

Exhibit A-3: 2024-2025 Selected Plan Design Parameters Plan Design

Plan Design Features	Enhanced PPO Plan (80/20)		Base PPO Plan (70/30)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	\$1,250 Individual \$3,750 Family	\$2,500 Individual \$7,500 Family	\$1,500 Individual \$4,500 Family	\$3,000 Individual \$9,000 Family
Coinsurance	20% of eligible expenses after deductible is met	40% of eligible expenses after deductible is met and the difference between the allowed amount and the charge	30% of eligible expenses after deductible is met	50% of eligible expenses after deductible is met and the difference between the allowed amount and the charge
Out-of-Pocket Maximum (Combined Medical and Pharmacy)	\$4,890 Individual \$14,670 Family	\$9,780 Individual \$29,340 Family	\$5,900 Individual \$16,300 Family	\$11,800 Individual \$32,600 Family
PHARMACY BENEFITS				
Tier 1	\$5 copay per 30-day supply		\$16 copay per 30-day supply	
Tier 2	\$30 copay per 30-day supply		\$47 copay per 30-day supply	
Tier 3	Deductible/coinsurance		Deductible/coinsurance	
Tier 4	\$100 copay per 30-day supply		\$200 copay per 30-day supply	
Tier 5	\$250 copay per 30-day supply		\$350 copay per 30-day supply	
Tier 6	Deductible/coinsurance		Deductible/coinsurance	
Preferred Blood Glucose Meters (BGM) and Supplies*	\$5 copay per 30-day supply		\$10 copay per 30-day supply	
Preferred and Non-Preferred Insulin	\$0 copay per 30-day supply		\$0 copay per 30-day supply	
Preventive Medications	\$0 (covered by the Plan at 100%)		\$0 (covered by the Plan at 100%)	