

ILWU-PMA Pension Plan
ILWU-PMA Welfare Plan

ILWU-PMA Watchmen Pension Plan
ILWU-PMA Supplemental Welfare Benefit Plan

April 24, 2012

To: ILWU Northern California Locals 10, 18, 34, 34A, 54, 91,
and 75 (Watchmen)

From: Elizabeth Sharpe, Manager, Welfare Plans

Subject: Kaiser Plan Supplemental Summary Plan Description

Enclosed is a Supplemental Summary Plan Description packet for the Kaiser Foundation Health Plan, consisting of the following publications:

- ILWU-PMA Welfare Plan Supplemental Summary Plan Description
- Your Enrollment Book 2012/Benefit Summary
- Benefit Summary for Senior Advantage
- Summary of Group Plan Provisions for Senior Advantage
- 2011 Summary of Benefits for Senior Advantage

Kaiser has direct shipped supplies of the packets to each Local. Please discard any old Kaiser descriptions you may have.

Enclosure

cc: Joe Cabrales, Northern California Area Welfare Director

ES:jo/opei29aficio/MTP Kaiser No CA-042412

**A SUPPLEMENTAL SUMMARY PLAN DESCRIPTION INSERT
KAISER FOUNDATION HEALTH PLAN
NORTHERN CALIFORNIA LOCALS 10, 18, 34, 34A, 54, 91, 75 (Watchmen)**

A general description of the Kaiser Foundation Health Plan is provided in the accompanying Kaiser booklets. This insert provides additional information for ILWU-PMA Welfare Plan Participants. The insert and the booklets together comprise the ILWU-PMA Welfare Plan Supplemental Summary Plan Description of the Kaiser Foundation Health Plan for Northern California.

ELIGIBILITY

All persons with ILWU-PMA Welfare Plan eligibility and whose Assigned Port is a Choice Port or Choice Area are eligible for the Kaiser Foundation Health Plan.

ADDRESS AND FAMILY STATUS CHANGES

Address changes and changes in family status which might affect Welfare Plan eligibility (such as marriage, dissolution of marriage, birth or death of a dependent) must be reported to the ILWU-PMA Benefits Plans office, 1188 Franklin Street, Suite 101, San Francisco, CA 94109. **IMPORTANT: All enrollment forms must be submitted to the ILWU-PMA Welfare Plan office; do not submit address changes, changes in family status information or enrollment forms directly to Kaiser Permanente.** The Benefit Plans office will forward the necessary information to Kaiser Permanente. Enrollment forms are available at the Locals or from the Benefit Plans office upon request.

PRESCRIPTION DRUG COVERAGE FOR MEDICARE ELIGIBLES (SENIOR ADVANTAGE)

Your existing prescription drug coverage under Kaiser has been determined to be better than coverage under a Medicare Part D prescription drug plan. Therefore, do not enroll in a Medicare Part D prescription drug plan. You will continue to receive prescription drug coverage under the Kaiser Plan.

Note: Kaiser Northern California Health Plan believes this coverage is a “grandfathered health plan” under the Patient Protection and Affordable Care Act. If you have questions about grandfathered health plans, please call Kaiser’s Member Service Call Center at 1-800-464-4000.

The information in this booklet is subject to and does not change the provisions of the ILWU-PMA Welfare Plan Agreement or the provisions of the Welfare Plan Summary Plan Description.