

ILWU-PMA Welfare Plan Medical Program Choice Form

For Seattle Locals 19, 52, 98, Olympia Local 47, Tacoma Local 23, Everett Local 32, and Retirees living in Washington areas where a qualified HMO (group practice) plan is available.

CHECK (✓) YOUR CHOICE AND SIGN BELOW

MEDICAL PROGRAM

Group Health Cooperative

Group Health Employee Enrollment and Change Form must be returned with this form

Member's Name – PLEASE PRINT

Member's Signature

ILWU-PMA Coastwise Indemnity Plan

ILWU-PMA Coastwise Indemnity Plan Enrollment Form must be returned with this form.

Date Local Registration No.

() _____
Telephone Number

Street

City State Zip

MEDICAL PROGRAM CHOICE

Eligible families in Washington Port Locals where the Group Health Cooperative HMO plan is available, and retirees residing in areas where the Group Health Cooperative HMO plan is available are offered a choice of medical plans. The July 1, 2008 Memorandum of Understanding between the ILWU and PMA provides that new registrants in Washington Choice Ports shall be assigned Group Health Cooperative HMO Plan for the first 24 months of registration. After 24 months, those registrants who have qualified for continued eligibility under Mid-Year/Annual Review hours requirement will have a choice of medical plans. Plan may be changed during Annual Enrollment each year, in May. In addition to the May Annual Enrollment 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 medical 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 101
San Francisco, CA 94109

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.

(OVER)

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

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

BENEFITS

Benefits under both medical plans include, but are not limited to, hospital, medical and surgical benefits, prescription drugs and vision care. You will be furnished with a Supplemental Summary Plan Description for the medical plan you choose. If you wish to examine plan descriptions before making your choice, they are available upon request at the Locals, the Benefit Plans office or your Area Welfare Director.

Group Health Cooperative 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 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.