ROOFERS LOCAL 149 FRINGE BENEFIT FUNDS

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

November 21, 2006

The Board of Trustees of the Roofers Local 149 Security Benefit Trust Fund unanimously voted during their last regular meeting held on November 13, 2006 to cover Injectible Immunomodulators ***only under the specialty pharmacy program utilized by Envision RX Options, your pharmacy benefit manager, effective November 13, 2006.***

The Roofers Local 149 Security Benefit Trust Fund is pleased to announce McKesson Specialty as the preferred specialty pharmacy provider for your Injectible Immunomodulator medication needs. You now have the benefit of a professional, reliable specialty pharmacy delivery service for your Injectible Immunomodulator needs.

You are receiving this letter because our records indicate that in the past 12 months, you or your minor Dependent have had one or several prescriptions filled for an Injectible Immunomodulator, or for one of the following drugs: Interferon/Intron-A, Enbrel, Pegasys/Peg-Intron, Orencia, Humira, Kineret, Enbrel, Remicade, Revlimid, Mitoxantron/Novantrone and Thalomid.

Through the McKesson Specialty Pharmacy Program, your medication will be shipped to your home or address of choice monthly with the added benefit of comprehensive coverage coordination with Envision/Rx Options Inc. to ensure the lowest possible out-of-pocket expenses.

McKesson Specialty does more than just ship medication, additional services include:

- Injection supplies are included with every shipment at no additional cost, including alcohol swabs, syringes, Sharps containers, etc.
- Coordination of your medication coverage with Envision/Rx Options, Inc. and your physician
- Convenient delivery of your medication to your address of choice, or your physician's office
- Patient education materials and therapy starter kits from drug manufacturers
- 24-hour hotline for medication and injection questions
- Automatic coordination of refills; you will be contacted prior to the refill date monthly to set up delivery

McKesson Specialty may be contacting you shortly regarding your specialty medication needs. After the initial contact, if necessary, they will contact your doctor and/or pharmacy to obtain your prescription information and patient profile.

When McKesson Specialty contacts you, you may be asked to provide the following information:

- Your name, address, & phone number
- Your pharmacy's name & phone number
- Your prescription number & drug name
- Your physician's name, phone & fax number

We are confident you will enjoy the benefits of McKesson Specialty's Injectible Program, which requires mandatory participation, if you wish your Injectible Immunomodulators to be covered by the Plan.

Please call Envision/Rx Options, Inc. Member Helpdesk at-1-800-361-4542 24 hours a day or McKesson Specialty at-1-888-456-7274 Mon-Fri 7am – 7pm CST, and Saturday from 9am – 1pm CST with any additional questions regarding this program.

Respectfully Submitted,

BOARD OF TRUSTEES
ROOFERS LOCAL 149
SECURITY BENEFIT TRUST FUND

ROOFERS LOCAL 149 FRINGE BENEFIT FUNDS

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

August 10, 2006

Re: Roofers Local 149 Security Benefit Trust Fund
Plan Coverage of Injectible Immunomodulators

Our records indicate that in the past 12 months, you or your minor Dependent have had one or several prescriptions filled for an Injectible Immunomodulator. For many years the Roofers Local 149 Security Benefit Trust Fund has specifically excluded coverage for Injectible Immunomodulators. The prescriptions that you received were covered as the result of an administrative misclassification.

You will not be required to repay the Fund for the drugs that were covered due to the past misclassification (which as a general rule are quite expensive). However, as required by the Plan documents, drugs classified as Injectible Immunomodulators are and will continue to be excluded from coverage.

The Injectible Immunomodulator drugs excluded from coverage are as follows:

Interferon/Intron-A	Enbrel
Pegasys/Peg-Intron	Remicade
Orencia	Revlimid
Humira	Mitoxantron/Novantrone
Kineret	Thalomid

Due to the prior misclassification, the above drugs will be covered through August 31, 2006. However, ***effective September 1, 2006 the Plan will no longer provide coverage for the above drugs classified as Injectible Immunomodulators (or any drugs which fall under this category in the future) in accordance with the provisions of the Plan.***

You may appeal this decision by sending a written appeal to the Trustees of the Roofers Local 149 Security Benefit Trust Fund at 700 Tower Drive, Suite 300, Troy, MI 48099, within 180 days from the date of this letter. If you timely appeal, following the Trustees' decision you have a right to bring a civil action under §502 of ERISA. You will receive a full and fair review of your appeal and be provided with a timely written reply.

Should you have any question regarding your coverage, please do not hesitate to contact the Fund Office.

Respectfully Submitted,

BOARD OF TRUSTEES
ROOFERS LOCAL 149 SECURITY BENEFIT TRUST FUND

cc: Eligibility Department