

# 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

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ILWU-PMA Pension Plan  
ILWU-PMA Welfare Plan

ILWU-PMA Watchmen Pension Plan

June 27, 2017

To: ILWU Southern California Locals 13, 26, 29, 46, 63, 94  
ILWU Northern California Locals 10, 18, 34, 34A, 54, 75, 91

From: Mario Perez, Manager, Welfare Plans

**Subject: Notice to All ILWU-PMA Welfare Plan Kaiser Northern and Southern California Enrollees**

The enclosed notice is being mailed to all eligible California Kaiser enrollees.

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

Attachment

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

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ILWU-PMA Pension Plan  
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June 26, 2017

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

**Subject: Foot Appliances and Required Castings**

In April 2016, the Plan sent notice that necessary foot appliances and required castings benefits had been added retroactive to September 1, 2014. Kaiser was to process and pay for services rendered on or after July 1, 2015. At this time, Kaiser is not able to process these claims accordingly.

Beginning July 1, 2017, the benefit will be administered by the ILWU-PMA Coastwise Claims Office for dates of service on or after September 1, 2014. Members should submit their itemized receipts or claims for services incurred on or after September 1, 2014 to the ILWU-PMA Coastwise Claims Office to be reimbursed. The itemized receipt must be accompanied by a prescription from a Kaiser podiatrist, 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) or call the Benefit Plans Office or your Area Welfare Director to obtain a form. Claims for necessary foot appliances and required castings rendered prior to July 1, 2017 will also require evidence of a denial from Kaiser. 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 foot appliance and required castings benefit for services, 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, (Joe Cabrales, Northern California, 415-885-2793); (Sam Alvarado, Southern California, 310-833-5144).