



Ronnie L. Traxler
Chairman

John T. Fultz
Secretary

Jimmy L. Nelson
Vice Chairman

Patrick M. Gallagher
Assistant Secretary

DATE: As of January 2010

**TO: Participants, Spouses, and Dependents Eligible for or Receiving
COBRA Coverage under Plan G or Reduced Plan G**

FROM: Boilermakers National Health and Welfare Fund

RE: 2010 Plan G and Reduced Plan G COBRA Rates

Your 2010 monthly COBRA rates are as follows:

COBRA All Benefits - Includes medical, dental and vision coverage

Single	\$398.83
Two People	\$797.66
Family (3 or more)	\$1,475.67

COBRA Core Benefits - Includes medical coverage only, no dental and vision

Single	\$375.35
Two People	\$750.70
Family (3 or more)	\$1,388.80

Please submit payment by money order or cashier's check to: Boilermakers National Funds, Attn: COBRA Department, 754 Minnesota Avenue, Kansas City, KS 66101-2766. Personal checks are not accepted.

If you have any questions please contact Customer Care at 866-342-6555, 7 a.m. – 5 p.m., Monday through Friday.

Sincerely,

The Board of Trustees
Boilermakers National Health & Welfare Fund

Richard L. Calcara
Executive Administrator

Leonard G. Beauchamp
Assoc. Exec. Administrator

Mario Rodriguez
Chief Investment Officer

Janae L. Schaeffer
Chief Compliance Officer



Ronnie L. Traxler
Chairman

John T. Fultz
Secretary

Jimmy L. Nelson
Vice Chairman

Patrick M. Gallagher
Assistant Secretary

DATE: As of January 2010
TO: Participants, Spouses, and Dependents Eligible for the Self-Pay Retiree Plan
FROM: Boilermakers National Health and Welfare Fund
RE: 2010 Retiree Plan Self-Pay Rates

Your 2010 monthly Retiree Plan rates* are as follows:

Single Coverage	
With Medicare	\$149.10
Without Medicare	\$411.09
Two Person Coverage	
Both Without Medicare	\$824.31
One With Medicare	\$560.19
Both With Medicare	\$297.14
Family Coverage (three or more persons)	
All Without Medicare	\$981.93
One With Medicare	\$718.88
Two Or More With Medicare	\$455.82

*Self-pay rates are not guaranteed for any specific period of time and may change from time to time.

We need a copy of your Medicare card(s) in order to consider claims for payment. If you have not already submitted a copy of your Medicare card(s) to the Fund Office, please fax a copy to 913-342-3237 or mail it to: Boilermakers National Health and Welfare Funds, 754 Minnesota Avenue, Kansas City, KS 66101-2766.

You may terminate your coverage by giving the Fund Office 60 days advanced written notice. **Once you terminate coverage, you will not be able to re-enroll in the Retiree Plan.** If you have any questions please contact Customer Care at 866-342-6555, 7 a.m. – 5 p.m., Monday through Friday.

Sincerely,

The Board of Trustees
Boilermakers National Health & Welfare Fund

Richard L. Calcara
Executive Administrator

Leonard G. Beauchamp
Assoc. Exec. Administrator

Mario Rodriguez
Chief Investment Officer

Janae L. Schaeffer
Chief Compliance Officer