

# FLYR, Inc. 2024 Medical Plan Benefit Summary

	Cigna Buy Up		Cigna Base		Cigna HSA	
	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		Available	
<b>Annual Deductible</b>						
Individual	\$500	\$1,500	\$1,000	\$3,000	\$3,200	\$3,200
Family	\$1,500	\$4,500	\$3,000	\$9,000	\$5,200	\$5,200
<b>Out-of-Pocket Maximum</b>						
Individual	\$3,000	\$5,000	\$5,500	\$10,000	\$5,500	\$10,000
Family	\$6,000	\$10,000	\$11,000	\$20,000	\$11,000	\$20,000
<b>Office Visits</b>						
Primary Care	\$20 copay / visit	40%	\$35 copay / visit	40%	20%	40%
Specialist	\$20 copay / visit	40%	\$35 copay / visit	40%	20%	40%
<b>Virtual Care</b>	No charge for MDLive	Not covered	No charge for MDLive	Not covered	No charge for MDLive	Not covered
<b>Preventive Care</b>	No charge (deductible waived)	40%	No charge (deductible waived)	40%	No charge (deductible waived)	40%
<b>Urgent Care</b>	\$20 copay / visit	40%	\$35 copay / visit	40%	20%	40%
<b>Emergency Room Care</b>	\$150 copay / visit + 20% (copay waived if admitted)		\$150 copay / visit + 20% (copay waived if admitted)		\$150 copay / visit + 20% (copay waived if admitted)	
<b>Outpatient Surgery</b>	20%	40%	20%	40%	20%	40%
<b>Hospital Stay</b>	20%	40%	20%	40%	20%	40%
<b>Mental Health</b>						
Office Visits	No charge	20%	No charge	20%	No charge	20%
Outpatient Services	20%	40%	20%	40%	20%	40%
Inpatient Services	20%	40%	20%	40%	20%	40%

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

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	Cigna Buy Up		Cigna Base		Cigna HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Pharmacy—Retail</b>	<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	40%	\$10 copay	40%	\$10 copay	40%
Tier 2	\$40 copay	40%	\$30 copay	40%	\$25 copay	40%
Tier 3	\$70 copay	40%	\$50 copay	40%	\$40 copay	40%
Tier 4 (Specialty Drugs)	30% up to \$250	40%	30% up to \$250	40%	30% up to \$250	40%
<b>Pharmacy—Mail Order</b>	<i>Cost sharing per prescription for 90-day supply. Deductible does not apply.</i>	<i>Not covered</i>	<i>Cost sharing per prescription for 90-day supply. Deductible does not apply.</i>	<i>Not covered</i>	<i>Cost sharing per prescription for 90-day supply. Deductible applies.</i>	<i>Not covered</i>
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 day supply only)	30% up to \$250		30% up to \$250		30% up to \$250	

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# FLYR, Inc. 2024 Medical Plan Benefit Summary

	Kaiser HMO California*	Cigna Buy Up		Cigna Base		Cigna 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	\$3,200	\$3,200
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 MDLive	Not covered	No charge for MDLive	Not covered	No charge for MDLive	Not covered
<b>Preventive Care</b>	No charge	No charge (deductible waived)	40%	No charge (deductible waived)	40%	No charge (deductible waived)	40%
<b>Urgent Care</b>	\$20 copay / visit	\$20 copay / visit	40%	\$35 copay / visit	40%	20%	40%
<b>Emergency Room Care</b>	\$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)	
<b>Outpatient Surgery</b>	\$125 copay / procedure	20%	40%	20%	40%	20%	40%
<b>Hospital Stay</b>	\$250 copay / day up to \$750 total / admission	20%	40%	20%	40%	20%	40%
<b>Mental Health</b>							
Office Visits	\$20 copay / visit	No charge	20%	No charge	20%	No charge	20%
Outpatient Services	\$20 copay / visit	20%	40%	20%	40%	20%	40%
Inpatient Services	\$250 copay / day up to \$750 total / admission	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 prescription drug comparisons under these plans. >

# FLYR, Inc. 2024 Medical Plan Benefit Summary

	Kaiser HMO California*	Cigna Buy Up		Cigna Base		Cigna HSA	
	In-Network only	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<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	40%	\$10 copay	40%	\$10 copay	40%
Tier 2	\$30 copay	\$40 copay	40%	\$30 copay	40%	\$25 copay	40%
Tier 3	\$30 copay	\$70 copay	40%	\$50 copay	40%	\$40 copay	40%
Tier 4 (Specialty Drugs)	20% up to \$250	30% up to \$250	40%	30% up to \$250	40%	30% up to \$250	40%
<b>Pharmacy—Mail Order</b>	<i>Cost sharing per prescription for 100-day supply</i>	<i>Cost sharing per prescription for 90-day supply. Deductible does not apply.</i>		<i>Cost sharing per prescription for 90-day supply. Deductible does not apply.</i>		<i>Cost sharing per prescription for 90-day supply. Deductible applies.</i>	
Tier 1	\$20 copay	\$30 copay	<i>Not covered</i>	\$20 copay	<i>Not covered</i>	\$20 copay	<i>Not covered</i>
Tier 2	\$60 copay	\$80 copay		\$60 copay		\$50 copay	
Tier 3	\$60 copay	\$140 copay		\$100 copay		\$80 copay	
Tier 4 (Specialty Drugs, 30 day supply only)	Not covered	30% up to \$250		30% up to \$250		30% up to \$250	

\* 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.

# FLYR, Inc. 2024 Medical Plan Benefit Summary

	Kaiser HMO Northwest*	Cigna Buy Up		Cigna Base		Cigna 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	\$3,200	\$3,200
Family	None	\$1,500	\$4,500	\$3,000	\$9,000	\$5,200	\$5,200
<b>Out-of-Pocket Maximum</b>							
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
<b>Office Visits</b>							
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%
<b>Virtual Care</b>	No charge	No charge for MDLive	Not covered	No charge for MDLive	Not covered	No charge for MDLive	Not covered
<b>Preventive Care</b>	No charge	No charge (deductible waived)	40%	No charge (deductible waived)	40%	No charge (deductible waived)	40%
<b>Urgent Care</b>	\$35 copay / visit	\$20 copay / visit	40%	\$35 copay / visit	40%	20%	40%
<b>Emergency Room Care</b>	\$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)	
<b>Outpatient Surgery</b>	\$250 copay / procedure	20%	40%	20%	40%	20%	40%
<b>Hospital Stay</b>	\$250 copay / day up to \$750 total / admission	20%	40%	20%	40%	20%	40%
<b>Mental Health</b>							
Office Visits	\$25 copay / visit	No charge	20%	No charge	20%	No charge	20%
Outpatient Services	\$25 copay / visit	20%	40%	20%	40%	20%	40%
Inpatient Services	\$500 copay / admission	20%	40%	20%	40%	20%	40%

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# FLYR, Inc. 2024 Medical Plan Benefit Summary

	Kaiser HMO Northwest*	Cigna Buy Up		Cigna Base		Cigna HSA	
	In-Network only	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<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	\$15 copay	\$15 copay	40%	\$10 copay	40%	\$10 copay	40%
Tier 2	\$35 copay	\$40 copay	40%	\$30 copay	40%	\$25 copay	40%
Tier 3	\$70 copay	\$70 copay	40%	\$50 copay	40%	\$40 copay	40%
Tier 4 (Specialty Drugs)	20% up to \$250	30% up to \$250	40%	30% up to \$250	40%	30% up to \$250	40%
<b>Pharmacy—Mail Order</b>	<i>Cost sharing per prescription for 90-day supply</i>	<i>Cost sharing per prescription for 90-day supply. Deductible does not apply.</i>		<i>Cost sharing per prescription for 90-day supply. Deductible does not apply.</i>		<i>Cost sharing per prescription for 90-day supply. Deductible applies.</i>	
Tier 1	\$30 copay	\$30 copay	<i>Not covered</i>	\$20 copay	<i>Not covered</i>	\$20 copay	<i>Not covered</i>
Tier 2	\$70 copay	\$80 copay		\$60 copay		\$50 copay	
Tier 3	\$140 copay	\$140 copay		\$100 copay		\$80 copay	
Tier 4 (Specialty Drugs, 30 day supply only)	Not covered	30% up to \$250		30% up to \$250		30% up to \$250	

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# FLYR, Inc. 2024 Dental Plan Benefit Summary

	Cigna Dental Plans			
	Dental Low		Dental High	
Plan Features	In-Network	Out-of-Network*	In-Network	Out-of-Network*
<b>Deductible</b> Individual Family	\$100 \$300		\$50 \$150	
<b>Annual Benefit Maximum</b>	\$1,500		\$2,000	
<b>Lifetime Orthodontia Maximum</b> (children & adults)	Not covered		\$1,500	
<b>Cleanings</b>	Two cleanings per calendar year		Two cleanings per calendar year	
<b>Preventive Care</b> (Ex. X-Rays, Cleaning, Oral Exams, Sealants**)	No charge	No charge	No charge	No charge
<b>Basic Services</b> (Ex. Fillings, Ex. Fillings, Simple Extractions, Root Canal Therapy, Repairs—Bridges, Crowns, and Inlays**)	You pay 20% after deductible	You pay 50% after deductible	You pay 10% after deductible	You pay 20% after deductible
<b>Major Services</b> (Ex. Anesthetics, Crowns/Inlays/Onlays, Dentures**)	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 50% after deductible
<b>Orthodontia</b>	Not covered		You pay 50% after deductible	You pay 50% after deductible

\* If you choose to use a dentist that is not part of the network, your benefit will be based on the Usual and Customary (U&C) allowance for the dental procedure performed. You will be responsible for the charges over the Usual and Customary allowance in addition to your portion of the coinsurance.

\*\* For a complete list of services, review the Dental Benefit summary.

# FLYR, Inc. 2024 Visual Plan Benefit Summary

	Cigna Vision Plan (EyeMed Network)	
Plan Features	In-Network	Out-of-Network
<b>Service Frequency</b>	Exams, lenses, frames are covered every calendar year	
<b>Eye Exam</b>	You pay \$10 copay	Plan provides up to \$45 allowance
<b>Prescription Glasses</b>	<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
<b>Contact Lenses*</b> (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)
<b>Additional Savings</b>	<p><b>Glasses &amp; Sunglasses</b></p> <ul style="list-style-type: none"> <li>Up to 40% off additional complete pairs of glasses (frame and lenses)</li> <li>20% off any item not covered by the plan, including non-prescription sunglasses, but excluding professional services</li> </ul> <p><b>Retinal Screening</b></p> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an eye exam enhancement</li> </ul> <p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>Visit <a href="https://www.mycigna.com">MyCigna.com</a> and search for Healthy Rewards® for details</li> </ul>	

\* Evaluation and fitting is included in contact lens allowance.