

FLYR, Inc. 2024 Vision Plan Benefit Summary

	Cigna Vision Plan (EyeMed Network)	
Plan Features	In-Network	Out-of-Network
Service Frequency	Exams, lenses, frames are covered every calendar year	
Eye Exam	You pay \$10 copay	Plan provides up to \$45 allowance
Prescription Glasses	<i>Plan provides the following after you pay \$25 copay:</i>	
Frames	Up to \$200 allowance and 20% discount on amount over \$200	Up to \$110 allowance
Single vision lenses	100%	Up to \$32 allowance
Lined bifocal lenses	100%	Up to \$55 allowance
Lined trifocal lenses	100%	Up to \$65 allowance
Lenticular lenses	100%	Up to \$80 allowance
Contact Lenses* (Instead of glasses)	<i>Plan provides the following:</i>	
Medically necessary contact lenses	100% after you pay \$25 copay	Up to \$210 allowance after you pay \$25 copay
Elective contact lenses	Up to \$200 allowance (no copay)	Up to \$160 allowance (no copay)
Additional Savings	<p>Glasses & Sunglasses</p> <ul style="list-style-type: none"> Up to 40% off additional complete pairs of glasses (frame and lenses) 20% off any item not covered by the plan, including non-prescription sunglasses, but excluding professional services <p>Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an eye exam enhancement <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Visit MyCigna.com and search for Healthy Rewards® for details 	

* Evaluation and fitting is included in contact lens allowance.