

August 2008

TO: ALL PARTICIPANTS OF THE LABORERS' METROPOLITAN DETROIT
HEALTH CARE FUND

RE: SELF-PAYMENT RATES

Dear Participant:

Self-Payment Rates:

After lengthy review and discussion, the Trustees have determined that the monthly self-payment rates will be increased by five percent (5%) effective September 1, 2008. This increase is necessary because of skyrocketing healthcare costs.

Listed below are the new self-payment rates for all categories effective September 1, 2008:

Self-Payment Category	Monthly Rate
Entire Family - INCLUDES DENTAL (first 12 payments)	\$ 362.28
Entire Family - INCLUDES DENTAL (13 th through the 18 th payment)	\$ 493.17
Early Retiree – Single Coverage	\$358.82
Early Retiree - Entire Family	\$ 379.81
Early Retiree – Entire Family with Spouse eligible for Medicare	\$ 338.91
Retired Participant with Medicare- Single Coverage	\$119.24
Retired Participant with Medicare, Spouse & Dependents	\$ 216.20
Retired Participant & Spouse, both with Medicare	\$ 140.24
Retired Participant & Spouse, both with Medicare, Dependent without Medicare	\$ 216.20
Disabled Participant without Medicare, with Spouse & Dependent Children (1st 24 months)	\$ 245.42
Disabled Participant with Medicare, with Spouse & Dependents (Beginning 25th month)	\$ 216.20
Disabled Participant with Medicare, & Spouse with Medicare, no Dependents	\$ 140.24
Surviving Spouse, not eligible for Medicare, NO DENTAL OR VISION	\$ 186.98
Surviving Spouse not eligible for Medicare, with Dependents, NO DENTAL OR VISION	\$ 222.04

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Self-Payment Category	Monthly Rate
Surviving Spouse with Medicare, NO DENTAL, VISION, OR MAJOR MEDICAL	\$ 140.24
Surviving Spouse with Medicare, with Dependents, DENTAL, VISION, OR MAJOR MEDICAL	\$ 216.20
Surviving Spouse, not eligible for Medicare, INCLUDES DENTAL and VISION	\$ 231.08
Surviving Spouse not eligible for Medicare, with Dependents INCLUDES DENTAL and VISION	\$ 266.14
Surviving Spouse with Medicare, INCLUDES DENTAL and VISION, NO MAJOR MEDICAL	\$ 184.34
Surviving Spouse with Medicare, with Dependents, INCLUDES DENTAL & VISION, NO MAJOR MEDICAL	\$ 260.30
COBRA Continuation Coverage- INCLUDES DENTAL	\$ 637.10
COBRA Continuation Coverage – NO DENTAL	\$ 591.91

These changes are necessary to ensure the sound operation of your Health Care Fund. We have made these modifications only after careful consideration of all possible alternatives.

If you have already remitted your self-payment for September 2008, the additional amount due will be added to your October 2008 payment.

If your monthly self-payment is automatically deducted from either your pension check, or through the Direct Debit Program, this new monthly self-payment rate will be deducted beginning with your September 2008 self-payment.

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

Sincerely,

LABORERS' METROPOLITAN DETROIT
HEALTH CARE FUND
BOARD OF TRUSTEES