ILWU-PMA COASTWISE INDEMNITY PLAN

A Supplemental Summary Plan Description

(Revisions to the ILWU-PMA Coastwise Indemnity Plan Supplemental Summary Plan Description)

ELIGIBILITY

Qualified Dependents, including:

- Spouse/Same Sex Domestic Partner
- Effective July 1, 2011 – children to age 26.
- Children who continue to be, upon attaining age 26, mentally or physically incapacitated so as to be incapable of self-sustaining employment.
- Surviving Spouse and Surviving Dependent Children of eligible Active and Retired employees.

DISABILITY CREDITS FOR A CERTIFIED NONINDUSTRIAL INJURY OR ILLNESS DISABILITY

Effective September 1, 2014, when a registered Active Employee has exhausted the three (3) years maximum period of nonindustrial injury or illness welfare eligibility, the employee's medical evidence that certifies his/her disability for the period claimed will be submitted to Innovative Care Management (ICM) for an independent certification for the fourth and/or fifth year of disability. Such medical evidence must include a doctor's report or a report from a health care practitioner licensed to make disability findings. As with disability during the first three years, documentation should be submitted to the Benefit Plans Office who will coordinate the review with ICM.

NEW REGISTRANTS

New registrants and their qualified dependents in ports with HMO coverage will, on the first of the month following registration (with no requirement for 400 hours of work for initial eligibility for coverage), be covered by the HMO programs for the first twenty-four (24) months of registration. After 24 months of registration the member will have a choice of HMO or Coastwise Indemnity Plan coverage and normal Welfare Plan eligibility requirements shall apply.

New registrants and their qualified dependents in ports without HMO coverage will, on the first of the month following registration (with no requirement for 400 hours of work for initial eligibility for coverage), be covered by the Coastwise Indemnity Plan for the first twenty-four (24) months of registration and shall thereafter be subject to the Welfare Plan's normal eligibility requirements for continuation of coverage under the Coastwise Indemnity Plan.

ELECTION OF COVERAGE

Effective July 1, 2010, Port Hueneme, Local 46, in addition to the California Locals listed on page 11, is offered a dual choice.

FOOT APPLIANCES AND REQUIRED CASTINGS

Effective September 1, 2014, medically necessary foot appliances and required castings will be a covered benefit when prescribed by a Podiatrist and will be limited to no more than $400 per year, per eligible enrollee. This means all claims retroactive to September 1, 2014, will be processed and paid per the plans normal rules regarding coverage and eligibility.

VOLUNTARY HOSPITAL UTILIZATION REVIEW (Non-Medicare Eligibles Only)

The Plan's Voluntary Hospital Review program is administered by Innovative Care Management (ICM). To request voluntary hospitalization review, telephone (866) 275-1014.

VOLUNTARY CASE MANAGEMENT

The Voluntary Case Management program is administered by Innovative Care Management (ICM). Patients who qualify may be identified and referred to Case Management by the Coastwise Claims Office or through the voluntary hospital utilization review process; or you may call ICM directly at (866) 275-1014.

CHIROPRACTIC TREATMENT

Chiropractic benefits for non-Medicare Choice Port Indemnity Plan Participants will be paid at 100% for covered services, if the services are performed by a PPO provider. No benefits will be paid for covered services performed by a non-PPO provider. The California chiropractic PPO network is Chiropractic Health Plan of CA (CHPC), 1 (800) 955-2442 or www.chpc.com and click on "ILWU Members". Please note that the Blue Shield of California website should not be used to locate contracted chiropractors as the Plan requires the chiropractor to be part of the CHPC Network. For Oregon and Washington, the PPO network is First Choice Health Network (FCHN), 1 (800) 231-6935 or www.fchn.com.

ROUTINE PHYSICAL EXAMINATION FOR CHILDREN

Charges covered include the exam and related lab and x-ray charges. A routine physical examination benefit is provided per plan year (July 1 – June 30) for eligible dependent children other than infants, up to age 19.

MENTAL/BEHAVIORAL HEALTH SUBSTANCE ABUSE BENEFITS – OUTPATIENT

Effective July 1, 2011, the dollar limit per visit is eliminated.

Effective July 1, 2014, the Plan Year visit limits are eliminated and coverage is as follows:

PPO:	100% of PPO Charges per visit, for covered services
Non-PPO:	100% of Basic Allowance (refer to Basic Benefits -Schedule of Benefits), then up to 80% of the Maximum Allowable Charge (MAC) for covered services, after annual deductible, per visit.
No PPO Access:	100% of Basic Allowance (refer to Basic Benefits – Schedule of Benefits), then up to 100% of Maximum Allowable Charge (MAC)/or 100% of PPO Charges, whichever is applicable, for covered services, per visit.

MENTAL/BEHAVIORAL HEALTH BENEFITS; SUBSTANCE ABUSE INPATIENT

Hospital Benefits
Room and Board up to applicable daily rate (refer to Basic Benefits – Schedule of Benefits), for up to 365 days for confinement.

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.