

ILWU-PMA BENEFIT PLANS /

International Longshore & Warehouse Union —
Pacific Maritime Association 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

Date: October 1, 2018
To: ILWU Longshore, Ship Clerk, Walking Boss/Foreman, and Watchmen Locals
From: Mario Perez, Manager, Welfare Plans
Subject: **Coastwise Indemnity Plan – Basic Benefits - Schedule of Allowances
Effective October 1, 2018**

Attached is the Coastwise Indemnity Plan Basic Benefits - Schedule Allowances, Effective October 1, 2018. A supply will be sent to you.

Attachment

cc: Area Welfare Directors

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

MP:ld/opeiu29,afl-cio/CIP Schedule of Benefit Allowances – Effective 10.01.18

ILWU-PMA BENEFIT PLANS /

International Longshore & Warehouse Union —
Pacific Maritime Association 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

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

Basic Benefits – Schedule of Allowances

Effective October 1, 2018

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 \$824.05 per day, for up to 365 days per confinement.

Hospital Extras*:

PPO: 100% of PPO charges

Non-PPO: Up to \$10,301.48 with any balance at 80% of MAC under Major Medical

No PPO Access: 100% of MAC

Ambulance: Up to \$761.39 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 surgery centers.) Basic Benefits will not be provided for Out-Patient Surgery charges in an Ambulatory Surgery Center unless referred to by a PPO provider.

Surgery and Anesthesia

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

Surgeon.....	\$18,818.00
Anesthesiologist.....	\$6,272.70
Assistant Surgeon.....	\$3,763.60
Maximum for any one procedure – based on 1964 Relative Value Schedule (RVS) units multiplied by.....	\$94.09

Doctor Visits

Maximum per day:

Office Visits.....	\$62.64
Home Visits.....	\$102.81
Hospital Visits.....	\$62.64
Maximum hospital visit per confinement.....	\$22,863.60

Diagnostic X-Ray and Laboratory – Outpatient

Maximum per accident or sickness in each 6-month period..... \$1,030.15
(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.