

ILWU-PMA BENEFIT PLANS /

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

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

PHONE (415) 673-8500

FAX (415) 749-1400

ILWU-PMA Pension Plan
ILWU-PMA Welfare Plan

ILWU-PMA Watchmen Pension Plan

December 5, 2023

TO: ILWU Longshore, Ship Clerks and Walking Boss/Foremen Locals

FROM: Mario Perez, Director of Benefit Plans

SUBJECT: Request for Medicare Part B Premium Information

Enclosed is a copy of the notice mailing to pensioners and beneficiaries requesting proof of their 2024 Medicare Part B premium amount. The request is to ensure the Plan is reimbursing the correct monthly premium amount and to advise them Medicare has increased the base premium amount for 2024.

Enclosure

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

ILWU-PMA BENEFIT PLANS /

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

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

PHONE (415) 673-8500

FAX (415) 749-1400

ILWU-PMA Pension Plan
ILWU-PMA Welfare Plan

ILWU-PMA Watchmen Pension Plan

December 2023

Subject: ILWU-PMA Welfare Plan Proof of 2024 Medicare Part B Premium-Medicare Eligibles

For many Medicare-eligible participants, Medicare Part B premiums change January 1 of each year. To ensure you are reimbursed the correct premium, Medicare Eligibles (including pensioners, beneficiaries, spouses, and disabled adult children) must submit a copy of their 2024 Medicare Part B Social Security notice to the Benefit Plans Office no later than May 31, 2024. However, please note that more time may be allowed for those experiencing extenuating circumstances which might delay their ability to timely submit their 2024 Social Security notice (e.g., hospitalization, out of the country for an extended period of time, etc.).

Medicare has increased the standard monthly premium for Medicare Part B enrollees to \$174.70 for 2024, an increase of \$9.80 from the 2023 premium of \$164.90. For those paying the standard Medicare Part B monthly premium, you will notice this increase in premium cost in your monthly Pension check beginning in 2024.

Please note the Plan will only reimburse premiums being paid by members. If your premium is being paid by a third party, you are not eligible for reimbursement and should notify the Benefit Plans Office.

The Social Security Administration mails you a letter towards the end of November or the beginning of December with your upcoming premium rate for the following year. Please provide the Benefit Plans Office with a copy of the Social Security letter showing your 2024 Part B premium as soon as possible. Be sure to write your Registration Number next to the name to ensure efficient and accurate processing.

Please refer to the back page for samples of an acceptable Social Security Administration letter/notice. If you misplaced or do not have your letter/notice, contact the Social Security Administration at 1-800-772-1213 to request another copy. You may also go online to www.ssa.gov and print out a copy of your 'Benefit Verification letter.'

Letters/notices received by May 31, 2024, will receive retroactive adjustment to January 2024. Letters/notices received after May 31, 2024, will be reimbursed based on the month of receipt and no retroactive adjustment will be made (unless otherwise allowed by the Benefit Plans Office as noted in the first paragraph). Because Medicare Part B reimbursement payments are tax exempt, any overpayments will be collected.

Please submit your letter/notice as soon as possible. **If you have already submitted your notice for 2024, please disregard this request.** You may also fax your letter/notice to 415-749-1400 to expedite delivery. Due to the high volume of Medicare Part B premium documents the BPO will be receiving, please allow up to 60 days before calling to check status of your monthly reimbursement.

If you have any questions, please contact the Benefit Plans Office at 888-372-4598, extension 390.

**Social Security Administration
Important Information**

Date: November 27, 2023
BNC#:

NAME
ADDRESS
CITY, STATE ZIP

Your Social Security benefits will decrease in 2024. The Social Security Act requires some people to pay for higher premiums for their Medicare Part B (Medical Insurance) and Part D (Prescription Drug Plan) based on their income. We will increase your premiums because of your income. The information in this letter about your premiums is for one year only.

If you currently do not have Medicare Part B or Part D and enroll in 2024, those premiums will also be increased based on your income.

How Much Social Security Will I Get?

- Your new 2024 monthly benefit amount before deductions is: \$2,526.00
- Your 2024 monthly deduction for the Medicare Part B premium is: \$406.10
 - \$174.70 for the standard Medicare premium, plus
 - \$231.40 for the income-related monthly adjustment amount (IRMAA)
Based on your 2022 income tax return
- Your deduction for voluntary tax withholding is: \$215.00
- Your benefit amount after deductions that will be deposited into your bank account or sent in your check on January 22, 2024 is: \$1,904.90

See Next Page

Your New Benefit Amount

BENEFICIARY'S NAME: JOHN DOE

Your Social Security benefits will decrease in 2024. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

How Much Will I Get And When?

- Your Monthly amount (before deductions) is \$2,285.60
- The amount we deduct for Medicare Medical Insurance is \$174.70
(If you did not have Medicare as of November 22, 2023, or if someone else pays your premium, we show \$0.00.)
- The amount we deduct for your Medicare Prescription Drug Plan is \$0.00
(We will notify you if the amount changes in 2024. If you did not elect withholding as of November 1, 2023, we show \$0.00)
- The amount we deduct for voluntary Federal tax withholding is \$0.00
(If you did not elect voluntary tax withholding as of November 22, 2023, we show \$0.00)
- After we take any other deductions, you will receive \$2,110.90
on or about January 15, 2024.

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. Or visit www.ssa.gov/non-medical/appeal to appeal online. We would be happy to review the amounts.

If you receive a paper check and want to switch to an electric payment, please visit the Department of the Treasury's Go Direct website at www.godirect.org online.

What If I Have Questions?

- Visit our website at www.socialsecurity.gov
- Call us toll-free at 1-800-772-1213 (TTY 1-800-325-0778)
- Contact your nearest Social Security office

Other Help For Seniors

Call the Eldercare Locator service of the U.S. Administration on Aging at 1-800-677-1116 or visit www.eldercare.acl.gov to learn about a wide variety of services that may be helpful to you.