

FLYR, Inc. 2025 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
Availability of Health Savings Account (HSA)	Not available	Not available		Not available		Available	
Annual Deductible							
Individual	None	\$500	\$1,500	\$1,000	\$3,000	\$3,300	\$3,300
Family	None	\$1,500	\$4,500	\$3,000	\$9,000	\$6,600	\$6,600
Out-of-Pocket Maximum							
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
Office Visits							
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%
Virtual Care	No charge	No charge for MDLive	Not covered	No charge for MDLive	Not covered	20%	Not covered
Preventive Care	No charge	No charge (deductible waived)	40%	No charge (deductible waived)	40%	No charge (deductible waived)	40%
Urgent Care	\$20 copay / visit	\$20 copay / visit	40%	\$35 copay / visit	40%	20%	40%
Emergency Room Care	\$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)	
Outpatient Surgery	\$125 copay / procedure	20%	40%	20%	40%	20%	40%
Hospital Stay	\$250 copay / day up to \$750 total / admission	20%	40%	20%	40%	20%	40%
Mental Health							
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. >

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	In-Network only	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
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	\$10 copay	\$15 copay	40%	\$15 copay	40%	\$15 copay	40%
Tier 2	\$30 copay	\$40 copay	40%	\$40 copay	40%	\$40 copay	40%
Tier 3	\$30 copay	\$70 copay	40%	\$70 copay	40%	\$70 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%
Pharmacy—Mail Order	<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>	\$30 copay	<i>Not covered</i>	\$30 copay	<i>Not covered</i>
Tier 2	\$60 copay	\$80 copay		\$80 copay		\$80 copay	
Tier 3	\$60 copay	\$140 copay		\$140 copay		\$140 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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< See previous page for other medical benefits comparisons under these plans.