

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

November 14, 2023

To: LWU Longshore, Ship Clerk, Walking Boss/Foreman, and
Watchmen Choice Port Locals

From: Mario Perez, Director of Benefit Plans

Subject: Kaiser Vision Benefit Changes

The attached letter is being mailed this week to all eligible ILWU-PMA Welfare Plan members enrolled in the Kaiser Plan to announce Plan changes regarding vision benefits.

Attachment.

cc: Area Welfare Directors

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

November 14, 2023

SUMMARY OF MATERIAL MODIFICATIONS

Important Notice Regarding Your ILWU-PMA Welfare Plan Coverage

To: All Eligible ILWU-PMA Kaiser Enrollees

Subject: Kaiser Vision Changes

Effective July 1, 2022, the following changes will apply to Kaiser vision benefits:

A benefit of \$700 for contact lenses each year, including eye examination, fitting, and evaluation, and any additional contact lenses prescribed by a licensed, Kaiser optometrist, along with required fitting fees, shall be a covered benefit.

An eyeglass frame benefit of up to \$300 once every 12 months from the last date of purchase of eyeglass frames shall be covered.

All out-of-pocket claims for the vision benefits listed above should be submitted to the ILWU-PMA Coastwise Claims Office (CCO) for processing, while Kaiser is updating their systems. For services incurred on or after July 1, 2022, please submit or have your provider submit a claim form with your itemized receipt for processing. A claim form may be obtained from the BPO website at <https://www.benefitplans.org/forms.html#welclaim>, at your union local office, or from your Area Welfare Director. Non-Medicare members should use the "Coastwise Indemnity Plan – Hospital, Medical, Surgical Benefits Claim Form (non-Medicare)." Medicare members should use the "Coastwise Indemnity Plan – Hospital, Medical, Surgical Benefits Claim Form (Medicare)."