

**KAISER HEALTH PLAN OF WASHINGTON
SEATTLE LOCALS 19, 52, 98, OLYMPIA LOCAL 47,
TACOMA LOCAL 23, EVERETT LOCAL 32
A Supplemental Summary Plan Description**

A general description of the Kaiser Health Plan of Washington is provided in the accompanying booklets. This insert provides additional information for ILWU-PMA Welfare Plan Participants. The insert and the booklets together comprise the ILWU-PMA Welfare Plan Supplemental Summary Plan Description for Kaiser Washington.

Eligibility

All persons with ILWU-PMA Welfare Plan eligibility and whose Assigned Port is a Choice Port or Choice Area are eligible for Kaiser Washington.

Address and Family Status Changes

Address changes and changes in family status which might affect Welfare Plan eligibility (such as marriage, dissolution of marriage, birth or death of a Dependent) must be reported to the ILWU-PMA Benefits Plans office, 1188 Franklin Street, Suite 101, San Francisco, CA 94109.

IMPORTANT: All enrollment forms must be submitted to the ILWU-PMA Welfare Plan office; do not submit address changes, changes in family status information or enrollment forms directly to Kaiser Washington. The Benefit Plans office will forward the necessary information to Kaiser Washington. Enrollment forms are available at the Locals or from the Benefit Plans office upon request.

Prescription Drug Coverage for Medicare Eligibles (Clear Care)

Your existing prescription drug coverage under Group Health Cooperative has been determined to be better than coverage under a Medicare Part D prescription drug plan. Therefore, do not enroll in a Medicare Part D prescription drug plan. You will continue to receive prescription drug coverage under Kaiser Washington.

The information in this booklet is subject to and does not change the provisions of the ILWU-PMA Welfare Plan Agreement or the provisions of the Welfare Plan Summary Plan Description.