EXHIBIT A

WORKFORCESOLUTIONS
GREATER DALLAS

CARRIER NAME	BLUE CROSS		CARRIER NAME	BLUE CROSS	
	2020 PLANS			2021 PLANS	
MEDICAL BENEFIT	IN NETWORK	OUT OF NETWORK	MEDICAL BENEFIT	IN NETWORK	OUT OF NETWORK
MAXIMUM BENEFIT	UNLIMITED		MAXIMUM BENEFIT	UNLIMITED	
DEDUCTIBLE	$3,000/$9,000(FAM)	$6,000/$18,000(FAM)	DEDUCTIBLE	$3,000/$9,000(FAM)	$6,000/$18,000(FAM)
CO-INSURANCE	100%	100%	CO-INSURANCE	100%	100%
DOCTOR'S OFFICE CO-PAYS	DED THEN 100%	DED THEN 100%	DOCTOR'S OFFICE CO-PAYS	DED THEN 100%	DED THEN 100%
PREVENTIVE CARE	100% NO DED	100% NO DED	PREVENTIVE CARE	100% NO DED	100% NO DED
HOSP INPATIENT COPAY	DED THEN 100%		HOSP INPATIENT COPAY	DED THEN 100%	
HOSP OUTPAT COPAY	DED THEN 100%		HOSP OUTPAT COPAY	DED THEN 100%	
MAXIMUM OUT-OF-POCKET	$3,000/$9,000(FAM)	$6,000/$18,000 (FAM)	MAXIMUM OUT-OF-POCKET	$3,000/$9,000(FAM)	$6,000/$18,000 (FAM)
			PRESCRIPTION DURG CARD		
PREFERRED GENERIC	PRESCRIPTION ARE PAID AT 100% AFTER THE DEDUCIBLE HAS BEEN SATISFIED		PREFERRED GENERIC	PRESCRIPTION ARE PAID AT 100% AFTER THE DEDUCIBLE HAS BEEN SATISFIED	
OTHER GENERIC			OTHER GENERIC		
PREFERRED NAME BRAND			PREFERRED NAME BRAND		
OTHER NAME BRAND			OTHER NAME BRAND		
INJECTIBLES & HIGH COST			INJECTIBLES & HIGH COST		
MAIL ORDER			MAIL ORDER		
URGENT CARE	DED THEN 100%	DED THEN 100%	URGENT CARE	DED THEN 100%	DED THEN 100%
EMERGENCY ROOM	DED THEN 100%	DED THEN 100%	EMERGENCY ROOM	DED THEN 100%	DED THEN 100%
NETWORK	BCBS CHOICE	N/A	NETWORK	BCBS CHOICE	N/A
UNDERWRITTING REQ'TS	NONE		UNDERWRITTING REQ'TS	NONE	
OTHER INFORMATION	**IN ACA COMPLAINTS PLANS, THE OUT OF POCKET LIMIT INCLUDED ALL OUT OF POCKET EXPENSES INCLUDING DEDUCTIBLE AND ALL COPAYS.**		OTHER INFORMATION	**IN ACA COMPLAINTS PLANS, THE OUT OF POCKET LIMIT INCLUDED ALL OUT OF POCKET EXPENSES INCLUDING DEDUCTIBLE AND ALL COPAYS.**	
	PEDIATRIC DENTAL INCLUDED IN RATES			**PEDIATRIC DENTAL INCLUDED IN RATES**	