

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	Kaiser – Southern California
<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 \$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.</p>	<p>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.</p>
<p>Covered Services include but 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 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

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<p>Other Benefits:</p> <ul style="list-style-type: none"> ❑ 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 <i>Inpatient</i> – covered under Basic and Major Medical Benefits <i>Outpatient</i> (Maximum 50 visits per Plan Year) <ul style="list-style-type: none"> - 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. 	<p>Other Benefits:</p> <ul style="list-style-type: none"> ❑ Skilled Nursing Facility – Maximum 100 days per Plan Year ❑ Hospice Care – No charge ❑ Mental Health Benefits <i>Inpatient</i> – up to 45 days per calendar year Non-Medicare members hospital alternative treatment services <i>Outpatient</i> – up to 20 visits per calendar Year
<ul style="list-style-type: none"> ❑ Alcohol and Drug Dependency Treatment <ul style="list-style-type: none"> - 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. 	<ul style="list-style-type: none"> ❑ Alcohol and Drug Dependency Treatment <i>Inpatient</i> – No charge <i>Outpatient</i> – 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.

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<p>Medicare Eligible</p> <p>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:</p> <ol style="list-style-type: none"> 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 	<p>Medicare Eligible</p> <p>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>

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