

FLYR Inc. 2023 Medical Plan Benefit Summary

	Kaiser HMO Northwest*	Blue Shield PPO 500*		Blue Shield PPO 1000*		Blue Shield HSA*	
	In-Network only	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		Not available		Available	
Annual Deductible							
Individual	None	\$500	\$1,500	\$1,000	\$3,000	\$3,000	\$3,000
Family	None	\$1,500	\$4,500	\$3,000	\$9,000	\$5,200	\$5,200
Out-of-Pocket Maximum							
Individual	\$2,500	\$3,000	\$5,000	\$5,500	\$10,000	\$5,500	\$10,000
Family	\$5,000	\$6,000	\$10,000	\$11,000	\$20,000	\$11,000	\$20,000
Office Visits							
Primary Care	\$25 copay / visit	\$20 copay / visit	40%	\$35 copay / visit	40%	20%	40%
Specialist	\$35 copay / visit	\$20 copay / visit	40%	\$35 copay / visit	40%	20%	40%
Virtual Care	No charge	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	No charge (deductible waived)	Not covered	No charge (deductible waived)	Not covered	No charge (deductible waived)	Not covered
Urgent Care	\$35 copay / visit	\$20 copay / visit	40%	\$35 copay / visit	40%	20%	40%
Emergency Room Care							
Facility Fees	\$200 / visit (copay waived if admitted)	\$150 copay / visit + 20% (copay waived if admitted)		\$150 copay / visit + 20% (copay waived if admitted)		\$150 copay / visit + 20% (copay waived if admitted)	
Physician Fees	\$200 / visit (copay waived if admitted)	20%		20%		20%	
Outpatient Surgery							
Facility Fees for Ambulatory Surgery Center	\$250 copay / procedure	10%	40% (subject to benefit maximum of \$350 per day)	10%	40% (subject to benefit maximum of \$350 per day)	10%	40% (subject to benefit maximum of \$350 per day)
Facility Fees for Outpatient Hospital	\$250 copay / procedure	25%	40% (subject to benefit maximum of \$350 per day)	25%	40% (subject to benefit maximum of \$350 per day)	20%	40% (subject to benefit maximum of \$350 per day)
Physician Fees	\$250 copay / procedure	20%	40%	20%	40%	20%	40%

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

See next page for continuation of comparisons under these plans. >

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	In-Network only	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Hospital Stay							
Facility Fees	\$500 copay / admission	20%	40% (subject to benefit max of \$600 per day)	20%	40% (subject to benefit max of \$600/day)	20%	40% (subject to benefit max of \$600/day)
Physician Fees	\$500 copay / admission	20%	40%	20%	0%	20%	40%
Mental Health							
Office Visits	\$25 copay / visit	\$20 copay / visit	40%	\$35 copay / visit	40%	20%	40%
Outpatient Services	\$25 copay / visit	20%	40%	20%	40%	20%	40%
Partial Hospital	\$25 copay / day	20%	40% (subject to a benefit max of \$350 per day)	20%	40% (subject to a benefit max of \$350 per day)	20%	40% (subject to a benefit max of \$350 per day)
Hospital Services & Residential Care	\$500 copay / admission	20%	40% (subject to a benefit max of \$600 per day)	20%	40% (subject to a benefit max of \$600 per day)	20%	40% (subject to a benefit max of \$600 per day)
Pharmacy—Retail	<i>Cost sharing per prescription for 30-day supply</i>	<i>Cost sharing per prescription for 30-day supply. Deductible does not apply.</i>	<i>Cost sharing per prescription for 30-day supply. Deductible does not apply.</i>	<i>Cost sharing per prescription for 30-day supply. Deductible does not apply.</i>	<i>Cost sharing per prescription for 30-day supply. Deductible does not apply.</i>	<i>Cost sharing per prescription for 30-day supply. Deductible applies.</i>	<i>Cost sharing per prescription for 30-day supply. Deductible applies.</i>
Tier 1	\$15 copay	\$15 copay	\$15 copay + 25%	\$10 copay	\$10 copay + 25%	\$10 copay	\$10 copay + 25%
Tier 2	\$35 copay	\$40 copay	\$40 copay + 25%	\$30 copay	\$30 copay + 25%	\$25 copay	\$25 copay + 25%
Tier 3	\$70 copay	\$70 copay	\$70 copay + 25%	\$50 copay	\$50 copay + 25%	\$40 copay	\$40 copay + 25%
Tier 4 (Specialty Drugs)	20% up to \$250	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	<i>Cost sharing per prescription for 90-day supply</i>	<i>Cost sharing per prescription for 100-day supply</i>	<i>Not covered</i>	<i>Cost sharing per prescription for 100-day supply</i>	<i>Not covered</i>	<i>Cost sharing per prescription for 100-day supply</i>	<i>Not covered</i>
Tier 1	\$30 copay	\$30 copay		\$20 copay		\$20 copay	
Tier 2	\$70 copay	\$80 copay		\$60 copay		\$50 copay	
Tier 3	\$140 copay	\$140 copay		\$100 copay		\$80 copay	
Tier 4 (Specialty Drugs)	Not covered	Not covered		Not covered		Not covered	

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