

IMPORTANT NOTICE

February 2004

TO: All Eligible Participants

RE: MICHIGAN LABORERS' HEALTH CARE FUND

Dear Participant:

As you may know, we routinely review the Fund benefits as well as the hourly contribution and self-payment rates. Following a recent review, we modified the current self-payment rates and the eligibility rules because of the relentless pressure of increasing health care costs.

Self-Payment Rates

The monthly self-payment rates will be increased for most categories of self-payment. Your new self-payment rate will automatically be displayed on your monthly self-payment notice. ***It will be effective for coverage for the month of March 2004.***

If your monthly self-payment is deducted from your monthly pension benefit check, the new self-payment rate increase will be automatically deducted from your March 2004 pension benefit check. You will also receive a rate reduction of five dollars (\$5.00) per month if your self-payment is automatically deducted from your pension.

The new self-payment rates are as follows:

Description	Rate 03/01/2004
Active Participant	
Coverage for Family: 1st through 12th month	285.00
Coverage for Family: 1st through 12th month including Dental	306.00
Coverage for Family: 13 th through 24th month	442.00
Coverage for Family: 13 th through 24th month including Dental	486.00
Totally & Permanently Disabled	
Participant Disabled - Family Coverage	321.00
Participant Disabled - Family Coverage including Dental	343.00
Participant Disabled - Self Only	240.00
Participant Disabled - Self Only including Dental	263.00
Participant Disabled - Dependents Only	240.00
Participant Disabled - Dependents Only including Dental	263.00

(over)

Early Retiree	
Early Retiree - Family Coverage	321.00
Early Retiree - Family Coverage including Dental	343.00
Early Retiree -Self only	240.00
Early Retiree - Self Only, including Dental	263.00
Early Retiree – Participant regular coverage, spouse eligible for Medicare	221.00
Early Retiree – Participant regular coverage, spouse eligible for Medicare including Dental	243.00
Retiree Spouse	
Regular Retiree - Dependents Only	240.00
Regular Retiree - Dependents Only including Dental	263.00
Widow	
Widow Coverage	401.39
Widow Coverage, including Dental	447.85
COBRA	
COBRA Coverage - Participant and Family	401.39
COBRA Coverage - Participant and Family including Dental	447.85
COBRA Coverage - Spouse and Dependents (Self & Dept.)	401.39
COBRA Coverage - Spouse and Dependents including Dental	447.85
COBRA Coverage - Spouse Only (Self)	401.39
COBRA Coverage - Spouse Only including Dental (Self)	447.85
COBRA Coverage - Dependent Only (Self)	401.39
COBRA Coverage - Dependent Only including Dental (Self)	447.85
Supplement to Medicare	
Supplement to Medicare - 1 Person	235.00
Supplement to Medicare - 1 Person including Dental	256.00
Supplement to Medicare 2 Persons	315.00
Supplement to Medicare 2 Persons including Dental	336.00
Supplement to Medicare -2 Persons & Dependents without Medicare	315.00
Supp. to Medicare - 2 Persons & Depend without Medicare including Dental	336.00

Eligibility Modification

Effective with the eligibility month of March 2004, the quarterly eligibility requirement will be three hundred and fifty (350) hours per quarter. (Previously, the eligibility requirement was three hundred (300) hours per quarter).

If you have any questions regarding the above, please do not hesitate to contact the Fund Office.

Sincerely,

Michigan Laborers' Health Care Fund
Board of Trustees