

ILWU-PMA BENEFIT PLANS /

International Longshore & Warehouse Union —
Pacific Maritime Association 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 Northern California Locals 10, 18, 34, 34A, 54, 75, 91
ILWU Southern California Locals 13, 26, 29, 46, 63, 94

From: Mario Perez, Manager, Welfare Plans

**Subject: ILWU-PMA Welfare Plan – Memorandum of Understanding (MOU)
Kaiser California HMO Mailings**

Attached are copies of letters being mailed to members of Kaiser regarding the implementation of the MOU benefits.

Enclosures

Cc: Sam Alvarado, Area Welfare Director
Joe Cabrales, Area Welfare Director

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

ILWU-PMA Pension Plan
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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 Kaiser Northern and Southern California 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 Kaiser Podiatrist, will be paid up to the Maximum Allowable Charge (MAC), 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 July 1, 2015. Members should submit their itemized receipts or claims for services incurred on or after September 1, 2014 through June 30, 2015 to the ILWU-PMA Coastwise Claims Office in order to be reimbursed. The itemized receipt must be accompanied by a prescription from a Kaiser 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. 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 July 1, 2015, services will be provided directly through your Kaiser 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 between September 1, 2014 and July 1, 2015, please call the ILWU-PMA Coastwise Claims Office at 800-955-7376. For services on or after July 1, 2015, please call Kaiser at 800-464-4000.

You can also call the Benefit Plans Office in San Francisco at the above telephone number or your local Area Welfare Director, (Joe Cabrales, Northern California, 415-885-2793), (Sam Alvarado, Southern California, 310-833-5144)

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Important Notice Regarding Your ILWU-PMA Welfare Plan Coverage

To: All Eligible ILWU-PMA Welfare Plan Kaiser Northern and Southern California HMO Enrollees

Subject: High Index Eye Glass Lenses

Effective September 1, 2014, High Index Eye Glass Lenses have been added retroactively as a covered benefit, limited to one (1) set of lenses per year, when prescribed by a Kaiser 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).

The benefit will be administered by the ILWU-PMA Coastwise Claims Office for dates of service between September 1, 2014 and July 1, 2015. Members should submit their itemized receipts or claims for services incurred on or after September 1, 2014 through June 30, 2015 to the ILWU-PMA Coastwise Claims Office in order to be reimbursed. The itemized receipt must be accompanied by a prescription from a Kaiser 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. 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 July 1, 2015, services will be provided directly through your Kaiser 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 high index eye glass lenses benefit for services incurred between September 1, 2014 and July 1, 2015, please call the ILWU-PMA Coastwise Claims Office at 800-955-7376. For services on or after July 1, 2015, please call Kaiser at 800-464-4000.

You can also call the Benefit Plans Office in San Francisco at the above telephone number or your local Area Welfare Director, (Joe Cabrales, Northern California, 415-885-2793), (Sam Alvarado, Southern California, 310-833-5144)

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Important Notice Regarding Your ILWU-PMA Welfare Plan Coverage

To: All Eligible ILWU-PMA Welfare Plan Kaiser Northern and Southern California HMO Enrollees

Subject: Multifocal Lens Implants

Effective September 1, 2014, Multifocal Lens Implants have been added as a covered benefit. The implant benefit will be covered for cataract surgeries only when provided by a Kaiser provider. This means all claims incurred 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).

The benefit will be administered by the ILWU-PMA Coastwise Claims Office for dates of service between September 1, 2014 and July 1, 2015. Members should submit their itemized receipts or claims for services incurred on or after September 1, 2014 through June 30, 2015 to the ILWU-PMA Coastwise Claims Office in order to be reimbursed. The itemized receipt must be accompanied by a prescription from a Kaiser 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. 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 July 1, 2015, services will be provided directly through your Kaiser 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 multifocal lens implants benefit for services incurred between September 1, 2014 and July 1, 2015, please call the ILWU-PMA Coastwise Claims Office at 800-955-7376. For services on or after July 1, 2015, please call Kaiser at 800-464-4000.

You can also call the Benefit Plans Office in San Francisco at the above telephone number or your local Area Welfare Director, (Joe Cabrales, Northern California, 415-885-2793), (Sam Alvarado, Southern California, 310-833-5144)