

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

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IMPORTANT NOTICE

TO: ALL ELIGIBLE PARTICIPANTS IN THE MICHIGAN
LABORERS' HEALTH CARE FUND

RE: SUMMARY OF MATERIAL MODIFICATIONS (SMM) SELF-
PAYMENT RATES

Dear Participant:

As you know, we regularly review the Fund's benefits schedule, eligibility requirements and Self-Payment rates. Following our recent review, we have found it necessary to increase the Fund's Self-Payment rates *effective January 1, 2017*. These changes are discussed below.

Self-Payment Rates Effective January 1, 2017

Below are the self-payment rate changes for all categories, *effective January 1, 2017*:

Active Participants	Current Rate	Rate effective 1/1/17
1 st through 12 th month	\$531.77	\$552.72
13 th through 24 th month	824.15	856.62

For non-active participants we consider your years of service in the Pension Fund, as well as whether you're single or have dependents, to determine your Self-Payment rate.

Pre Medicare, Widow and Disability	Current Base Rate	Base Rate 1/1/17
Single Participant with 35 or More Years of Service	\$417.94	\$434.41
Couple / Family, Participant with 35 or More Years of Service	522.43	543.01
Single Participant with 30 to 35 Years of Service	450.09	467.82
Couple / Family, Participant with 30 to 35 Years of Service	562.62	584.79
Single Participant with 25 to 30 Years of Service	482.24	501.24
Couple / Family, Participant with 25 to 30 Years of Service	602.81	626.56
Single Participant with 20 to 25 Years of Service	514.39	534.66
Couple / Family, Participant with 20 to 25 Years of Service	642.99	668.32
Single Participant with 15 to 20 Years of Service	546.54	568.07
Couple / Family, Participant with 15 to 20 Years of Service	683.18	710.10
Single Participant with 10 to 15 Years of Service	578.69	601.49
Couple / Family, Participant with 10 to 15 Years of Service	723.37	751.87
Single Participant with Less than 10 years of Service	642.99	668.32
Couple / Family, Participant with Less than 10 years of Service	803.74	835.41



If your Self-Payment includes Dental Coverage, you will need to add \$19.78 to the base rate shown above for a single person. If you are a couple or family, the rate will be \$64.56 higher with Dental Coverage.

Supplement to Medicare	Current Base Rate	Base Rate 1/1/17
Supplement to Medicare - 1 Person	\$297.18	\$308.89
Supplement to Medicare 1 Person with Dental	316.22	328.68
Supplement to Medicare – 2 Persons	418.40	434.88
Supplement to Medicare – 2 Person with Dental	464.07	482.35
One Person with Medicare and one person without Medicare	621.72	646.22
One Person with Medicare and one person without Medicare with Dental	667.38	693.57
One or Two Persons with Medicare and One or More without Medicare	621.72	646.22
One or Two Persons with Medicare and One or More Persons without Medicare	678.83	705.58
One or Two Persons with Medicare and One or More Persons without Medicare	760.36	790.32
*Retired after 1/1/2013 (Family)		
One or Two Persons with Medicare and One or More Persons without Medicare *Retired after 1/1/2013 (Family)	817.47	849.68

Applying the New Rates (retiree/non-active participants only)

If you're currently remitting Self-Payments on a monthly basis, your January 2017 Self-Payment Notice will reflect your new rate.

If your Self-Payment is deducted from your monthly Pension Benefit check, your new rate listed above will be reduced by \$5.00. Your January 2017 pension check will reflect your new self-payment cost.

If your Self-Payment is automatically deducted from your checking/savings account, the January 2017 deduction (done in December 2016) will be adjusted.

COBRA Rates

Effective January 1, 2017 COBRA Rates are adjusted as follows:

COBRA	Current Base Rate	Base Rate 1/1/17
Participant and Family without Dental	\$691.60	\$1,125.14
Participant and Family with Dental	746.35	1,198.43
Spouse and Dependents (Self & Dep. – Two Person) Without Dental	691.60	900.12
Spouse and Dependents (Self & Dep. – Two Person) With Dental	746.35	942.54
Spouse Only (Self-Single) without Dental	691.60	375.04
Spouse Only (Self – Single) with Dental	709.85	396.26
Dependent Only (Self-Single) without Dental	691.60	375.04
Dependent Only (Self – Single) with Dental	709.85	396.26

If you have any questions, contact the Fund Office at the address or phone number listed on Page One (1) of this Notice.

Sincerely,

Board of Trustees
Michigan Laborers' Health Care Fund