

**Attachment B
Joint Labor Management Insurance Committee Health Benefits
2014 through 2016**

Group Health expenses for JLMIC-Eligible Employees — Attachment B

This table shows the 2013 annual deductibles, coinsurance and prescription drug coverage for SmartCare Connect, powered by Group Health, which are the same as 2012.

SmartCare Connect	Gold	Silver	Bronze
Annual deductible	None	None	None
Coinsurance	None	None	None
Copay	\$20	\$35	\$50
Prescription drugs (30-day supply)	\$10 generic \$20 preferred brand \$30 non-preferred brand	\$10 generic \$20 preferred brand \$30 non-preferred brand	\$10 generic \$20 preferred brand \$30 non-preferred brand
Prescription drugs (90-day supply by mail)	\$20 generic \$40 preferred brand \$60 non-preferred brand	\$20 generic \$40 preferred brand \$60 non-preferred brand	\$20 generic \$40 preferred brand \$60 non-preferred brand
Annual out-of-pocket maximum	<i>Network</i> \$1,000 per individual \$2,000 per family <i>Out-of-network</i> Limited coverage	<i>Network</i> \$2,000 per individual \$4,000 per family <i>Out-of-network</i> Limited coverage	<i>Network</i> \$3,000 per individual \$6,000 per family <i>Out-of-network</i> Limited coverage
Lifetime maximum	No limit	No limit	No limit

