ILWU-PMA BENEFIT PLANS /
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ILWU-PMA Pension Plan
ILWU-PMA Welfare Plan
ILWU-PMA Watchmen Pension Plan

Date: May 19, 2025

To: ILWU Choice Port Locals
Northern California 10, 18, 34-SF, 34-Stockton, 54, 75, 91
Southern California 13, 26, 29, 46, 63, 94
Oregon 4, 8, 40, 92
Washington 19, 23, 32, 47, 52, 98

From: Mario Perez, Director of Benefit Plans

Subject: ANNUAL HEALTH PLAN CHOICE

The annual health plan choice period for eligible active and retired longshoremen will take place in May and early June for plan changes effective July 1, 2025.

Note: In addition to the May health plan choice period, eligible active and retired longshoremen may change their medical and/or dental plans once at any time during the Plan Year.

The enclosed medical plan comparison brochure for your area has been prepared to help members choose a medical plan. Additional copies will be furnished upon request.

Choice Forms for medical and/or dental plan choice, with the applicable enrollment application, must be completed by the Member and submitted to the Benefit Plans Office no later than June 20, 2025, to ensure timely notification to the medical plans before the July 1 effective date. Choice Forms, enrollment applications, and supplemental summary plan descriptions will be furnished upon request. There is no action required if you do not wish to change plans.

The July 1, 2008 Memorandum of Understanding between the ILWU and PMA provides that new registrants in the ports where members have a choice of medical plans shall be assigned the Kaiser HMO Plan for the first 24 months of registration. After 24 months, those registrants who have qualified for continued eligibility under the Mid-Year/Annual Review hours requirement will have a choice of medical plans. New registrants in all ports located in California, Oregon, and Washington will have a choice of dental plans on the first of the month following registration and may change dental plans during the May choice period and one additional time during the Plan Year.

MEDICAL PLAN CHOICES:

LOCALS 10, 18, 34 (SF) 34 (Stockton), 54, 75, 91:	Kaiser or Coastwise Indemnity Plan
LOCALS 13, 26, 29, 46, 63, 94:	Kaiser or Coastwise Indemnity Plan
LOCALS 4, 8, 40, 92:	Kaiser or Coastwise Indemnity Plan
LOCALS 19, 23, 32, 47, 52, 98:	Kaiser or Coastwise Indemnity Plan

DENTAL PLAN CHOICES:

LOCALS 10, 34 (SF), 75, 91:	Delta Dental of California or Gentle Dental of San Francisco or Dental Health Services
LOCALS 18, 34 (Stockton), 54:	Delta Dental of California or Dental Health Services
LOCALS 13, 26, 63, 94:	Delta Dental of California or Harbor Dental Associates or Dental Health Services
LOCALS 29, 46:	Delta Dental of California or Dental Health Services
LOCALS 4, 8, 40, 92:	Oregon Dental Service (Delta Dental) or Oregon Kaiser Dental Plan or LifeMap-Willamette Dental
LOCALS 19, 23, 32, 47, 52, 98:	Washington Dental Service (Delta Dental) or Dental Health Services

Enclosure

cc: Area Welfare Directors

MP:st/opeiu29aflcio/Memo to Ports Annual Plan Choice - 05192025

ILWU-PMA Welfare Plan
1188 Franklin Street, Suite 101, San Francisco, CA 94109
(415) 673-8500
Health Plan Comparison
ILWU-PMA Coastwise Indemnity Plan/Kaiser

This information has been prepared to help you choose a health plan. You may choose between the ILWU-PMA Coastwise Indemnity Plan and the Kaiser Plan. ***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. Effective July 1, 2011, Qualified Dependent Children are eligible up to age 26.*

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 shall in no way be disadvantaged due to enrollment in Medicare. The Plan pays supplemental benefits to your Medicare coverage.

Kaiser Plan

The Kaiser Plan is a group practice plan which provides all services at its own facilities or Kaiser-designated facilities (except for out-of-area emergency care provided by non-Kaiser facilities and authorized referrals).

If you are a Medicare eligible member, you shall in no way be disadvantaged due to enrollment in Medicare. You must assign your Medicare coverage to Kaiser by enrolling in the Senior Advantage Program.

ILWU-PMA Coastwise Indemnity Plan	Kaiser
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 Maximum Allowable Charge (MAC) after deductible; for those not assigned to a PPO area 100% of MAC (no deductible).	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 are 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-Specific 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 MAC semi-private room rate ❑ **Hospice Care** 100% up to MAC for all covered services up to 90 days. Also 90 days for bereavement.	**Covered services include but are 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-Specific Antigen (PSA) Tests** **Other Benefits:** ❑ **Skilled Nursing Facility** Maximum 100 days per Plan Year ❑ **Hospice Care –** No charge

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ILWU-PMA Coastwise Indemnity Plan	Kaiser – California and Oregon
❑ **Mental Health Benefits** ***Inpatient* –** Covered under Basic and Major Medical Benefits ***Outpatient*** – paid the same as any other illness PPO – 100% of PPO charges per visit Non-PPO - 100% of Basic Allowance, then up to 80% of MAC, after annual deductible, per visit ❑ **Alcohol and Drug Dependency Treatment** · ***Inpatient – Covered under Basic and Major Medical*** · **B*enefits*** · Outpatient – · PPO – 100% of PPO charges per visit Non-PPO – 100% of Basic Allowance, then up to 80% of MAC, after annual deductible, per visit *or* The **Alcohol/Drug Recovery Program (ADRP) through the ILWU-PMA Welfare Plan** ❑ **Vision Benefits** – Provided through Vision Service Plan ❑ **Prescription Drugs –** Provided through OptumRx - $1 copayment per covered prescription (The copayment 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 MAC for exam and related lab/x-ray charges. ❑ **Routine Physical Exam – *Children other than infants*** One exam annually provided up to age 19 PPO – 100% of PPO rate Non-PPO – 80% of MAC ❑ **Injectables** – Up to 100% of MAC for prescribed immunization materials and therapeutic agents administered by injection ❑ **Chiropractic Benefit** – Chiropractic benefits are provided when medically necessary. Maximum 40 visits per Plan Year. Chiropractic benefits for non-Medicare eligible Choice Port members are payable only if a PPO Network provider is used. Coverage is 100% of PPO charges. The California chiropractic PPO Network is Chiropractic Health Plan of CA (CHPC). For Oregon/Washington, the PPO Network is First Choice Health Network (FCHN). ❑ **Durable Medical Equipment** – Benefits based on ILWU-PMA Welfare Plan's Durable Medical Equipment provisions. ❑ **Hearing Aids –** Plan will cover 100% of the cost up to a maximum of $4,000 per ear. Benefit period is 3 years. **Medicare Eligible** The Coastwise Indemnity Plan pays the deductibles and coinsurance not paid by Medicare for covered services. The Supplemental Plan also pays the difference, if any, between Medicare-allowed charges and MAC for hospital, medical and surgical services as follows: ❑ Medicare Part B annual deductible amount ❑ Medicare's 20% co-insurance amount ❑ Difference, if any, between the Medicare allowable charge and the MAC	❑ **Mental Health Benefits** ***Inpatient*** - $0 copay; See Evidence of Coverage for details ***Outpatient*** - $0 copay; See Evidence of Coverage for details ❑ **Alcohol and Drug Dependency Treatment** /***npatient*** – No charge ***Outpatient*** – No charge ***or*** The Alcohol/Drug Recovery Program (ADRP) through the ILWU-PMA Welfare Plan ❑ **Vision Benefits** – Provided by Kaiser ❑ **Prescription Drugs** – Provided through Kaiser – No copayment ❑ **Annual Physical Exam – *Adults*** – No charge ❑ **Routine Physical Exam – *Children other than infants*** No charge ❑ **Injectables** – No charge for most immunizations and vaccinations ❑ **Chiropractic Benefit** – Chiropractic benefits are provided when medically necessary. Maximum 40 visits per Plan Year. Chiropractic benefits for non-Medicare eligible Choice Port members are payable only if a PPO Network provider is used. Coverage is 100% of PPO charges. The California chiropractic PPO Network is Chiropractic Health Plan of CA (CHPC). For Oregon/Washington, the PPO Network is First Choice Health Network (FCHN). ❑ **Durable Medical Equipment** – Benefits are based on Kaiser Plan's Durable Medical Equipment Provisions. ❑ **Hearing Aids –** Plan will cover 100% of the cost up to a maximum of $4,000 per ear less the amount covered by Oregon Kaiser. Benefit period is 3 years. For Kaiser Oregon members, this amount will be reduced by the amount covered by Kaiser. **Medicare Eligible** Medicare eligible members shall in no way be disadvantaged due to enrollment in Medicare. Medicare eligible members must enroll in Senior Advantage and receive all services at Kaiser facilities.