

# ILWU-PMA Welfare Plan

1188 Franklin Street, Suite 101, San Francisco, CA 94109

(415) 673-8500

## Health Plan Comparison

### ILWU-PMA Coastwise Indemnity Plan/Kaiser – California and Oregon

*This information has been prepared to help you choose a health plan. You may choose between the ILWU-PMA Coastwise Indemnity Plan and the Kaiser Plan. **This is not a complete description of the benefit provisions of each health plan.** The information provided here and in the Supplemental Summary Plan Description Booklets is subject to, and in no way modifies or interprets the provisions of the ILWU-PMA Welfare Agreement and the provisions of policies of insurance and contracts between the Welfare Plan Trustees and the insurance carriers and providers of care. Effective July 1, 2011 Qualified Dependent Children are eligible up to age 26.*

#### ILWU-PMA Coastwise Indemnity Plan

The ILWU-PMA Coastwise Indemnity Plan is a self-funded indemnity plan, which allows you to obtain services from any licensed doctor or hospital. Benefits are paid according to a Schedule of Allowances under Basic Benefits and under Major Medical. By selecting a doctor, hospital or other provider that is a participant in the Preferred Provider Organization (PPO) you are guaranteed the maximum benefit, generally 100% of the PPO charge, for covered services.

If you are a Medicare-eligible member, you will receive the same benefits as an active member. The Plan pays supplemental benefits to your Medicare coverage.

#### Kaiser Plan

The Kaiser Plan is a group practice plan which provides all services at its own facilities or Kaiser designated facilities (except for out-of-area emergency care provided by non-Kaiser facilities and authorized referrals).

If you are a Medicare eligible member, you will receive the same benefits as an active member. You must assign your Medicare coverage to Kaiser by enrolling in the Senior Advantage Program.

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<p>The plan pays for benefits under a Basic Benefit Schedule of Allowances plus Major Medical with an annual deductible of \$100 individual/\$300 family. Covered benefits are paid in accordance with the Basic Benefit Schedule at 100% with any remaining balance paid under Major Medical: in PPO Network at 100% of charges (no deductible); out of Network at 80% of UCR after deductible; for those not assigned to a PPO area 100% of UCR (no deductible). Major Medical Lifetime Maximum is \$4,000,000. Mental Health Outpatient visits 1 through 20 covered same as any other illness, visits 21-50 covered at Basic Benefit plus \$50 per visit under Major Medical.</p>	<p>The Kaiser Plan is a group practice plan, which provides all services at its own facilities (except for out-of-area emergency care provided by non-Kaiser facilities and authorized referrals). Benefits are provided at 100% of covered charges at no cost to the member.</p>
<p><b>Covered services include but are not limited to:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Hospital Benefits</b> – Room and Board</li> <li><input type="checkbox"/> <b>Surgery/Anesthesia</b> – Surgeon, Anesthesiologist, Asst. Surgeon</li> <li><input type="checkbox"/> <b>Newborn Nursery Care</b></li> <li><input type="checkbox"/> <b>Doctor Visits</b> – Office visits, home visits, hospital visits</li> <li><input type="checkbox"/> <b>Diagnostic X-Ray and Laboratory</b> – Inpatient/Outpatient</li> <li><input type="checkbox"/> <b>Physical Therapy, Occupational Therapy, Speech Therapy</b></li> <li><input type="checkbox"/> <b>Mammogram, Pap Smears and Prostate-Specific Antigen (PSA) Tests</b></li> </ul> <p><b>Other Benefits:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Skilled Nursing Facility</b> Maximum 100 days per Plan Year PPO – 100% of PPO semi-private room rate Non-PPO – 80% of UCR semi-private room rate</li> </ul>	<p><b>Covered services include but are not limited to:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Hospital Benefits</b> – Room and Board</li> <li><input type="checkbox"/> <b>Surgery/Anesthesia</b> – Surgeon, Anesthesiologist, Asst. Surgeon</li> <li><input type="checkbox"/> <b>Newborn Nursery Care</b></li> <li><input type="checkbox"/> <b>Doctor Visits</b> – Office visits, home visits, hospital visits</li> <li><input type="checkbox"/> <b>Diagnostic X-Ray and Laboratory</b> – Inpatient/Outpatient</li> <li><input type="checkbox"/> <b>Physical Therapy, Occupational Therapy, Speech Therapy</b></li> <li><input type="checkbox"/> <b>Mammogram, Pap Smears and Prostate-Specific Antigen (PSA) Tests</b></li> </ul> <p><b>Other Benefits:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Skilled Nursing Facility</b> Maximum 100 days per Plan year</li> </ul>

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<ul style="list-style-type: none"> <li>❑ <b>Hospice Care</b> 100% up to UCR for all covered services up to 90 days. Also 90 days for bereavement.</li> <li>❑ <b>Mental Health Benefits</b> <i>Inpatient</i> – covered under Basic and Major Medical Benefits <i>Outpatient</i> – Maximum 50 visits per Plan Year) – First 20 visits: PPO – 100% of PPO Rate Non-PPO – 80% of UCR charges plus Major Medical Benefit Next 30 visits: PPO and Non-PPO are covered at the basic plan doctor visit allowance plus \$50 per visit under Major Medical</li> <li>❑ <b>Alcohol and Drug Dependency Treatment</b> <ul style="list-style-type: none"> <li>· Up to five days of inpatient treatment for detoxification only and up to 20 outpatient visits.</li> <li>· Alcoholism/Drug Recovery Program (ADRP) through the ILWU-PMA Welfare Plan</li> </ul> </li> <li>❑ <b>Vision Benefits</b> – Provided through Vision Service Plan</li> <li>❑ <b>Prescription Drugs</b> – Provided through Prescription Solutions - \$1 copayment per covered prescription (The co-payment is waived for mail-order prescriptions.)</li> <li>❑ <b>Annual Physical Exam – Adults</b> PPO- 100% of PPO charges for exam and related lab/x-ray charges Non-PPO – 80% of UCR for exam and related lab/x-ray charges (annual maximum \$400) No PPO Access – 100% of UCR for exam and related lab/x-ray charges</li> <li>❑ <b>Routine Physical Exam – Children other than infants</b> One exam annually provided up to age 19 PPO – 100% of PPO rate Non-PPO – 80% of UCR charges No PPO Access – 100% of UCR for exam and related lab/x-ray charges</li> <li>❑ <b>Injectables</b> – Up to 100% of UCR charges for prescribed immunization materials and therapeutic agents administered by injection.</li> <li>❑ <b>Chiropractic Benefit</b> – Chiropractic benefits are provided when medically necessary. Maximum 40 visits per Plan Year. Chiropractic benefits for non-Medicare eligible Choice Port members are payable only if a PPO network provider is used. Coverage is 100% of PPO charges. The California chiropractic PPO network is Chiropractic Health Plan of CA (CHPC). For Oregon/Southern Washington, the PPO Network is First Choice Health Network (FCHN).</li> <li>❑ <b>Durable Medical Equipment</b> – Benefits based on ILWU-PMA Welfare Plan's Durable Medical Equipment provisions.</li> </ul> <p><b>Medicare-Eligible</b> The Coastwise Indemnity Plan is supplemental and pays the deductibles and co-payments not paid by Medicare for covered services. The Supplemental Plan also pays the difference, if any, between Medicare-allowed charges and UCR charges for hospital, medical and surgical services as follows:</p> <ol style="list-style-type: none"> <li>1. Medicare Part B annual deductible.</li> <li>2. Medicare's 20% co-insurance amount.</li> <li>3. Difference, if any, between the Medicare allowable charge and the UCR charge.</li> </ol>	<ul style="list-style-type: none"> <li>❑ <b>Hospice Care</b> – No charge</li> <li>❑ <b>Mental Health Benefits</b> <i>Inpatient</i> - \$0 copay; See Evidence of Coverage for details <i>Outpatient</i> - \$0 copay; See Evidence of Coverage for details</li> <li>❑ <b>Alcohol and Drug Dependency Treatment</b> <i>Inpatient</i> – No charge <i>Outpatient</i> – Through Kaiser or the Alcoholism/Drug Recovery Program (ADRP) through the ILWU-PMA Welfare Plan</li> <li>❑ <b>Vision Benefits</b> – Provided by Kaiser</li> <li>❑ <b>Prescription Drugs</b> – Provided through Kaiser – No copayment</li> <li>❑ <b>Annual Physical Exam – Adults</b> – No charge</li> <li>❑ <b>Routine Physical Exam – Children other than infants</b> No charge</li> <li>❑ <b>Injectables</b> – No charge for most immunizations and vaccinations</li> <li>❑ <b>Chiropractic Benefit</b> – Medically necessary chiropractic benefits are administered by Coastwise Claims Office. Benefits are based on the ILWU-PMA Welfare Plan's Chiropractic Benefit Provisions. 100% benefit if network Chiropractor used; 80% of usual, customary and reasonable (UCR) charges if provider is non-network. Claim forms available at Local and Plan office.</li> <li>❑ <b>Durable Medical Equipment</b> – Benefits are based on Kaiser Plan's Durable Medical Equipment Provisions.</li> <li>❑ <b>Hearing Aids – (Kaiser OR only):</b> one hearing aid per ear up to a maximum of \$1,500 per ear. Benefit period is 3 years.</li> </ul> <p><b>Medicare-Eligible</b> Medicare-eligible members receive the same benefits as an active member. Medicare-eligible members must enroll in Senior Advantage and receive all services at Kaiser facilities.</p>