

FLYR, Inc. 2025 Dental Plan Benefit Summary

Plan Features	Cigna Dental Plans			
	Dental Low		Dental High	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Deductible Individual Family	\$100 \$300		\$50 \$150	
Annual Benefit Maximum	\$1,500		\$2,000	
Lifetime Orthodontia Maximum (children & adults)	Not covered		\$1,500	
Cleanings	Two cleanings per calendar year		Two cleanings per calendar year	
Preventive Care (Ex. X-Rays, Cleaning, Oral Exams, Sealants**)	No charge	No charge	No charge	No charge
Basic Services (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
Major Services (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
Orthodontia	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.