

Michigan Laborers' Health Care Fund
Michigan Laborers' Pension Fund
Michigan Laborers' Annuity Fund
Michigan Laborers' Vacation Fund
Michigan Laborers' Training and
Apprenticeship Fund
Michigan Laborers' and Employers'
Cooperation & Education Trust Funds
Managed for the Trustees by:
TIC International Corporation

Michigan Laborers' Fringe Benefit Funds

6525 Centurion Drive ■ Lansing, MI 48917-9275 ■ (517) 321-7502 ■ Fax (517) 321-7508
Toll Free 877-MI-LABOR (877-645-2267) ■ www.michiganlaborers.org

MICHIGAN LABORERS' HEALTH CARE FUND FREQUENTLY ASKED QUESTIONS



How are my benefits Funded?

The primary source of financing for the benefits provided under the Health Care Fund and for the expenses of Fund operations is employer contributions.

What are the Fund's eligibility requirements?

Initial eligibility requires 700 hours of contributions within six (6) months or less. There is one (1) month bookkeeping period in which you are not eligible. You will become eligible the month following the bookkeeping period. Initial eligibility provides one (1) month of coverage. Continuing eligibility requires 350 hours of employer contributions within three (3) months or less. There is a one (1) month bookkeeping period in which you are not eligible. You will be eligible the month following the bookkeeping period and remain eligible for three (3) months.



What do I do if my employer does not remit my fringes?

First, call your employer. There may be a very good reason that the fringes have not been remitted. If your employer cannot explain the reason to your satisfaction, you should contact your Local Union.

How can I add my dependents to the Plan?

Complete a "Health Care Enrollment and Yearly Coordination of Benefits Form" and submit copies of marriage and birth certificates.



What do I do when I get divorced?

You must send a copy of your complete divorce decree otherwise coverage will be maintained for your ex-spouse. If the Fund pays for benefits that should not be paid because your spouse no longer meets the definition of a dependent, you will be held responsible.

When does coverage stop for my dependent children?

The Health Care and Education Affordability Reconciliation Act of 2010 requires the Fund to extend Adult child coverage up to age 26 effective September 1, 2011. Therefore, if you are eligible for benefits and you have a child that was previously covered in the Plan, and their coverage was terminated, you should complete a "Request for Extension of Dependent Coverage" and return in to the Fund Office. Coverage may continue until the last day of the month in which that adult child turns 26 years old or earlier if you do not maintain your eligibility under the Plan. This requires annual verification.

Can I continue coverage when I retire?

Yes, provided you meet the retiree requirements for maintaining coverage. A monthly self-payment is required.

(CONTINUED ON FOLLOWING PAGE)

What do I do if I am injured and cannot work?

The Fund provides disability credit which may continue your coverage for health care benefits. You should complete a disability form.

What are the self-payment rates?

-You can remit a maximum of 24 Active Self-payments-

Active Participant and Family	(First through the 12th month)	\$482.32*
	(13th through the 24th month)	\$747.52*

*Rates subject to change by the Board of Trustees

What is COBRA?

COBRA is the Consolidate Omnibus Budget Reconciliation Act of 1986. COBRA requires that the Fund provide coverage for participants and their dependents that may not otherwise be offered. COBRA is available for dependents who no longer meet the definition of a dependent as defined by the Plan.

The rates are:

Participant (Single or Family)	\$ 620.43*
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*Rates subject to change by the Board of Trustees

What is Coordination of Benefits?

Coordination of Benefits or COB coordinates benefits with other health benefits you may have such as coverage through your spouses' employer.