

# ILWU-PMA BENEFIT PLANS /

International Longshore & Warehouse Union —  
Pacific Maritime Association [www.benefitplans.org](http://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

October 21, 2014

To: ILWU Longshore, Ship Clerk, Walking Boss/Foreman, and Watchmen Locals  
From: Mario Perez, Manager, Welfare Plans  
**Subject: ILWU-PMA Coastwise Indemnity Plan – Supplemental Summary Plan Description Insert Updated**

Attached is the Coastwise Indemnity Plan Supplemental Summary Plan Description (SSPD) insert updated to include:

- Schedule of Basic Plan Benefit Allowances effective October 1, 2014.
- Updated Blue Shield of California link to find a provider.
- Updated Mental Health and Chemical Dependency benefits eliminating visit limits.
- Change for children with other employer-sponsored coverage.

A small supply of SSPD inserts will be sent to you.

Enclosure

cc: Area Welfare Directors

A copy of this memo can be downloaded at [www.benefitplans.org](http://www.benefitplans.org)

**ILWU-PMA COASTWISE INDEMNITY PLAN**  
A Supplemental Summary Plan Description

(Revisions to the ILWU-PMA Coastwise Indemnity Plan Supplemental Summary Plan Description)

**ELIGIBILITY**

Qualified Dependents, including:

- Spouse/Same Sex Domestic Partner.
- Effective July 1, 2011 – children to age 26.
- Children who continue to be, upon attaining age 26, mentally or physically incapacitated so as to be incapable of self-sustaining employment.
- Surviving Spouse and Surviving Dependent Children of eligible Active and Retired employees.

**NEW REGISTRANTS**

New registrants and their qualified dependents in ports with HMO coverage will, on the first of the month following registration (with no requirement for 400 hours of work for initial eligibility for coverage), be covered by the HMO programs for the first twenty-four (24) months of registration. After 24 months of registration the member will have a choice of HMO or Coastwise Indemnity Plan coverage and normal Welfare Plan eligibility requirements shall apply.

New registrants and their qualified dependents in ports without HMO coverage will, on the first of the month following registration (with no requirement for 400 hours of work for initial eligibility for coverage), be covered by the Coastwise Indemnity Plan for the first twenty-four (24) months of registration and shall thereafter be subject to the Welfare Plan's normal eligibility requirements for continuation of coverage under the Coastwise Indemnity Plan.

**ELECTION OF COVERAGE**

Effective July 1, 2010 Port Hueneme, Local 46, in addition to the California Locals listed on page 11, is offered a dual choice.

**USUAL, CUSTOMARY and REASONABLE CHARGES (UCR)**

A UCR charge, as used in the Coastwise Indemnity Plan SSPD, is changed to **Maximum Allowable Charge (MAC)**, and refers to charges which are reasonable and in line with fees customarily charged for the treatment or service rendered by providers of care in the same area as determined by the Plan.

**PROVIDERS OF SERVICE**

Optometrists (OD) are added as a covered provider of service.

**PREFERRED PROVIDER ORGANIZATION (PPO) (Non-Medicare Eligibles Only)**

Under terms of the 2008 ILWU-PMA Memorandum of Understanding (MOU) Non-Choice Port Participants have PPO access (all Non-Choice Plan provisions remain in place) for purposes of obtaining the PPO discount.

Effective January 1, 2013, Blue Shield of California PPO Network is the PPO Network for California.

Please note the new link available as of July 2014 to find a Blue Shield of California Provider. Visit [www.blueshieldca.com/ilwupma](http://www.blueshieldca.com/ilwupma), or call 1 (800) 955-7376. For mental health providers, members can access Blue Shield of California at 1 (800) 955-7376 or [www.blueshieldca.com/ilwupma](http://www.blueshieldca.com/ilwupma), or Magellan Health Services at 1 (800) 424-5945 or [www.magellanassist.com](http://www.magellanassist.com). Please note that the Blue Shield of California website should not be used to locate contracted chiropractors as the Plan requires the chiropractor to be part of the CHPC Network. Washington and Oregon members can access their Preferred Provider Organization at First Choice Health Network, 1 (800) 231-6935 or visit [www.fchn.com](http://www.fchn.com).

Managed HealthCare Northwest is no longer a Preferred Provider Organization (PPO).

### **VOLUNTARY HOSPITAL UTILIZATION REVIEW (Non-Medicare Eligibles Only)**

The Plan's Voluntary Hospital Review program is administered by Innovative Care Management (ICM). To request voluntary hospitalization review, telephone (866) 275-1014.

### **VOLUNTARY CASE MANAGEMENT**

The Voluntary Case Management program is administered by Innovative Care Management (ICM). Patients who qualify may be identified and referred to Case Management by the Coastwise Claims Office or through the voluntary hospital utilization review process; or you may call ICM directly at (866) 275-1014.

### **CHIROPRACTIC TREATMENT**

Chiropractic benefits for non-Medicare Choice Port Indemnity Plan Participants will be paid at 100% for covered services, if the services are performed by a PPO provider. No benefits will be paid for covered services performed by a non-PPO provider. The California chiropractic PPO network is Chiropractic Health Plan of CA (CHPC), 1 (800) 955-2442 or [www.chpc.com](http://www.chpc.com) and click on "ILWU Members". Please note that the Blue Shield of California website should not be used to locate contracted chiropractors as the Plan requires the chiropractor to be part of the CHPC Network. For Oregon and Washington, the PPO network is First Choice Health Network (FCHN), 1 (800) 231-6935 or [www.fchn.com](http://www.fchn.com).

### **ROUTINE PHYSICAL EXAMINATION FOR CHILDREN**

Charges covered include the exam and related lab and x-ray charges. A routine physical examination benefit is provided per plan year (July 1 – June 30) for eligible dependent children other than infants, up to age 19.

### **MENTAL/BEHAVIORAL HEALTH SUBSTANCE ABUSE BENEFITS – OUTPATIENT**

Effective July 1, 2011, the dollar limit per visit is eliminated.

Effective July 1, 2014, the Plan Year visit limits are eliminated and coverage is as follows:

**PPO:** 100% of PPO Charges per visit, for covered services

**Non-PPO:** 100% of Basic Allowance (refer to Basic Benefits -Schedule of Benefits), then up to 80% of the Maximum Allowable Charge (MAC) for covered services, after annual deductible, per visit.

**No PPO Access:** 100% of Basic Allowance (refer to Basic Benefits – Schedule of Benefits), then up to 100% of Maximum Allowable Charge (MAC)/or 100% of PPO Charges, whichever is applicable, for covered services, per visit.

## **MENTAL/BEHAVIORAL HEALTH BENEFITS; SUBSTANCE ABUSE INPATIENT**

### Hospital Benefits

Room and Board up to applicable daily rate (refer to Basic Benefits – Schedule of Benefits), for up to 365 days for confinement.

### Hospital Extras

**PPO:** 100% of PPO charges, for covered services.

**Non-PPO:** 100% of Basic Allowance (refer to Basic Benefits -Schedule of Benefits), then up to 80% of the Maximum Allowable Charge (MAC) for covered services, after annual deductible.

**No PPO Access:** 100% of Basic Allowance (refer to Basic Benefits – Schedule of Benefits), then up to 100% of Maximum Allowable Charge (MAC)/or 100% of PPO Charges, whichever is applicable, for covered services.

## **CHEMICAL DEPENDENCY BENEFITS**

Please note these benefits noted above are separate from the ADRP Program benefits.

## **MAJOR MEDICAL LIFETIME MAXIMUM ELIMINATED**

Effective July 1, 2011, the Major Medical benefit lifetime maximum per covered person is eliminated. In addition, the restoration of the Major Medical maximum has been eliminated.

## **COVERAGE FOR CHILDREN WITH EMPLOYER-SPONSORED COVERAGE**

Effective July 1, 2014, children will be covered up to age 26 without regard to the availability of employment-related coverage. To enroll or re-enroll dependents not previously covered by the Plan due to having other employment-related coverage, please complete and submit a Record Change Form (RCF) to the Benefit Plans Office.

## **HOW TO CLAIM ADDITIONAL MEDICAL BENEFITS**

Claims for Diabetic Durable Equipment benefits are filed directly with the ILWU-PMA Benefit Plans office:

ILWU-PMA Benefit Plans  
1188 Franklin Street – Suite 101  
San Francisco, CA 94109  
(415) 673-8500

**CLAIM REVIEW BY TRUSTEES OF THE ILWU-PMA WELFARE PLAN**

The address of the ILWU-PMA Benefit Plans as used in the Coastwise Indemnity Plan SSPD is:

ILWU-PMA Benefit Plans  
1188 Franklin Street – Suite 101  
San Francisco, CA 94109

**Union Trustees**

Ray Familathe  
Ray Ortiz, Jr.  
Leal Sundet

**Employer Trustees**

Michael H. Wechsler  
Robert L. Stephens  
James C. McKenna

***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.***

**BASIC HOSPITAL-MEDICAL-SURGICAL BENEFITS FOR NON-MEDICARE ELIGIBLES**

**Basic Benefits – Schedule of Allowances  
Effective October 1, 2014**

The following Basic Benefits are paid at 100% of the scheduled amounts shown below for the applicable type of medical expense and are not subject to a deductible. In most cases, the balance of the Maximum Allowable Charge (MAC) remaining after these Basic Benefits have been paid is covered under the Major Medical benefit. These Basic Benefits allowances are subject to periodic adjustment.

**Hospital Benefits**

Room & Board: Up to \$738.13 per day, for up to 365 days per confinement.

Hospital Extras\*:

PPO: 100% of PPO charges

Non-PPO: Up to \$9,227.57 with any balance at 80% of MAC under Major Medical

No PPO Access: 100% of MAC

Ambulance: Up to \$682.02 per confinement for transportation to or from a hospital (included in the "Hospital Extras" benefit).

\*(The "Hospital Extras" benefit is payable for inpatient hospital charges for supplies and services other than room and board, outpatient hospital charges incurred for surgery or accident treatment, and surgery charges from approved ambulatory surgi-centers.)

**Surgery and Anesthesia**

Maximum per Disability (a "disability" is any one accident or sickness):

Surgeon.....	\$16,854.00
Anesthesiologist.....	\$5,618.03
Assistant Surgeon.....	\$3,370.80
Maximum for any one procedure – based on 1964 Relative Value Schedule (RVS) units multiplied by.....	\$84.27

**Doctor Visits**

Maximum per day:

Office Visits.....	\$56.12
Home Visits.....	\$92.08
Hospital Visits .....	\$56.12
Maximum hospital visit per confinement.....	\$20,483.80

**Diagnostic X-Ray and Laboratory – Outpatient**

Maximum per accident or sickness in each 6-month period..... \$922.75  
(Benefit maximum renews on January 1 and July 1 each year)

**Well Baby Care** Effective July 1, 2011, the maximum of \$500.00 per year (from birthday to birthday) is eliminated.