EXHIBIT "A" - Kaiser vs. CareFirst

		KAISER PERMANENTE				CAREFIRST BC/BS			
		DHMO	Signature	Select	OOA	HMO G	HMO 13	HMO 3	PPO
Deductible		$750	$0	$0	$300	$750	$0	$0	$300
Coinsurance		80%	100%	100%	90%	80%	100%	100%	90%
Copays		$25 / 35	$30 / 40	$15 / 25	$15 / 25	$25 / 35	$30 / 40	$15 / 25	$25 / 25
Hospital Copay		20%	$250	$0	10%	20%	$250	$0	10%
Out-of-Pocket Max		$3,000	$3,500	$3,500	$3,000	$3,000	$3,500	$3,500	$3,000
Non-Network									
Deductible		n/a	n/a	n/a	$600	n/a	n/a	n/a	$600
Coinsurance		n/a	n/a	n/a	70%	n/a	n/a	n/a	70%
Out-of-Pocket Max		n/a	n/a	n/a	$6,000	n/a	n/a	n/a	$6,000
Rx	KP center	$20/30/45	$10/20/35	$10/20/35	n/a				
Retail		$30/50/65	$30/50/75	$30/50/75	$10/20/35	$30/50/65	$30/50/75	$30/50/75	$10/20/35
Mail		$18/28/43	$8/18/33	$8/18/33	n/a	$60/100/130	$60/100/150	$60/100/150	$20/40/70
2014-15 Monthly Premium:									
Single	51	$423.09	$479.50	$564.12	$564.12	$416.66	$520.49	$597.05	$717.07
Ee & Ch	17	$846.18	$959.00	$1,128.24	$1,128.24	$770.82	$962.91	$1,104.53	$1,326.58
Ee & Sp	34	$846.18	$959.00	$1,128.24	$1,128.24	$958.31	$1,191.12	$1,373.20	$1,649.25
Family	67	$1,222.73	$1,385.76	$1,630.30	$1,630.30	$1,167.94	$1,458.98	$1,673.57	$2,010.01
Composite	169	$874.41	$991.00	$1,165.89	$1,165.89				
Annual Cost if all in 1 plan:		$1,773,303	$2,009,748	$2,364,425	$2,364,425	$1,742,257	$2,173,970	$2,496,535	$2,998,411
2013-14 Monthly Premiums:		$837.16	$942.37	$1,047.21	$1,002.31				
Monthly Increase		$37.25	$48.63	$118.68	$163.58				
% Increase		4.45%	5.16%	11.33%	16.32%				
Current Enrollment (Actives)		21	85	57	6				
Medicare Supp (35 retirees)		A = $236.04		C++ = $290.45		$319.50	$319.50	$319.50	$319.50

Note: KP renewal includes several minor benefit changes discussed at BOT meeting.