

ILWU LOCAL 13 – HEALTH BENEFITS OFFICE

TO SIGN UP FOR YOUR INSURANCE BENEFITS:

This packet contains all the forms needed to enroll you (and any eligible family members) for your medical and dental insurance coverage. You must read the following forms carefully and complete them **legibly and neatly** in ink.

Your packet should contain the following forms:

- (2) Medical Program Choice Form
- (2) Dental Program Choice Forms
- (1) Kaiser Enrollment Application Form
- (1) ILWU/PMA Benefit Plans – Record Change Form
- (1) ILWU/PMA Welfare Plan Beneficiary Designation Form

How to complete your forms:

1. You must complete (2) Medical Program Choice Forms.
(Mark your choice for the Kaiser Health Plan.)
2. You must complete (1) *Kaiser* – Enrollment Application Form.
(Fill out form completely with correct social security numbers, birth dates, etc.)
3. You must choose a Dental Plan and complete (2) Dental Program Choice Forms.
Mark your choice for *Delta Dental ~or~ Harbor Dental.*
4. You must complete your ILWU-PMA Welfare Plan Beneficiary Designation Form.
(Your Life Insurance Benefit: Read the General Instructions and complete front and back of the form.)
5. You must complete your Record Change Form.
(Sections 1, 2, *4, *5 & 7, sign and date form)
(*Complete these Sections only if applicable.)

TURN IN YOUR COMPLETE ENROLLMENT FORMS AS SOON AS POSSIBLE TO THE HEALTH BENEFITS OFFICE.

KEEP YOUR ORIENTATION PACKET IN A SAFE PLACE!

YOU WILL NEED TO REFER TO THIS INFORMATION FOR FUTURE REFERENCE!!!

SUMMARY OF BENEFITS FOR NON-MEDICARE ELIGIBLES
ILWU-PMA Coastwise Indemnity Plan
Schedule of Basic Plan Allowances
Effective April 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 \$558.65 per day, for up to 365 days per confinement.

Hospital Extras*:

PPO: 100% of PPO charges

Non-PPO: Up to \$6,983.97 with any balance at 80% of UCR under Major Medical

No PPO Access: 100% of UCR

Ambulance: Up to \$516.19 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..... \$12,758.00

Anesthesiologist..... \$4,252.69

Assistant Surgeon \$2,551.60

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

multiplied by \$63.79

Doctor Visits

Maximum per day:

Office Visits..... \$42.46

Home Visits \$69.69

Hospital Visits \$42.46

Maximum hospital visit per confinement:.....\$15,331.68

Diagnostic X-Ray and Laboratory – Outpatient

Maximum per accident or sickness in each 6-month period \$698.39

(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.

ILWU-PMA Welfare Plan

ILWU-PMA Coastwise Indemnity Plan/ Kaiser-Southern California

Health Plan Comparison

This information has been prepared to help you make your health plan choice. You may choose between the ILWU-PMA Coastwise Indemnity Plan and Kaiser Southern California.

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 – Southern California

The Kaiser Plan is a group practice plan which provides all services at its own 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.

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 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 \$2,000,000. Mental Health Outpatient visits 1 through 20 covered same as any other illness, visits 21-50 covered at Basic Benefit plus \$10.00 per visit under Major Medical.

Covered Services Include but not limited to:

- Hospital Benefits – Room and Board
- Surgery/Anesthesia – Surgeon, Anesthesiologist, Asst. Surgeon
- Newborn Nursery Care
- Doctor Visits – Office visits, Home visits, Hospital visits
- Diagnostic X-Ray and Laboratory – Inpatient/Outpatient
- Physical Therapy, Occupational Therapy, Speech Therapy
- Mammogram, Pap Smears, and Prostate Special Antigen (PSA) Tests

Other Benefits:

- 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
- Hospice Care – 100% up to UCR for all covered services up to 90 days. Also 90 days for bereavement.

Mental Health Benefits

- Inpatient** – covered under Basic and Major Medical Benefits
- Outpatient** (Maximum 50 visits per Plan Year) -
- 1st 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 \$10 per visit under Major Medical.

Kaiser – Southern California

The Kaiser Plan is a group practice plan which provides all services at its own 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.

Covered Services Include but not limited to:

- Hospital Benefits – Room and Board
- Surgery/Anesthesia – Surgeon, Anesthesiologist, Asst. Surgeon
- Newborn Nursery Care
- Doctor Visits – Office visits, Home visits, Hospital visits
- Diagnostic X-Ray and Laboratory – Inpatient/Outpatient
- Physical Therapy, Occupational Therapy, Speech Therapy
- Mammogram, Pap Smears, and Prostate Special Antigen (PSA) Tests

Other Benefits:

- Skilled Nursing Facility
Maximum 100 days per Plan Year
- Hospice Care – No charge

Mental Health Benefits

- Inpatient** – up to 45 days per calendar year
- Non-Medicare members hospital alternative treatment services
- Outpatient** – up to 20 visits per calendar Year

ILWU-PMA Coastwise Indemnity Plan

- Alcohol and Drug Dependency Treatment**
 - Up to 5 days of inpatient treatment for detoxification only and up to 20 outpatient visits
 - Alcoholism/Drug Recovery Program (ADRP) through Welfare Plan
- Vision Benefits** – Provided through Vision Service Plan
- Prescription Drugs** – Provided through Prescription Solutions \$1 co-payment
(The \$1 co-payment is waived for mail order prescriptions)
- 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
- Routine Physical Exam – Children Other Than Infants**
 - Three exams provided up to age 19 according to a schedule PPO – 100% of PPO rate
 - Non-PPO – 80% of UCR charges
 - No PPO Access – 100% of UCR charges for exam and related lab/x-ray charges
- Injectables** - Up to 100% of UCR charges for prescribed immunization materials and therapeutic agents administered by injection.
- Chiropractic Benefit** - Chiropractic Benefits are provided when medically necessary. Effective 07/01/2003 - Limit 40 visits per Plan Year (except where the Welfare Plan Chiropractic Consultant decides additional benefits are medically necessary).
- Durable Medical Equipment** - Benefits based on ILWU-PMA Welfare Plan's Durable Medical Equipment provisions.

Medicare Eligible

- The Supplemental Plan pays the deductibles and co-payments not paid by Medicare for covered services, and pays the difference, if any, between Medicare allowed charges and UCR charges for Hospital, Medical and Surgical services, as follows:
1. The Medicare Part B Annual deductible amount
 2. The 20% coinsurance amount not paid by Medicare, and
 3. The difference, if any, between the Medicare allowable charge and the UCR charge

Kaiser – Southern California

- Alcohol and Drug Dependency Treatment**
 - Inpatient* – No charge
 - Outpatient* – Through Kaiser or Alcoholism/Drug Recovery Program (ADRP) through Welfare Plan
- Vision Benefits** – Provided by Kaiser
- Prescription Drugs** – Provided by Kaiser – No co-payment
- Annual Physical Exam – Adults** – No charge
- Routine Physical Exams – Children Other Than Infants** – No charge
- Injectables** – No charge for most immunizations and vaccinations.
- Chiropractic Benefit** - Medically necessary chiropractic benefits are administered by the Coastwise Claims Office based on the ILWU-PMA Welfare Plan's Chiropractic Benefit provisions.
- Durable Medical Equipment** – Benefits based on Kaiser Southern California's Durable Medical Equipment provisions.

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.

ILWU-PMA Benefit Plans Office

1188 Franklin Street, Suite 300
San Francisco, CA 94109

(415) 673-8500

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.

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.

If you are already eligible, but are changing medical plans during the May choice 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 in the Benefit Plans office of your request.

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

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, 63, 94***
- ***Portland/Vancouver Locals
4, 8, 40, 92***
- ***Retirees living in Northern
and Southern California
and Oregon areas where a
qualified HMO (group
practice) plan is available***



**MARK YOUR CHOICE
AND SIGN BELOW
RETURN FORM AND
ENROLLMENT APPLICATION****

- Northern California Locals 10, 18, 34 (SF), 34 (Stockton), 54, 75, 91
- Southern California Locals 13, 26, 29, 63, 94
- Portland/Vancouver Locals 4, 8, 40, 92
- Retirees living in Northern and Southern California and Oregon areas where a qualified HMO plan is available

CHANGEOVER

Kaiser Health Plan

**ILWU-PMA Coastwise
Indemnity Plan**

Signature

Date Local Registration No.

**Enrollment application for the plan of your choice must be returned with this form. Return the Kaiser application if you choose the Kaiser Plan. Return the Family Health Plan Enrollment Card if you choose the Coastwise Indemnity Plan.

MEDICAL PROGRAM CHOICE

Eligible families in Northern and Southern California and Oregon 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, 2002 Memorandum of Understanding between the ILWU and PMA provides that new registrants in Northern and Southern California and Oregon Choice Ports shall be assigned Kaiser HMO Plan for the first 18 months of registration. After 18 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 a choice period each year, in May. In addition to the May choice 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 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 300
San Francisco, CA 94109

BE SURE TO ENCLOSE THE ENROLLMENT APPLICATION FOR THE PLAN OF YOUR CHOICE.

BENEFITS

Benefits under both plans include but are not limited to hospital, medical and surgical benefits, prescription drugs and vision care. You will be furnished with booklets describing the plan you choose. If you wish to examine plan descriptions before making your choice, the Kaiser Health Plan description is available at the Locals, from the Benefit Plans office or your Area Director. The ILWU-PMA Coastwise Indemnity Plan description booklet is under preparation and will be at your local as soon as it is available. Information is also available through your local, Area Director, and the Benefit Plans office.

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

LAST NAME		FIRST NAME		INITIAL
ADDRESS				
CITY			STATE	
ZIP CODE		PHONE #		
LOCAL #	REGISTRATION #	SOCIAL SECURITY #		
MARITAL STATUS:				
MARRIED <input type="checkbox"/>		NOT MARRIED <input type="checkbox"/>		WIDOWED <input type="checkbox"/>
DATE OF MARRIAGE				
MO	DAY	YEAR		

Form 393.1002065M

ILWU / PMA Benefit Plans

FAMILY HEALTH PLAN
ENROLLMENT CARD

MEDICAL PLAN	Check Your Plan	Plan Code
Group Health Cooperative	<input type="checkbox"/>	
Coastwise Indemnity Plan	<input type="checkbox"/>	

You must complete and sign
the REVERSE side of this form.

LAST NAME		FIRST NAME		INITIAL
ADDRESS				
CITY			STATE	
ZIP CODE		PHONE #		
LOCAL #	REGISTRATION #	SOCIAL SECURITY #		
MARITAL STATUS:				
MARRIED <input type="checkbox"/>		NOT MARRIED <input type="checkbox"/>		WIDOWED <input type="checkbox"/>
DATE OF MARRIAGE				
MO	DAY	YEAR		

Form 393.1002065M

ILWU / PMA Benefit Plans

FAMILY HEALTH PLAN
ENROLLMENT CARD

MEDICAL PLAN	Check Your Plan	Plan Code
Group Health Cooperative	<input type="checkbox"/>	
Coastwise Indemnity Plan	<input type="checkbox"/>	

You must complete and sign
the REVERSE side of this form.

LIST BELOW yourself, your spouse, and unmarried, dependent children covered by this Enrollment Card, in accordance with your present health plan agreement.

PRINT LAST NAME	FIRST NAME	INITIAL	DATE OF BIRTH			RELATIONSHIP			SOCIAL SECURITY NUMBER
			MO	DAY	YR	SON	DAUGH-TER	OTHER	
YOUR NAME									
SPOUSE									
CHILD									
CHILD									
CHILD									
CHILD									
CHILD									

DATE

I certify that the above information is correct.
SIGNED:

CHANGEOVER

LIST BELOW yourself, your spouse, and unmarried, dependent children covered by this Enrollment Card, in accordance with your present health plan agreement.

PRINT LAST NAME	FIRST NAME	INITIAL	DATE OF BIRTH			RELATIONSHIP			SOCIAL SECURITY NUMBER
			MO	DAY	YR	SON	DAUGH-TER	OTHER	
YOUR NAME									
SPOUSE									
CHILD									
CHILD									
CHILD									
CHILD									
CHILD									

DATE

I certify that the above information is correct.
SIGNED:

CHANGEOVER