligible dependent child who is not currently enrolled, you must complete a Record Change Form and submit it to the Benefit Plans office with the required documents as indicated on the Record Change Form. Coverage for your dependent(s) will be effective the later of July 1, 2010 or the first of the month following receipt of the Record Change Form.

For participants currently enrolled in the Coastwise Indemnity Plan: If you would like to change your medical plan enrollment from the Coastwise Indemnity Plan to the Kaiser Permanente health plan, you must complete a Medical Plan Choice Form and a Kaiser enrollment form, which are available at your Local or from the Plan office. Please submit the completed forms to the Plan office. Medical Plan Choice Forms received by the Plan office during May will be processed for enrollment in the Kaiser health plan effective July 1, 2010. Participants may change medical plans during the annual open enrollment period (May) and one other time during the Plan year. A comparison of the Coastwise Indemnity Plan and the Kaiser Permanente Health Plan is enclosed.

Please be aware that at this time, if you do not claim your dependent child/children as dependents on your income taxes, you will be responsible for the state tax obligation for the value of their medical coverage. Specific information about the tax obligation will be provided upon enrollment of a dependent.

(over)

Dental Plans

There is no change to the eligibility requirements for the dental plans under the ILWU-PMA Welfare Plan. Verification of full-time student status is required for dependent children age 19 and older (age 21 and older for Oregon Kaiser Dental). Eligibility for dental plan coverage terminates on the first of the month following attainment of age 23.

Chiropractic Coverage for HMO Participants

There is no change to the eligibility requirements for the Welfare Plan's chiropractic benefit coverage for HMO participants. Eligibility for chiropractic coverage requires verification of full-time student status for dependent children age 19 and older. Eligibility for chiropractic coverage terminates on the first of the month following attainment of age 23.

If your child is a full-time student and the Benefit Plans office does not have verification of full-time student status on file, your dependent child's dental and chiropractic coverage under the Welfare Plan will be terminated.

If you have questions about this notice or you wish to request any of the forms noted above, please contact your Local, your Area Welfare Director or the Benefit Plans office.

Enclosure

ILWU-PMA Welfare Plan
1188 Franklin Street, Suite 101, San Francisco, CA 94109
(415) 673-8500

Health Plan Comparison
ILWU-PMA Coastwise Indemnity Plan/Kaiser – California and Oregon

This information has been prepared to help you make your health plan choice. You may choose between the ILWU-PMA Coastwise Indemnity Plan and the Kaiser Plan. This is not a complete description of the benefit provisions of each health plan. The information provided here and in the Supplemental Summary Plan Description Booklets is subject to, and in no way modifies or interprets the provisions of the ILWU-PMA Welfare Agreement and the provisions of policies of insurance and contracts between the Welfare Plan Trustees and the insurance carriers and providers of care.

ILWU-PMA Coastwise Indemnity Plan

The ILWU-PMA Coastwise Indemnity Plan is a self-funded indemnity plan, which allows you to obtain services from any licensed doctor or hospital. Benefits are paid according to a Schedule of Allowances under Basic Benefits and under Major Medical. By selecting a doctor, hospital or other provider that is a participant in the Preferred Provider Organization (PPO) you are guaranteed the maximum benefit, generally 100% of the PPO charge, for covered services.

If you are a Medicare eligible member, you will receive the same benefits as an active member. The Plan pays supplemental benefits to your Medicare Coverage.

Kaiser Plan

The Kaiser Plan is a group practice plan which provides all services at its own facilities or Kaiser designated facilities (except for out-of-area emergency care provided by non-Kaiser facilities and authorized referrals).

If you are a Medicare eligible member, you will receive the same benefits as an active member. You must assign your Medicare coverage to Kaiser by enrolling in the Senior Advantage Program.

ILWU-PMA Coastwise Indemnity Plan	Kaiser – California and Oregon
<p>The plan pays for benefits under a Basic Benefit Schedule of Allowances plus Major Medical with an annual deductible of \$100 individual/\$300 family. Covered benefits are paid in accordance with the Basic Benefit Schedule at 100% with any remaining balance paid under Major Medical: in PPO Network at 100% of charges (no deductible); out of Network at 80% of UCR after deductible; for those not assigned to a PPO area 100% of UCR (no deductible). Major Medical Lifetime Maximum is \$4,000,000. Mental Health Outpatient visits 1 through 20 covered same as any other illness, visits 21-50 covered at Basic Benefit plus \$50 per visit under Major Medical.</p>	<p>The Kaiser Plan is a group practice plan, which provides all services at its own facilities or Kaiser designated facilities (except for out-of-area emergency care provided by non-Kaiser facilities and authorized referrals). Benefits are provided at 100% of covered charges at no cost to the member.</p>
<p>Covered services include but are not limited to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hospital Benefits – Room and Board <input type="checkbox"/> Surgery/Anesthesia – Surgeon, Anesthesiologist, Asst. Surgeon <input type="checkbox"/> Newborn Nursery Care <input type="checkbox"/> Doctor Visits – Office visits, home visits, hospital visits <input type="checkbox"/> Diagnostic X-Ray and Laboratory – Inpatient/Outpatient <input type="checkbox"/> Physical Therapy, Occupational Therapy, Speech Therapy <input type="checkbox"/> Mammogram, Pap Smears and Prostate Special Antigen (PSA) Tests 	<p>Covered services include but are not limited to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hospital Benefits – Room and Board <input type="checkbox"/> Surgery/Anesthesia – Surgeon, Anesthesiologist, Asst. Surgeon <input type="checkbox"/> Newborn Nursery Care <input type="checkbox"/> Doctor Visits – Office visits, home visits, hospital visits <input type="checkbox"/> Diagnostic X-Ray and Laboratory – Inpatient/Outpatient <input type="checkbox"/> Physical Therapy, Occupational Therapy, Speech Therapy <input type="checkbox"/> Mammogram, Pap Smears and Prostate Special Antigen (PSA) Tests

ILWU-PMA Coastwise Indemnity Plan	Kaiser – California and Oregon
<p>Other Benefits:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Skilled Nursing Facility Maximum 100 days per Plan Year PPO – 100% of PPO semi-private room rate Non-PPO – 80% of UCR semi-private room rate <input type="checkbox"/> Hospice Care 100% up to UCR for all covered services up to 90 days. Also 90 days for bereavement. <input type="checkbox"/> Mental Health Benefits <i>Inpatient</i> – covered under Basic and Major Medical Benefits <i>Outpatient</i> – Maximum 50 visits per Plan Year) – First 20 visits: PPO – 100% of PPO Rate Non-PPO – 80% of UCR charges plus Major Medical Benefit Next 30 visits: PPO and Non-PPO are covered at the basic plan doctor visit allowance plus \$50 per visit under Major Medical <input type="checkbox"/> Alcohol and Drug Dependency Treatment <ul style="list-style-type: none"> • Up to five days of inpatient treatment for detoxification only and up to 20 outpatient visits. • Alcoholism/Drug Recovery Program (ADRP) through the ILWU-PMA Welfare Plan <input type="checkbox"/> Vision Benefits – Provided through Vision Service Plan <input type="checkbox"/> Prescription Drugs – Provided through Prescription Solutions - \$1 copayment per covered prescription (The co-payment is waived for mail-order prescriptions.) <input type="checkbox"/> Annual Physical Exam – Adults PPO- 100% of PPO charges for exam and related lab/x-ray charges Non-PPO – 80% of UCR for exam and related lab/x-ray charges (annual maximum \$400) No PPO Access – 100% of UCR for exam and related lab/x-ray charges <input type="checkbox"/> Routine Physical Exam – Children other than infants One exam annually provided up to age 19 PPO – 100% of PPO rate Non-PPO – 80% of UCR charges No PPO Access – 100% of UCR for exam and related lab/x-ray charges <input type="checkbox"/> Injectables – Up to 100% of UCR charges for prescribed immunization materials and therapeutic agents administered by injection. <input type="checkbox"/> Chiropractic Benefit – Chiropractic benefits are provided when medically necessary. Chiropractic benefits for non-Medicare eligible Choice Port members are payable only if a PPO network provider is used. Coverage is 100% of PPO charges. The California chiropractic PPO network is Chiropractic Health Plan of CA (CHPC). For Oregon/Southern Washington, the PPO Network is First Choice Health Network (FCHN). <input type="checkbox"/> Durable Medical Equipment – Benefits based on ILWU-PMA Welfare Plan's Durable Medical Equipment provisions. <p>Medicare-Eligible The supplemental Plan pays the deductibles and co-payments not paid by Medicare for covered services. The Supplemental Plan also pays the difference, if any, between Medicare-allowed charges and UCR charges for hospital, medical and surgical services as follows:</p> <ol style="list-style-type: none"> 1. Medicare Part B annual deductible amount 2. 20% co-insurance amount not paid by Medicare. 3. Difference, if any, between the Medicare allowable charge and the UCR charge. 	<p>Other Benefits:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Skilled Nursing Facility Maximum 100 days per Plan year <input type="checkbox"/> Hospice Care – No charge <input type="checkbox"/> Mental Health Benefits <i>Inpatient</i> - \$0 copay; See Evidence of Coverage for details <i>Outpatient</i> - \$0 copay; See Evidence of Coverage for details <input type="checkbox"/> Alcohol and Drug Dependency Treatment <i>Inpatient</i> – No charge <i>Outpatient</i> – Through Kaiser or the Alcoholism/Drug Recovery Program (ADRP) through the ILWU-PMA Welfare Plan <input type="checkbox"/> Vision Benefits – Provided by Kaiser <input type="checkbox"/> Prescription Drugs – Provided through Kaiser – No co-payment <input type="checkbox"/> Annual Physical Exam – Adults – No charge <input type="checkbox"/> Routine Physical Exam – Children other than infants No charge <input type="checkbox"/> Injectables – No charge for most immunizations and vaccinations <input type="checkbox"/> Chiropractic Benefit – Medically necessary chiropractic benefits are administered by Coastwise Claims Office. Benefits are based on the ILWU-PMA Welfare Plan's Chiropractic Benefit Provisions. <input type="checkbox"/> Durable Medical Equipment – Benefits are based on Kaiser Plan's Durable Medical Equipment Provisions. <input type="checkbox"/> Hearing Aids – (Kaiser OR only): one hearing aid per ear up to a maximum of \$1,500 per ear. Benefit period is 3 years. <p>Medicare-Eligible Medicare-eligible members receive the same benefits as an active member. Medicare eligible members must enroll in Senior advantage and receive all services at Kaiser facilities.</p>