

# ILWU-PMA BENEFIT PLANS /

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

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ILWU-PMA Pension Plan  
ILWU-PMA Welfare Plan

ILWU-PMA Watchmen Pension Plan

April 4, 2016

To: ILWU Longshore, Ship Clerk, Walking Boss/Foreman, and Watchmen Locals 19,  
23, 32, 47, 52, 98

From: Mario Perez, Manager, Welfare Plans

**Subject: ILWU-PMA Welfare Plan – Memorandum of Understanding (MOU) Group  
Health Cooperative HMO Mailings**

Attached are copies of letters being mailed to members of Group Health Cooperative regarding the implementation of the MOU benefits.

Enclosures

cc: Andrea Stevenson, Area Welfare Director

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

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April 2016

## SUMMARY OF MATERIAL MODIFICATIONS

### Important Notice Regarding Your ILWU-PMA Welfare Plan Coverage

**To: All Eligible ILWU-PMA Welfare Plan Group Health Cooperative HMO Enrollees**

**Subject: Foot Appliances and Required Castings**

Effective September 1, 2014, medically necessary foot appliances and required castings have been added retroactively as covered benefits when prescribed by a Group Health Cooperative Podiatrist, and will be limited to no more than \$400 per year, per eligible enrollee. This means all claims retroactive to September 1, 2014 will be processed and paid or reimbursed per the plans normal rules regarding coverage and eligibility.

The benefit will be administered by the ILWU-PMA Coastwise Claims Office for dates of service between September 1, 2014 and November 1, 2015. Members should submit their itemized receipts or claims for services incurred on or after September 1, 2014 through October 31, 2015 to the ILWU-PMA Coastwise Claims Office in order to be reimbursed. The itemized receipt must be accompanied by a prescription from a Group Health Cooperative medical provider, evidence of payment, and a completed ILWU-PMA Welfare Plan – Hospital, Medical and Surgical Benefits Claim Form. This form can be downloaded from [www.benefitplans.org](http://www.benefitplans.org). If additional documentation is needed the ILWU-PMA Coastwise Claims Office will reach out to you to obtain this information prior to issuing payment. Effective November 1, 2015, services will be provided directly through your Group Health Cooperative Plan.

The mailing address for the ILWU-PMA Coastwise Claims Office is:

ILWU-PMA Coastwise Claims Office  
P.O. Box 429101  
San Francisco, CA 94142

Please allow 30 days for the processing of your claim. If you have any questions about the foot appliance and required castings benefit for services obtained between September 1, 2014 and November 1, 2015, please call the ILWU-PMA Coastwise Claims Office at 800-955-7376. For services on or after November 1, 2015, please contact Group Health Cooperative at 888-901-4636.

You can also call the Benefit Plans Office in San Francisco at the above telephone number or your local Area Welfare Director, Andrea Stevenson at 206-938-6720.

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April 2016

## SUMMARY OF MATERIAL MODIFICATIONS

### Important Notice Regarding Your ILWU-PMA Welfare Plan Coverage

**To: All Eligible ILWU-PMA Welfare Plan Group Health Cooperative HMO Enrollees**

**Subject: High Index Eye Glass Lenses**

Effective September 1, 2014, High Index Eye Glass Lenses have been added as a covered benefit, limited to one (1) set of lenses per year, when prescribed by a Group Health Cooperative provider. This means all claims incurred for High Index Eye Glass lenses retroactive to September 1, 2014 will be processed and paid or reimbursed per the Plan's normal rules regarding coverage and eligibility and paid up to the Maximum Allowable Charge (MAC).

Currently, Group Health Cooperative provides coverage for high index eye glass lenses under your optical benefit every 24 months. To allow this benefit every 12 months, the additional benefit will be administered by the ILWU-PMA Coastwise Claims Office for dates of service on or after September 1, 2014 if the service is not covered by Group Health Cooperative because you had already received lenses within the last 24 months. Members should submit their itemized receipts or claims for services incurred on or after September 1, 2014 along with a copy of their denial letter from Group Health Cooperative to the ILWU-PMA Coastwise Claims Office in order to be reimbursed. The itemized receipt must be accompanied by a prescription from a Group Health Cooperative medical provider, evidence of payment, and a completed ILWU-PMA Welfare Plan – Hospital, Medical and Surgical Benefits Claim Form. This form can be downloaded from [www.benefitplans.org](http://www.benefitplans.org). If additional documentation is needed the ILWU-PMA Coastwise Claims Office will reach out to you to obtain this information prior to issuing payment.

The mailing address for the ILWU-PMA Coastwise Claims Office is:

ILWU-PMA Coastwise Claims Office  
P.O. Box 429101  
San Francisco, CA 94142

Please allow 30 days for the processing of your claim. If you have any questions about the high index eye glass lenses benefit for services incurred on or after September 1, 2014, please call the ILWU-PMA Coastwise Claims Office at 800-955-7376. For questions about services covered through Group Health Cooperative, please call 888-901-4636.

You can also call the Benefit Plans Office in San Francisco at the above telephone number or your local Area Welfare Director, Andrea Stevenson at 206-938-6720.

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### Important Notice Regarding Your ILWU-PMA Welfare Plan Coverage

**To: All Eligible ILWU-PMA Welfare Plan Group Health Cooperative HMO Enrollees**

**Subject: Multifocal Lens Implants**

Effective September 1, 2014, Multifocal Lens Implants have been added retroactively as a covered benefit. The implant benefit will be covered for cataract surgeries only. This means all claims incurred retroactive to September 1, 2014 will be processed and paid per the Plan's normal rules regarding coverage and eligibility and paid up to the Maximum Allowable Charge (MAC). Since this benefit will not be covered directly through Group Health Cooperative, it will be covered through the ILWU-PMA Welfare Plan.

Members may obtain Multifocal Lens Implant services from providers outside of Group Health Cooperative and have the billing sent to the ILWU-PMA Coastwise Claims Office. Your provider may contact the Coastwise Claims Office at 800-955-7376 to verify your eligibility and benefits for this benefit.

Members should submit their itemized receipts or claims for services beginning on September 1, 2014 to the address below. The itemized receipt must be accompanied by a prescription from a medical provider, evidence of payment, and a completed ILWU-PMA Welfare Plan – Hospital, Medical and Surgical Benefits Claim Form. This form can be downloaded from [www.benefitplans.org](http://www.benefitplans.org). If additional documentation is needed the ILWU-PMA Coastwise Claims Office will reach out to you to obtain this information prior to issuing payment.

The mailing address for the ILWU-PMA Coastwise Claims Office is:

ILWU-PMA Coastwise Claims Office  
P.O. Box 429101  
San Francisco, CA 94142

Please allow 30 days for the processing of your claim. If you have any questions about the multifocal lens implants benefit, please call the ILWU-PMA Coastwise Claims Office at 800-955-7376.

You can also call the Benefit Plans Office in San Francisco at the above telephone number or your local Area Welfare Director, Andrea Stevenson at 206-938-6720.