

ILWU-PMA Pension Plan
ILWU-PMA Welfare Plan

ILWU-PMA Watchmen Pension Plan

December 6, 2012

To: ILWU Washington Locals 07, 19, 23, 24, 25, 27, 32, 47, 51, 52 and 98
ILWU Oregon Locals 04, 08, 12, 21, 40, 50, 53 and 92

From: Elizabeth Sharpe, Manager, Welfare Plans

Subject: ILWU-PMA Coastwise Indemnity Plan ID Card

The attached letter with ID cards will be mailed by December 15th to the homes of all eligible active employees, retirees and survivors in Washington and Oregon covered under the ILWU-PMA Coastwise Indemnity Plan.

The card reflects the Coastwise Claims Office's new mailing address effective January 1, 2013, First Choice Health Network's Payor ID number for electronic claim submission, and contact information for Innovative Care Management (ICM). ICM administers Voluntary Hospitalization/Voluntary Case Management programs.

Enclosure

cc: Nick Buckles, Washington Area Welfare Director
Ty Gorton, Oregon Area Welfare Director

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

ILWU-PMA BENEFIT PLANS /

International Longshore & Warehouse Union —
Pacific Maritime Association

www.benefitplans.org

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

(415) 673-8500



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 Coastwise Indemnity Plan identification card.

The new card includes the ILWU-PMA Coastwise Claims Office's new mailing address effective January 1, 2013, First Choice Health Network's Payor ID number for your providers to use when submitting claims electronically, and contact information for Innovative Care Management (ICM). ICM administers Voluntary Hospitalization/Voluntary Case Management programs.

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

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|  |  | ILWU - PMA COASTWISE INDEMNITY PLAN Hospital • Medical • Surgical Benefits |
| Subscriber Name: ILWU Local: Member ID: | | |
| Hospital-Medical-Surgical - GROUP NUMBER 6475 | | |
| 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 medical 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 |
| For Voluntary Hospitalization Review and/or Voluntary Case Management call Innovative Care Management at 1-856-275-1014. |
| WA/OR |
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