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ILWU-PMA Pension Plan  
ILWU-PMA Welfare Plan

ILWU-PMA Watchmen Pension Plan

December 6, 2012

To: ILWU Oregon Locals 04, 08, 40 and 92

From: Elizabeth Sharpe, Manager, Welfare Plans

**Subject: Chiropractic Benefit ID Card for Kaiser Permanente Members**

The attached letter with Chiropractic Benefit ID cards will be mailed by December 15th to the homes of all eligible active employees, retirees and survivors in Oregon/Washington covered under Kaiser Permanente.

The card reflects the Coastwise Claims Office's new mailing address effective January 1, 2013, and First Choice Health Network's Payor ID number for electronic claim submission. Non-PPO providers must submit their claims to the Coastwise Claims Office by mail or fax.

Enclosure

cc: Ty Gorton, Area Welfare Director

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

# ILWU-PMA BENEFIT PLANS /

International Longshore & Warehouse Union —  
Pacific Maritime Association

[www.benefitplans.org](http://www.benefitplans.org)

(415) 673-8500

1188 FRANKLIN STREET • SUITE 101 • SAN FRANCISCO, CALIFORNIA 94109

ILWU-PMA Pension Plan  
ILWU-PMA Welfare Plan

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

Enclosed is your new ILWU-PMA Welfare Plan Chiropractic Benefit identification card.

The new card includes the ILWU-PMA Coastwise Claims Office's new mailing address effective January 1, 2013, and First Choice Health Network's Payor ID number for your provider to use when submitting claims electronically. Providers who are not in the First Choice Health Network must submit their claims to the Coastwise Claims Office by mail or fax.

Please discard your old Chiropractic Benefit identification card(s). If you need additional or replacement ID cards, please contact the Benefit Plans office.



**ILWU - PMA WELFARE PLAN**  
**CHIROPRACTIC BENEFIT**  
for members enrolled in KAISER

**Subscriber Name:**  
**ILWU Local:      Member ID:**

Submit claims to: **The ILWU-PMA Coastwise Claims Office**  
P.O. Box 429101  
San Francisco, CA 94142

**This card is for identification purposes only and does not guarantee eligibility.** To verify eligibility and benefits or for claims customer service, call **1-800-955-7376**.

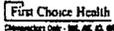
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This plan contracts with Preferred Providers for chiropractic care through:

**First Choice Health Network**  
Payor ID 91131

To verify that a provider is a preferred provider call First Choice at  
**1-800-231-6935** or visit [www.fchn.com](http://www.fchn.com)

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DEPENDENT ONLY - WA, OR, CA, WA

OR 