ILWU-PMA BENEFIT PLANS /

International Longshore & Warehouse Union -Pacific Maritime Association

www.benefitplans.org

PHONE (415) 673-8500

1188 FRANKLIN STREET • SUITE 101 • SAN FRANCISCO, CALIFORNIA 94109

FAX (415) 749-1321

ILWU-PMA Pension Plan ILWU-PMA Welfare Plan ILWU-PMA Watchmen Pension Plan

October 12, 2022

To:

ILWU Southern California Locals 13, 26, 29, 46, 63, 94

ILWU Northern California Locals 10, 18, 34, 34A, 54, 75, 91

From:

Mario Perez, Director of Benefit Plans

Subject:

Notice to All ILWU-PMA Welfare Plan Members Enrolled in the

Coastwise Indemnity Plan in California

The attached letter is being sent to California Coastwise Indemnity Plan enrollees containing new identification cards containing additional information as a result of new federal transparency regulations of the Consolidated Appropriations Act of 2021. Each family is being mailed 2 cards.

cc: Sam Alvarado, Area Welfare Director Joe Cabrales, Area Welfare Director

Attachment

A copy of this memo can be downloaded at www.benefitplans.org

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To: Coastwise Indemnity Plan Enrollees

As a result of new federal transparency regulations of the Consolidated Appropriations Act of 2021, your Coastwise Indemnity Plan (CIP) identification cards, enclosed here, have been updated to include information regarding deductibles, out-of-pocket maximums, and phone number and website information for individuals to seek additional information.

The new cards do not change the terms of the CIP in any way. If you have any questions regarding your new member identification card or your benefits, please refer to your CIP Supplemental Summary Plan Description (SSPD) and/or call the Coastwise Claims Office at (800) 955-7376, the Benefit Plans Office at (888) 372-4598, or your Area Welfare Director.

Please discard your old Coastwise Indemnity Plan identification card(s).



ILWU Local: Hospital-Medical-Surgical Group #:6475 In-Network Deductible: \$0 Out-of-Network Ind/Fam Deductible: \$100/\$300

Out-of-pocket Maximum: \$1,000





ILWU - PMA Coastwise **Indemnity Plan**

Hospital - Medical - Surgical Benefits

The ILWU-PMA Coastwise Indemnity Plan is a self insured plan and covers services both in and out of the contracted BlueShleld of Colifornia PPO network.

This card is for identification purposes only and does not guarantee eligibility. To verify eligibility and benefits or for claims customer services please call the number on the back of this card.



blue of california

Participants: In California use Blue Shield of California Preferred physicians and hospitals (The PPO Network) to receive maximum benefits.

Participants: Outside of California, use Blue Cross Blue Shield (BCBS) PPO network to receive maximum benefits.

California Providers: File all medical claims with Blue Shield of California or, when Medicare is primary, file all Medicare claims with Medicare.

Providers: File all medical claims with your local BCBS plan or, when Medicare is primary, file all Medicare claims with Medicare.

Blue Shleld of Colifornia, on independent member of the Blue Shleld Association, provides administrative services only and does not assume any financial risk or obligation with respect to claims.



800-955-7376 Coashwise Claims Office (IoI-free) 800-810-2583 Find a Provider Outside of CA 866-275-1014 Invovalive Care Monagement (ICM)¹ 800-424-5945 Magellan Health Services² 800-995-2442 Chiropractic Health Plan of CA³

To find a preferred provider, visil:

California Medical Froviders (Non-Chiro, Non-Magellan) submit all medical claims to: Blue Shleid of California, P.O. Box 272540, Chico, CA 95927-2540

Magellan Providers should submit all claims to Magellan Mental Health Claims: Use Payor ID 01240
Magellan Health Senices, P.O. Box 710430, San Diego, CA 92171
Submit all Chroprocitic claims to:

Mail lo: IIWU-PMA Coastwise Claims Office, P.O. Box 429101 San Francisco, CA 94142, or Fax lo: 415-495-0511