

ILWU-PMA Welfare Plan Medical Program Choice Form

For Northern California Locals 10, 18, 34 (SF), 34 (Stockton), 54, 75, 91, Southern California Locals 13, 26, 29, 46, 63, 94, Portland/Vancouver Locals 4, 8, 40, 92, Washington Locals 19, 23, 32, 47, 52, 98, and Retirees living in Northern and Southern California, Oregon and Washington areas where a qualified HMO (group practice) plan is available

CHECK (✓) YOUR CHOICE AND SIGN BELOW

MEDICAL PROGRAM

Kaiser Health Plan

*Kaiser Group Enrollment/Change Form
must be returned along with this form.*

Member's Name – PLEASE PRINT

Member's Signature

ILWU-PMA Coastwise Indemnity Plan

*Coastwise Indemnity Plan Enrollment Form must
be returned along with this form.*

Date Local Registration No.

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Telephone Number

Street

City State Zip

MEDICAL PROGRAM CHOICE

Eligible families in Northern and Southern California, Oregon, and Washington Port Locals where the Kaiser HMO plan is available, and retirees residing in areas where the Kaiser HMO plan is available are offered a choice of medical plans. The July 1, 2008 Memorandum of Understanding between the ILWU and PMA provides that new registrants in Northern and Southern California, Oregon, and Washington Choice Ports shall be assigned Kaiser HMO Plan for the first 24 months of registration. After 24 months, those registrants who have qualified for continued eligibility under Mid-Year/Annual Review hours requirement will have a choice of medical plans. Plans may be changed during Annual Enrollment each year, in May. In addition to the May Annual Enrollment period, members may change their health plan once at any time during the Plan Year (July 1-June 30). You must give the Benefit Plans office written notice of your change. The Benefit Plans office will provide written confirmation of the change and notice of the effective date. Retirees are also offered a choice when they move into a new area where more than one medical plan is available.

If you are a new eligible with a choice of medical plans, or if you are changing medical plans, please complete and mail this form to:

ILWU-PMA Benefit Plans
1188 Franklin Street, Suite 101
San Francisco, CA 94109

EFFECTIVE DATE

If you have just become eligible for ILWU-PMA Welfare Plan benefits, your medical coverage begins the same date as your Welfare Plan eligibility. Enrollment forms will be sent to your address of record.

If you are a new registrant, your medical coverage begins on the first of the month following registration.

(OVER)

If you are already eligible, but are changing medical plans during the May Annual Enrollment period, your coverage under the new plan begins July 1. If you are changing medical plans during the Plan Year, your coverage under the new plan will begin as soon as possible following receipt of your request in the benefit plans office.

If you are a retiree moving to a new area, your coverage under the new medical plan will coincide as nearly as possible with your move.

BENEFITS

Benefits under both medical plans include, but are not limited to, hospital, medical and surgical benefits, prescription drugs and vision care. You will be furnished with a Supplemental Summary Plan Description for the medical plan you choose. If you wish to examine plan descriptions before making your choice, they are available upon request at the Locals, the Benefit Plan office or your Area Welfare Director.

The Kaiser Plan is a group practice plan which provides all member services (except emergency services and authorized referrals) at its own facilities.

The ILWU-PMA Coastwise Indemnity Plan is a self-funded indemnity plan which allows you to obtain services from any licensed doctor or hospital. Claims are filed for reimbursement according to a Schedule of Allowances under Basic Benefits, and, in addition, under Major Medical Benefits. 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.