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

September 29, 2006

- TO: ILWU Longshore, Ship clerk and Walking Boss/Foreman Locals; ILWU Watchmen Locals 26 and 75
- FROM: Gail Lorentz, Manager, Welfare Plans

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

Attached is the Coastwise Indemnity Plan Schedule of Basic Plan Allowances effective October 1, 2006. A supply is being sent to you.

Attachment

Cc: Area Welfare Directors

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

GL:mz/opeiu29afl-cio/CIP-092906

SUMMARY OF BENEFITS FOR NON-MEDICARE ELIGIBLES ILWU-PMA Coastwise Indemnity Plan Schedule of Basic Plan Allowances Effective October 1, 2006

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 are 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 \$571.37 per day, for up to 365 days per confinement. Hospital Extras*:

PPO: 100% of PPO charges

Non-PPO: Up to \$7,142.94 with any balance at 80% of UCR under Major Medical No PPO Access: 100% of UCR

Ambulance: Up to \$527.94 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	\$43.43
Home Visits	\$71.28
Hospital Visits	\$43.43
Maximum hospital visit per confinement:	\$15,851.95

Diagnostic X-Ray and Laboratory – Outpatient

Maximum per accident or sickness in each 6-month period......\$714.29 (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.

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