



# ROOFERS LOCAL 149 FRINGE BENEFIT FUNDS

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

December 2009

After review of the current Plan, the Trustees of the Roofers Local 149 Security Benefit Fund have determined that certain changes are necessary to protect the financial integrity of the Fund. These changes, effective January 1, 2010, are as follows:

1. **Self payments:** Self-payments are increased \$25 for each classification, as follows:

Classification	Current Monthly Self-Pay Rates	Monthly Self-Pay Rates Effective January 1, 2010
<b>Pensioners – P-1</b>	\$175.00	\$200.00
<b>Pensioners – P-2</b>		
One Person with Medicare	\$287.50	\$312.50
One Person with Medicare with Dependents	\$287.50	\$312.50
Two Persons with Medicare	\$375.00	\$400.00
One Person without Medicare	\$387.50	\$412.50
One Person without Medicare with Dependents	\$387.50	\$412.50
Two Persons without Medicare with or without Dependents	\$575.00	\$600.00
One Person with Medicare with One Person without Medicare and Dependents	\$575.00	\$600.00
One Person with Medicare with One Person without Medicare	\$475.00	\$500.00
<b>Surviving Spouse*</b>		
One Person with Medicare	\$212.50	\$237.50
One Person without Medicare	\$312.50	\$337.50
One Person without Medicare with Dependents	\$412.50	\$437.50
*Notwithstanding the stated rates, for those receiving a monthly pension benefit from the 149 Pension Fund, in no event will the Surviving Spouse monthly self-payment exceed 50% of such benefit.		
<b>Class O Coverage</b>	\$75.00	\$100.00
<b>Active Self Pay</b>	\$300.00	\$325.00

2. **COBRA Rates:** COBRA rates shall be as follows:

Classification	Current Monthly COBRA Rates	Monthly COBRA Rates Effective January 1, 2010
Single	\$548.00	\$529.13
Two Person	\$1,014.00	\$1,217.00
Family	\$1,020.00	\$1,375.74

3. **Medical Plan Annual Deductible and Co-Insurance**

The annual deductible is an amount that you must pay each year before benefits are payable by the plan. Co-insurance is the percentage of the cost of a service you must pay. There is an annual out of pocket maximum for co-insurance, in network and out of network claims combined (this does not include co-payments or deductibles, or any benefits not subject to the co-insurance maximum).

The annual deductible and co-insurance out of pocket maximum will be changed as follows:

Co-Payment	Current Co-Payment	Co-Payment Effective January 1, 2010
<b>Annual Deductible</b>		
Covered Person	\$250	\$350
Two Person	\$500	\$700
Family	\$750	\$1,050
<b>Annual Out of Pocket Maximum for Co-insurance</b>		
Covered Person	\$1,000	\$1,500
Family	\$2,000	\$3,000

4. **Emergency Room Co-payment:** A co-payment is the amount you must pay each time a particular service is received. Currently, the co-payment for Emergency Room visits is \$50. Effective January 1, 2010, the co-payment for Emergency Room visits will be \$100.
5. **Dental Benefits:** The current annual maximum benefit is \$1200. Effective January 1, 2010, the annual maximum dental benefit will be \$800. (The annual maximum is for the period 9/1-8/31.)

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**