



# ROOFERS LOCAL 149 FRINGE BENEFIT FUNDS

P.O. BOX 396  
TROY, MICHIGAN 48099-0396  
(248) 641-4949 (888) 868-6411

---

December 2008

## IMPORTANT NOTICE REGARDING PLAN CHANGES FOR DETROIT PARTICIPANTS AND DEPENDENTS

The Trustees of the Roofers Local 149 Security Benefit Fund are dedicated to protecting your benefits in these difficult economic times. After review of the current Plan, the Trustees have determined that certain changes are necessary to protect the financial integrity of the Fund. These changes, effective January 1, 2009, are as follows:

### 1. Co-payments for prescription drugs:

**For drugs filled at a retail pharmacy, for a 34-day supply the co-payment will be:**

\$40 for Brand Name drugs (increased from \$30) (please remember that if you receive a Brand Name Drug for a drug that has a Generic equivalent, in addition to the \$40, you must also pay the difference in the cost between the Brand Name and Generic drug)

\$15 for Generic drugs (unchanged)

**For drugs filled via mail order for a 90-day supply, the co-payment will be:**

\$100 for Brand Name drugs (increased from \$75) (please remember that if you receive a Brand Name Drug for a drug that has a Generic equivalent, in addition to the \$100, you must also pay the difference in the cost between the Brand Name and Generic drug)

\$30.00 for Generic drugs (unchanged)

### 2. Medical Plan Co-Insurance

As you are aware, you are responsible for amounts known as co-insurance. This is the percentage of the cost of a service you must pay.

For instance, for in-patient in-network surgery, the Fund will pay 90%. This means that you are responsible for paying the remaining 10%.

**OVER**

However, there is an annual out of pocket maximum for co-insurance (in network and out of network claims combined). Currently, this is \$500 per Covered Person and \$1,000 per family per Calendar Year. Effective January 1, 2009, the annual out of pocket maximum will increase to \$1,000 per Covered Person and \$2,000 per family per Calendar Year. (Please note this out of pocket maximum does not include co-payments or deductibles, or any benefits not subject to the co-insurance maximum.)

### 3. Dental Plan Co-Insurance

The Plan currently pays 75% of the cost of Routine Oral Examination and Basic Dental Benefits. Effective January 1, 2009, these benefits will be paid at 50% as set forth below (subject to Plan exclusions):

<p>Routine Oral Examination Benefit</p> <p>In Network: 50%</p> <p>Out of Network: 50% R&amp;C ( i.e., Reasonable and Customary charges as defined in the plan document)</p> <ul style="list-style-type: none"><li>• Exams: Limited to one diagnostic oral examination and related consultations every 6 months. This includes the cleaning and scaling of teeth.</li><li>• Fluoride Applications: Limited to one application every 6 months.</li><li>• Prophylaxis: Limited to one application every 6 months.</li><li>• X-Rays - Dental: Full mouth or panoramic x-ray (or an equivalent) is covered only once every 3 years. Bitewing x-rays, extraoral x-rays and occlusal interoral x-rays are each limited to 2 sets every 6 months.</li></ul>
<p>Basic Dental Benefit</p> <p>In Network: 50%</p> <p>Out of Network: 50% R&amp;C</p> <ul style="list-style-type: none"><li>• Initial Complete Dentures</li><li>• Replacement of complete dentures. No replacement shall be allowed for stolen/lost dentures. No benefits will be paid for the replacement of dentures that were paid for, in whole or in part, by this Plan, unless five years have elapsed from such treatment.</li><li>• Fillings</li><li>• Crowns</li><li>• Partial Dentures and Bridges</li><li>• Extractions and other oral surgery</li><li>• Periodontal Treatment</li><li>• Root Canal Therapy</li></ul>

The annual maximum dental benefit of \$1200 and the orthodontic benefit (75% coverage with lifetime maximum of \$2000 per person) remain unchanged.

### 4. Self-Payments for Pensioners and Surviving Spouses

Effective January 1, 2009, self-payments shall be as follows for Pensioners and Surviving Spouses:

**NEXT**

**Pensioners**

P-1 rate: \$175.00 per month (increased \$25)

P-2 monthly rates increased \$25 as follows:

One Person with Medicare	\$287.50
One Person with Medicare with Dependents	\$387.50
Two Persons with Medicare	\$375.00
One Person without Medicare	\$387.50
One Person without Medicare with Dependents	\$487.50
Two Persons without Medicare with or without Dependents	\$575.00
One Person with Medicare with One Person without Medicare and Dependents	\$575.00
One Person with Medicare with One Person without Medicare	\$475.00

**Surviving Spouses** monthly rates increased \$25 as follows:

One Person with Medicare	\$212.50
One Person without Medicare	\$312.50
One Person without Medicare with Dependents	\$412.50

**5. COBRA Rates**

Effective January 1, 2009, COBRA rates shall be as follows:

Single	\$ 548.00
Two Person	\$1,014.00
Family	\$1,120.00

If you have any questions regarding these changes, please contact the Plan Office at (248) 641-4949.

Sincerely,

**Board of Trustees**  
**Roofers Local 149 Security Benefit Trust Fund**