

ILWU-PMA BENEFIT PLANS /

International Longshore & Warehouse Union —
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ILWU-PMA Pension Plan
ILWU-PMA Welfare Plan

ILWU-PMA Watchmen Pension Plan

October 31, 2017

To: ILWU Longshore, Ship Clerk, Walking Boss/Foreman, and Watchmen Locals

From: Mario Perez, Manager, Welfare Plans

Subject: Coastwise Indemnity Plan – American Cancer Society Guidelines

The attached notice was recently mailed to provide members an update to the American Cancer Society guidelines.

Attachment

cc: Area Welfare Directors

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

MP:js/opeiu29aficio/MTP CIP American Cancer Society Guidelines-103117

ILWU-PMA Pension Plan
ILWU-PMA Welfare Plan

ILWU-PMA Watchmen Pension Plan

October 2017

TO: All Participants and Beneficiaries Enrolled in the ILWU-PMA Coastwise Indemnity Plan
SUBJECT: American Cancer Society Guidelines

This is a reminder that coverage for routine mammograms, Pap smears, prostate specific antigen (PSA) tests, and related office visits are payable according to the American Cancer Society guidelines in effect at the time of treatment. See the ILWU-PMA Coastwise Indemnity Plan Supplemental Summary Plan Description on page 29, which is also available online at www.benefitplans.org/PlanDocuments/SSPDs/CoastwiseSSPD.pdf.

Mammograms (effective October 2015)

Generally, the American Cancer Society guidelines allow for the following for women at *average risk* for breast cancer (a woman at average risk doesn't have a personal history of breast cancer, a strong family history of breast cancer, or a genetic mutation known to increase the risk of breast cancer):

Women between 40 and 44 have the option to start screening with a mammogram every year.

Women 45 to 54 should get mammograms every year.

Women 55 and older can switch to a mammogram every other year, or they can choose to continue yearly mammograms.

Refer to the full guidelines at www.cancer.org.

Pap Smears (effective 2012)

Generally, the American Cancer Society guidelines allow for:

Cervical cancer testing should start at age 21. Women under age 21 should not be tested.

Women between the ages of 21 and 29 should have a Pap test done every 3 years. HPV testing should not be used in this age group unless it's needed after an abnormal Pap test result.

Women between the ages of 30 and 65 should have a Pap test plus an HPV test (called "co-testing") done every 5 years. This is the preferred approach, but it's OK to have a Pap test alone every 3 years.

Women over age 65 who have had regular cervical cancer testing in the past 10 years with normal results should not be tested for cervical cancer. Once testing is stopped, it should not be started again. Women with a history of a serious cervical pre-cancer should continue to be tested for at least 20 years after that diagnosis, even if testing goes past age 65.

Refer to the full guidelines at www.cancer.org.

Prostate Specific Antigen (PSA) Test (effective 2010)

The American Cancer Society (ACS) recommends that men have a chance to make an informed decision with their health care provider about whether to be screened for prostate cancer. The decision should be made after getting information about the uncertainties, risks, and potential benefits of prostate cancer screening. Men should not be screened unless they have received this information. The discussion about screening should take place at:

Age 50 for men who are at average risk of prostate cancer and are expected to live at least 10 more years.

Age 45 for men at high risk of developing prostate cancer. This includes African Americans and men who have a first-degree relative (father, brother, or son) diagnosed with prostate cancer at an early age (younger than age 65).

Age 40 for men at even higher risk (those with more than one first-degree relative who had prostate cancer at an early age).

After this discussion, men who want to be screened should be tested with the prostate-specific antigen (PSA) blood test. The digital rectal exam (DRE) may also be done as a part of screening.

If, after this discussion, a man is unable to decide if testing is right for him, the screening decision can be made by the health care provider, who should take into account the man's general health preferences and values.

If no prostate cancer is found as a result of screening, the time between future screenings depends on the results of the PSA blood test:

- Men who choose to be tested who have a PSA of less than 2.5 ng/mL may only need to be retested every 2 years.
- Screening should be done yearly for men whose PSA level is 2.5 ng/mL or higher.

Because prostate cancer often grows slowly, men without symptoms of prostate cancer who do not have a 10-year life expectancy should not be offered testing since they are not likely to benefit. Overall health status, and not age alone, is important when making decisions about screening.

Refer to the full guidelines at www.cancer.org.

It is your responsibility to discuss these guidelines and treatment options with your provider. The American Cancer Society guidelines may change at any time, and the Plan will only pay for these preventive care services in accordance with the American Cancer Society guidelines in effect at the time of treatment.

Please contact the Benefit Plans Office or your local Area Welfare Director if you have any questions.