



ILWU-PMA Pension Plan
ILWU-PMA Welfare Plan

ILWU-PMA Watchmen Pension Plan
ILWU-PMA Supplemental Welfare Benefit Plan

December 2006

For Pensioners and Beneficiaries Receiving Medicare Part B Reimbursement under the ILWU-PMA Welfare Plan:

Medicare Premium Rate

Effective January 1, 2007 the standard monthly Medicare (Part B) premium rate for those whose modified adjusted gross income (MAGI) does not exceed \$80,000 (\$160,000 for couples) will change from \$88.50 to \$93.50 for each eligible Medicare enrollee. Individuals whose MAGI exceeds \$80,000 (\$160,000 for couples) are subject to higher premium amounts. This change is mandated by Congress as part of the Medicare Modernization Act of 2003. Pensioners and Beneficiaries whose monthly Medicare Part B premium is higher than the standard monthly premium of \$93.50 must submit documentation to the Plan office verifying the amount of their monthly premium. The January benefit payment for Medicare eligibles will include the new standard Medicare reimbursement rate:

Medicare – 1 Person Standard Rate

\$93.50

Medicare – 2 Person Standard Rate

\$187.00

If you receive a Medicare Part B reimbursement amount which you believe is incorrect, please contact the Benefit Plans office immediately.

DISABLED PERSONS UNDER AGE 65

A disabled person under age 65 is entitled to Medicare coverage after the 24th month of his or her social security benefit entitlement. Under provisions of the Welfare Plan, eligible pensioners and their dependents and survivors under age 65 must notify the Benefit Plans office when they become eligible for Medicare due to disability. Therefore, if you have not reported your own or your dependent's entitlement to Medicare -- **do so now**, as this will allow us to reimburse your Medicare premium.

ALL PERSONS

The Benefit Plans office must be notified about any of the events listed below:

1. **A CHANGE OF MARITAL STATUS** – Divorce, Marriage, Death of Spouse
(Record Change Forms are available at the ILWU locals to report this change.)
2. **A CHANGE OF ADDRESS**
(Record Change Forms are available at the ILWU locals to report this change.)
3. **A CHANGE OF MEDICARE STATUS**
(Contact the Benefit Plans office to report this change.)
 - . Loss of Part B coverage
 - . Medicare entitlement before age 65
 - . Part B premium paid by a third party (another Employer or a State Agency, e.g., Medicaid or Medi-Cal)