

ILWU-PMA BENEFIT PLANS /

International Longshore & Warehouse Union —
Pacific Maritime Association www.benefitplans.org

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ILWU-PMA Pension Plan
ILWU-PMA Welfare Plan

ILWU-PMA Watchmen Pension Plan

October 13, 2022

To: ILWU Oregon Locals 04, 08, 40, 92
ILWU Washington Locals 19, 23, 32, 47, 52, 98

From: Mario Perez, Director of Benefit Plans

Subject: Notice to All ILWU-PMA Welfare Plan Members Enrolled in the Coastwise Indemnity Plan in Choice Ports in Oregon and Washington

The attached letter is being sent to Oregon and Washington Choice Port 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.

Enclosure

cc: Andrea Stevenson, Area Welfare Director
Martha Hendricks, Area Welfare Director

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

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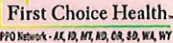
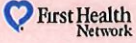
To: Coastwise Indemnity Plan Enrollees

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).

		International Longshore and Warehouse Union – Pacific Maritime Association
Coastwise Indemnity Plan Hospital – Medical- Surgical Benefits		
Participant Name		
Participant ID	Hospital-Medical-Surgical Group# 6475	
In-Network Deductible: \$0		
Out-of-Network Ind/Fam Deductible: \$100/\$300		
Out-of-pocket Maximum: \$1,000		
Submit claims to: First Choice Health Network P.O. Box 2289, Seattle, WA 98111-2289		
For electronic submission, use Payor ID 91131		
<small>The ILWU-PMA Coastwise Indemnity Plan is a self-insured plan and covers services both in and out of the contracted First Choice PPO network. This card is for identification purposes only and does not guarantee eligibility. To verify eligibility please call The Coastwise Claim Office at 1-800-955-7376.</small>		

This plan contracts with Preferred Providers for medical care through: First Choice Health Network (FCHN)	
<i>In AK, ID, MT, ND, OR, SD, WA, WY and First Health Network (FHN) outside of these states.</i>	
To verify that a provider is a preferred provider call First Choice at 1-800-231-6935 or visit www.fchn.com , and First Health at 1-800-226-5116 or visit www.myfirsthealth.com/LocalProvider/CustomPage	
For Voluntary Hospitalization Review and/or Voluntary Case Management call Innovative Core Management at 1-866-275-1014	
For general benefit information visit www.benefitplans.org	
Send all in-network and out-of-network claims to FCHN. (FCHN will route the claims as necessary)	
When Medicare is primary, file all Medicare claims with Medicare.	
First Choice Health Network PO Box 2289 Seattle, WA 98111-2289 For electronic claims submission, use Payor ID 91131	
	
<small>PPO Network - AK, ID, MT, ND, OR, SD, WA, WY</small>	<small>© 2021 FCHN</small>