



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

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

Maximum per Disability (a “disability” is any one accident or sickness):

Surgeon.....\$13,048.00

Anesthesiologist\$4,349.36

Assistant Surgeon\$2,609.60

Maximum for any one procedure – based on 1964 Relative Value Schedule (RVS) units

multiplied by\$65.24

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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