

ILWU-PMA Welfare Plan
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Health Plan Comparison
ILWU-PMA Coastwise Indemnity Plan/Kaiser – California and Oregon

*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.

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<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 Maximum Allowable Charge (MAC) after deductible; for those not assigned to a PPO area 100% of MAC (no deductible).</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 are 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-Specific Antigen (PSA) Tests <p>Other Benefits:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 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 <input type="checkbox"/> Hospice Care 100% up to MAC for all covered services up to 90 days. Also 90 days for bereavement. 	<p>Covered services include but are 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-Specific Antigen (PSA) Tests <p>Other Benefits:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Skilled Nursing Facility Maximum 100 days per Plan Year <input type="checkbox"/> Hospice Care – No charge

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<p><input type="checkbox"/> Mental Health Benefits <i>Inpatient</i> – Covered under Basic and Major Medical Benefits <i>Outpatient</i> – 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</p> <p><input type="checkbox"/> Alcohol and Drug Dependency Treatment <i>Inpatient</i> – Covered under Basic and Major Medical Benefits <i>Outpatient</i> - PPO – 100% of PPO charges per visit Non-PPO – 100% of Basic Allowance, then up to 80% of MAC, after annual deductible, per visit</p> <p style="text-align: center;"><i>or</i></p> <p>The Alcoholism/Drug Recovery Program (ADRP) through the ILWU-PMA Welfare Plan</p> <p><input type="checkbox"/> Vision Benefits – Provided through Vision Service Plan</p> <p><input type="checkbox"/> Prescription Drugs – Provided through OptumRx - \$1 copayment per covered prescription (The copayment is waived for mail-order prescriptions)</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> Injectables – Up to 100% of MAC for prescribed immunization materials and therapeutic agents administered by injection</p> <p><input type="checkbox"/> 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/Southern Washington, the PPO Network is First Choice Health Network (FCHN).</p> <p><input type="checkbox"/> Durable Medical Equipment – Benefits based on ILWU-PMA Welfare Plan's Durable Medical Equipment provisions.</p> <p><input type="checkbox"/> Hearing Aids – ILWU-PMA Welfare Plan will cover 90% of the cost up to a maximum of \$3,000 per ear. Benefit period is 3 years.</p> <p>Medicare Eligible The Coastwise Indemnity Plan pays the deductibles and copayments 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:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medicare Part B annual deductible amount <input type="checkbox"/> Medicare's 20% co-insurance amount <input type="checkbox"/> Difference, if any, between the Medicare allowable charge and the MAC 	<p><input type="checkbox"/> Mental Health Benefits <i>Inpatient</i> - \$0 copay; See Evidence of Coverage for details <i>Outpatient</i> - \$0 copay; See Evidence of Coverage for details</p> <p><input type="checkbox"/> Alcohol and Drug Dependency Treatment <i>Inpatient</i> – No charge <i>Outpatient</i> – No charge</p> <p style="text-align: center;"><i>or</i></p> <p>The Alcoholism/Drug Recovery Program (ADRP) through the ILWU-PMA Welfare Plan</p> <p><input type="checkbox"/> Vision Benefits – Provided by Kaiser</p> <p><input type="checkbox"/> Prescription Drugs – Provided through Kaiser – No copayment</p> <p><input type="checkbox"/> Annual Physical Exam – Adults – No charge</p> <p><input type="checkbox"/> Routine Physical Exam – Children other than infants No charge</p> <p><input type="checkbox"/> Injectables – No charge for most immunizations and vaccinations</p> <p><input type="checkbox"/> Chiropractic Benefit – Medically necessary chiropractic benefits are administered by Coastwise Claims Office. Benefits are based on the ILWU-PMA Welfare Plan's Chiropractic Benefit Provisions. 100% benefit if Network Chiropractor used; 80% of MAC if provider is non-Network. The California chiropractic PPO Network is Chiropractic Health Plan of CA (CHPC). For Oregon/Southern Washington, the PPO Network is First Choice Health Network (FCHN). Claim forms available at Local and Plan office.</p> <p><input type="checkbox"/> Durable Medical Equipment – Benefits are based on Kaiser Plan's Durable Medical Equipment Provisions.</p> <p><input type="checkbox"/> Hearing Aids – (Kaiser CA): ILWU-PMA Welfare Plan will cover 90% of the cost up to a maximum of \$3,000 per ear. Benefit period is 3 years.</p> <p><input type="checkbox"/> Hearing Aids – (Kaiser OR only): ILWU-PMA Welfare Plan will cover 90% of the cost up to a maximum of \$3,000 per ear less the amount covered by Oregon Kaiser. Benefit period is 3 years.</p> <p>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.</p>