FLYR Inc. 2023 Medical Plan Benefit Summary

	Blue Shield PPO 500*		Blue Shield PPO 1000*		Blue Shield HSA*	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Availability of Health Savings Account (HSA)	Not available		Not available		Available	
Annual Deductible Individual Family	$500 $1,500	$1,500 $4,500	$1,000 $3,000	$3,000 $9,000	$3,000 $5,200	$3,000 $5,200
Out-of-Pocket Maximum Individual Family	$3,000 $6,000	$5,000 $10,000	$5,500 $11,000	$10,000 $20,000	$5,500 $11,000	$10,000 $20,000
Office Visits Primary Care Specialist	$20 copay / visit $20 copay / visit	40% 40%	$35 copay / visit $35 copay / visit	40% 40%	20% 20%	40% 40%
Virtual Care	No charge for Teledoc consultation	Not covered	No charge for Teledoc consultation	Not covered	No charge for Teledoc consultation	Not covered
Preventive Care	No charge (deductible waived)	Not covered	No charge (deductible waived)	Not covered	No charge (deductible waived)	Not covered
Urgent Care	$20 copay / visit	40%	$35 copay / visit	40%	20%	40%
Emergency Room Care Facility Fees Physician Fees	$150 copay / visit + 20% (copay waived if admitted) 20%		$150 copay / visit + 20% (copay waived if admitted) 20%		$150 copay / visit + 20% (copay waived if admitted) 20%	
Outpatient Surgery Facility Fees for Ambulatory Surgery Center Facility Fees for Outpatient Hospital Physician Fees	10% 25% 20%	40% (subject to benefit maximum of $350 per day) 40% (subject to benefit maximum of $350 per day) 40%	10% 25% 20%	40% (subject to benefit maximum of $350 per day) 40% (subject to benefit maximum of $350 per day) 40%	10% 20% 20%	40% (subject to benefit maximum of $350 per day) 40% (subject to benefit maximum of $350 per day) 40%
Hospital Stay Facility Fees Physician Fees	20% 20%	40% (subject to benefit maximum of $600 per day) 40%	20% 20%	40% (subject to benefit max of $600/day) 0%	20% 20%	40% (subject to benefit max of $600/day) 40%
Mental Health Office Visits Outpatient Services Partial Hospital Hospital Services & Residential Care	$20 copay / visit 20% 20% 20%	40% 40% 40% (subject to a benefit max of $350 per day) 40% (subject to a benefit max of $600 per day)	$35 copay / visit 20% 20% 20%	40% 40% 40% (subject to a benefit max of $350 per day) 40% (subject to a benefit max of $600 per day)	20% 20% 20% 20%	40% 40% 40% (subject to a benefit max of $350 per day) 40% (subject to a benefit max of $600 per day)

* Medical plan availability depends on the employees' residence zip code. Not all plans are available in specific zip codes.

See next page for prescription drug comparisons under these plans. >

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FLYR Inc. 2023 Medical Plan Benefit Summary

	Blue Shield PPO 500*		Blue Shield PPO 1000*		Blue Shield HSA*	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Pharmacy—Retail	*Cost sharing per prescription for 30-day supply. Deductible does not apply.*	*Cost sharing per prescription for 30-day supply. Deductible does not apply.*	*Cost sharing per prescription for 30-day supply. Deductible does not apply.*	*Cost sharing per prescription for 30-day supply. Deductible does not apply.*	*Cost sharing per prescription for 30-day supply. Deductible applies.*	*Cost sharing per prescription for 30-day supply. Deductible applies.*
Tier 1	$15 copay	$15 copay + 25%	$10 copay	$10 copay + 25%	$10 copay	$10 copay + 25%
Tier 2	$40 copay	$40 copay + 25%	$30 copay	$30 copay + 25%	$25 copay	$25 copay + 25%
Tier 3	$70 copay	$70 copay + 25%	$50 copay	$50 copay + 25%	$40 copay	$40 copay + 25%
Tier 4 (Specialty Drugs)	30% up to $250	30% up to $250 + 25% of purchase price	30% up to $250	30% up to $250 + 25% of purchase price	30% up to $250	30% up to $250 + 25% of purchase price
Pharmacy—Mail Order	*Cost sharing per prescription for 90-day supply. Deductible does not apply.*	*Not covered*	*Cost sharing per prescription for 90-day supply. Deductible does not apply.*	*Not covered*	*Cost sharing per prescription for 90-day supply. Deductible applies.*	*Not covered*
Tier 1	$30 copay		$20 copay		$20 copay	
Tier 2	$80 copay		$60 copay		$50 copay	
Tier 3	$140 copay		$100 copay		$80 copay	
Tier 4 (Specialty Drugs)	30% up to $500		30% up to $500		30% up to $500	

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‹ See previous page for other medical benefits comparisons under these plans.

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