

# FLYR Inc. 2023 Medical Plan Benefit Summary

	Kaiser HMO California*	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
<b>Availability of Health Savings Account (HSA)</b>	Not available	Not available		Not available		Available	
<b>Annual Deductible</b>							
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
<b>Out-of-Pocket Maximum</b>							
Individual	\$3,000	\$3,000	\$5,000	\$5,500	\$10,000	\$5,500	\$10,000
Family	\$6,000	\$6,000	\$10,000	\$11,000	\$20,000	\$11,000	\$20,000
<b>Office Visits</b>							
Primary Care	\$20 copay / visit	\$20 copay / visit	40%	\$35 copay / visit	40%	20%	40%
Specialist	\$40 copay / visit	\$20 copay / visit	40%	\$35 copay / visit	40%	20%	40%
<b>Virtual Care</b>	No charge	No charge for Teledoc consultation	Not covered	No charge for Teledoc consultation	Not covered	No charge for Teledoc consultation	Not covered
<b>Preventive Care</b>	No charge	No charge (deductible waived)	Not covered	No charge (deductible waived)	Not covered	No charge (deductible waived)	Not covered
<b>Urgent Care</b>	\$20 copay / visit	\$20 copay / visit	40%	\$35 copay / visit	40%	20%	40%
<b>Emergency Room Care</b>							
Facility Fees	\$100 / 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	\$100 / visit (copay waived if admitted)	20%		20%		20%	
<b>Outpatient Surgery</b>							
Facility Fees for Ambulatory Surgery Center	\$125 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	\$125 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	\$125 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. >

# FLYR Inc. 2023 Medical Plan Benefit Summary

	Kaiser HMO California*	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
<b>Hospital Stay</b>							
Facility Fees	\$250 copay / day up to \$750 total / 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	\$250 copay / day up to \$750 total / admission	20%	40%	20%	0%	20%	40%
<b>Mental Health</b>							
Office Visits	\$20 copay / visit	\$20 copay / visit	40%	\$35 copay / visit	40%	20%	40%
Outpatient Services	\$20 copay / visit	20%	40%	20%	40%	20%	40%
Partial Hospital	No charge	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	\$250 copay / day up to \$750 total / 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)
<b>Pharmacy—Retail</b>	<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	\$10 copay	\$15 copay	\$15 copay + 25%	\$10 copay	\$10 copay + 25%	\$10 copay	\$10 copay + 25%
Tier 2	\$30 copay	\$40 copay	\$40 copay + 25%	\$30 copay	\$30 copay + 25%	\$25 copay	\$25 copay + 25%
Tier 3	\$30 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
<b>Pharmacy—Mail Order</b>	<i>Cost sharing per prescription for 100-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	\$20 copay	\$30 copay		\$20 copay		\$20 copay	
Tier 2	\$60 copay	\$80 copay		\$60 copay		\$50 copay	
Tier 3	\$60 copay	\$140 copay		\$100 copay		\$80 copay	
Tier 4 (Specialty Drugs)	Not covered	Not covered		Not covered		Not covered	

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

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