



***ALWAYS LEAD, NEVER FOLLOW***



[www.4hornemployeebenefits.com](http://www.4hornemployeebenefits.com)

»» **2025**  
**BENEFITS**  
GUIDE



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# Benefits Eligibility & Enrollment Guidelines

## How to Enroll

You will access your benefits enrollment/changes through ADP. If you are enrolling dependents, please include all dependent information including date of birth and Social Security number. This information is required by all carriers for enrollment. If you have questions about this process, please call HR at 281-241-1187.

Employees normally scheduled for at least 30 hours per week and their eligible dependents may participate in the 4- Horn Management Group plan. Employees are eligible on the first of the month following 30 days of active work.

## Covering Your Family Members

Your dependents are defined as:

- Your legal spouse - Current enrolled spouses will continue to be eligible for coverage.
- Your “child” or legal dependent to age 26 - “Child” is defined as your biological child, adopted child, foster child, step-child, child placed in your home for adoption, or any other child as defined in the Certificate of Coverage.
- Your disabled children of any age

## Making Election Changes During the Year

In most cases, your benefit elections remain in effect until the next annual Open Enrollment Period. You will not be able to make any plan changes unless you experience a life status change event.

**4-Horn Management is pleased to offer benefits to:**

- National Tank & Equipment, LLC
- 4-Horn Management, LLC
- 4-Horn Industrial, LLC
- 4-Horn Trench & Shoring, LLC
- 4-Horn Power & HVAC, LLC
- 4-Horn Traffic & Barricade, LLC
- Second Chances Recovery Center, LLC
- Pasadena Fabricators, LLC

## Life Status Change Events

A qualified life status change event, as described by IRS regulations, allows you to make a change to your benefit coverage if you experience any of the following:

- Marriage
- Divorce
- Birth of a child
- Death of your spouse or dependent child
- Adoption of/placement for adoption of your child
- Termination or commencement of your spouse’s employment
- Change of employment status by you or your spouse
- A significant change in health coverage for you or your spouse due to your spouse’s employment
- Judgment, decree or court order
- Qualification by the plan administrator of a medical Child Support Order
- Entitlement to Medicare or Medicaid

**If you think you may have a life status change that would allow you to make changes to your coverage, you MUST notify Human Resources within 30 days of the event. Failure to make timely notice means you would have to wait until the open enrollment period to be eligible for coverage.**



# Where To Go for Care

The cost for care and time you wait can vary greatly depending on where you go. Below is a simple guide to choosing the right place to go for health care. In addition to clinical settings, you have access to MDLIVE for virtual visits.



## 24/7 Nurseline

If an unexpected medical situation arises, a nurse can help you decide if you should call your doctor, visit the ER or urgent care, or treat the problem yourself. A nurse can also let you know if you can wait to see the doctor the next day.



## Doctor's Office

Your primary care physician (PCP) should be your first choice for non-emergency care and ongoing health conditions. Your PCP knows your medical history and can help manage chronic conditions and recommend specialists or other medical care.



## Virtual Visit

If your doctor isn't available, you are out of town, or you need care after hours for a simple condition try a virtual visit. Go online or access the app to make an appointment with a physician anytime, 24/7 wherever you are. Call MDLIVE at 888-680-8646.



## Urgent Care and Retail Clinics

If your doctor isn't available, or you need care after hours for a nonlife threatening issue, visit an urgent care or retail health clinic for simple conditions such as a cold or the flu. Urgent care centers can provide a greater range of care including x-rays.



## Emergency Room

Only visit the ER for serious, life-threatening medical care. If you feel you are dealing with a health emergency, call 911 or go to the ER right away. Do not visit for routine care or minor ailments.



# BCBS of Texas Value Added Services

BCBS of TX Program	What is it for?	Contact Information
<p><b><i>MDLIVE Virtual Visits</i></b></p>	<p>It's the weekend, after hours, or you just don't have time to see your doctor and your condition is not urgent or an emergency. Request a visit with a doctor 24 hours a day, 365 days a year, by web, phone, or mobile app. Teladoc doctors will review your medical history and can diagnose you over the phone. If medically necessary, a prescription will be sent to the pharmacy of your choice.</p>	<p>Call MDLIVE at 888-680-8646 Go to MDLIVE.com/bcbstx Text</p> <p>BCBSTX to 635-483</p> <p>Download the MDLIVE app</p>
<p><b><i>Livongo for Diabetes Management</i></b></p>	<p>Livongo is a consumer digital health company providing an end-to-end diabetes management program that combines a connected glucose meter with personal support by certified diabetes educators.</p>	<p>BCBSTX screens prior claims to identify members with diabetes and/or hypertension and provides only those members to Livongo.</p>
<p><b><i>Omada for Diabetes and Heart Disease Prevention</i></b></p>	<p>Omada is a behavioral health program which inspires and enables people who are at risk for chronic conditions like type 2 diabetes and heart disease to change the habits that put them most at risk.</p>	<p>Additional information can be found under the Wellness tab on the member portal at BCBSTX.com. Click 'Register Here' if you're not already registered.</p>
<p><b><i>Hinge Health for Chronic Back and Joint Pain</i></b></p>	<p>Hinge Health is a digital health company providing a musculoskeletal program that turns established, proven, non-surgical care guidelines into a coach and PT-led program delivered remotely using mobile and wearable technology.</p>	<p>Additional information can be found under the Wellness tab on the member portal at BCBSTX.com. Click 'Register Here' if you're not already registered.</p>
<p><b><i>Special Beginnings Maternity Program</i></b></p>	<p>The Specialty Beginnings maternity program supports you from early pregnancy until six weeks after delivery. An experienced Blue Cross and Blue Shield of Texas staff member will work with you directly!</p>	<p>Call 888-421-7781 to enroll or ask questions about the program</p>



# Medical Benefits

**4-Horn Management** provides eligible employees and dependents with a choice of medical plans through BlueCross BlueShield of TX (BCBSTX). It is important to be aware of the benefits and the value they represent to you. For your reference, we have highlighted some of the most frequently used benefits below, but we encourage you to review the Summary of Benefits and Coverage or the Summary Plan Document for complete details on exclusions, limitations, and pre-authorization requirements.

HSA Plan		
	In-Network	Out-of-Network
<b>Calendar Year Deductible</b> Individual / Family	\$5,000 / \$10,000	\$10,000 / \$20,000
<b>Coinsurance</b>	100%	70%
<b>Out-of-pocket Maximum</b> Individual/ Family	\$5,000 / \$10,000	Unlimited / Unlimited
<b>Physician Office Visit</b> Primary Care/ Specialist	100% after deductible	70% after deductible
<b>Preventive Care</b> Routine Physicals and Immunizations	Covered at 100%	70% after deductible
<b>Diagnostic Testing</b> (x-ray, blood work)	100% after deductible	70% after deductible
<b>Imaging</b> CT, MRI, PET, Nuclear Medicine)	100% after deductible	70% after deductible
<b>Hospital Services</b> Inpatient/ Outpatient	100% after deductible	70% after deductible
<b>Emergency Room Services</b>	Deductible then covered at 100%	
<b>Urgent Care Services</b>	100% after deductible	70% after deductible
Prescription Drugs Generic Brand Specialty Mail Order	Mandatory Generic 100% after deductible	Mandatory Generic 50% after deductible
	<b>Bi-Weekly Payroll Deductions</b>	<b>Employer Bi-Weekly HSA Contribution</b>
<b>Employee</b>	\$0.00	\$25.00
<b>Employee + Spouse</b>	\$199.18	\$75.00
<b>Employee + Child(ren)</b>	\$185.39	\$75.00
<b>Employee + Family</b>	\$384.59	\$75.00

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Silver Plan		
	In-Network	Out-of-Network
<b>Calendar Year Deductible</b> Individual / Family	\$3,000 / \$9,000	\$6,000 / \$18,000
<b>Coinsurance</b>	70%	50%
<b>Out-of-pocket Maximum</b> Individual/ Family	\$7,350 / \$14,700	Unlimited / Unlimited
<b>Physician Office Visit</b> Primary Care/ Specialist	\$50 Copay / \$100 Copay	50% after deductible
<b>Preventive Care</b> Routine Physicals , Immunizations	Covered at 100%	50% after deductible
<b>Diagnostic Testing</b> (x-ray, blood work)	70% after deductible	50% after deductible
<b>Imaging</b> CT, MRI, PET, Nuclear Medicine)	70% after deductible	50% after deductible
<b>Hospital Services</b> Inpatient/ Outpatient	70% after deductible	50% after deductible
<b>Emergency Room Services</b>	\$500 Copay + Deductible + 30% coinsurance	
<b>Urgent Care Services</b>	\$75 Copay	50% after deductible
<b>Prescription Drugs</b>	Participating Pharmacies	Non-Participating Pharmacies
Preferred Generic	No Charge	\$10 Copay + 50%
Non-Preferred Generic	\$10 Copay	\$20 Copay + 50%
Preferred Brand	\$50 Copay	\$70 Copay + 50%
Non-Preferred Brand	\$100 Copay	\$120 Copay + 50%
Preferred Specialty	\$150 Copay	\$150 Copay + 50%
Non-Preferred Specialty	\$250 Copay	\$250 Copay + 50%
Mail Order	3X Retail	3X Retail
	Bi-Weekly Payroll Deductions	Employer Bi-Weekly HRA Contribution
<b>Employee</b>	\$37.88	\$25.00
<b>Employee + Spouse</b>	\$287.99	\$50.00
<b>Employee + Child(ren)</b>	\$270.65	\$50.00
<b>Employee + Family</b>	\$520.81	\$50.00

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# Medical Benefits

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Gold Plan		
	In-Network	Out-of-Network
<b>Calendar Year Deductible</b> Individual / Family	\$1,000/ \$3,000	\$2,000/\$6,000
<b>Coinsurance</b>	80%	60%
<b>Out-of-pocket Maximum</b> Individual/ Family	\$4,000/ \$12,000	\$8,000/ \$24,000
<b>Physician Office Visit</b> Primary Care/ Specialist	\$30 Copay/ \$60 Copay	60% after deductible
<b>Preventive Care</b> Routine Physicals and Immunizations	Covered at 100%	60% after deductible
<b>Diagnostic Testing</b> (x-ray, blood work)	80% after deductible	60% after deductible
<b>Imaging</b> (CT, MRI, PET, Nuclear Medicine)	80% after deductible	60% after deductible
<b>Hospital Services</b> Inpatient/Outpatient	80% after deductible	60% after deductible
<b>Emergency Room Services</b>	\$500 Copay + Deductible + 30% coinsurance	
<b>Urgent Care Services</b>	\$75 Copay	60% after deductible
<b>Prescription Drugs</b>	Participating Pharmacies	Non-Participating Pharmacies
Preferred Generic	No Charge	\$10 Copay + 50%
Non-Preferred Generic	\$10 Copay	\$20 Copay + 50%
Preferred Brand	\$50 Copay	\$70 Copay + 50%
Non-Preferred Brand	\$100 Copay	\$120 Copay + 50%
Preferred Specialty	\$150 Copay	\$150 Copay + 50%
Non-Preferred Specialty	\$250 Copay	\$250 Copay + 50%
Mail Order	3X Retail	3X Retail
<b>Bi-Weekly Payroll Deductions</b>		
<b>Employee</b>	\$122.30	
<b>Employee + Spouse</b>	\$485.91	
<b>Employee + Child(ren)</b>	\$460.72	
<b>Employee + Family</b>	\$824.39	

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# Prescription Drug Benefits

When you enroll in a medical plan, you are automatically enrolled in prescription drug coverage. If you regularly take the same medications, a mail-order program may allow you to get a 90-day supply for a lower cost, saving you trips to the pharmacy and time waiting in line. See pages 7-9 for more information on saving on prescription drug costs and accessing specialty medications.

Check with your pharmacy to determine if any special programs are available. Discuss lower-cost alternatives with your physician and check the insurance company's website for a complete drug list at [bcbstx.com](http://bcbstx.com).

## Pharmacy Home Delivery

Express Scripts Pharmacy is the home delivery service trusted by Blue Cross and Blue Shield of Texas (BCBSTX) to help lower costs and provide convenience. You can receive up to a 90-day supply of medication at a time which means pharmacy costs may be lower. Visit [express-scripts.com/rx](http://express-scripts.com/rx) to register and create a profile, or call 833-715-0942 to refill, transfer a current prescription, or get started with home delivery.

## Specialty Medications

BCBSTX supports members who need self-administered specialty medication and helps them manage their therapy. Accredo® is the specialty pharmacy chosen to do just that. You can order a new prescription or transfer your existing prescription for a self-administered specialty drug to Accredo. To start using Accredo, call 833-721-1619. An Accredo representative will work with your doctor on the rest. Once registered, you can manage your prescriptions on [accredo.com](http://accredo.com) or through the mobile app.

## Good Rx

The cost of a prescription may differ by more than \$100 between pharmacies across the street from each other! By using GoodRx you save yourself and the 4-Horn Health Plan additional out of pocket costs as well as additional costs that could result in unwanted premium increases. Utilize the GoodRx mobile app and get prescription drug prices on-the-go, with coupons built into the app. Just show your smartphone to the pharmacist to save.



# Health Savings Account

Employees enrolled in HSA Plan may choose to open a Health Savings Account (HSA). Here's how a High Deductible Health Plan (HDHP) with an HSA works:

1	<b>Deductible</b> - You must meet the entire deductible before the plan starts to pay your medical and prescription drug benefits (excluding in-network preventive care).
2	<b>Coinsurance</b> - Once you've met the plan's annual deductible, you are responsible for a portion of your medical expenses. This portion is called coinsurance. For the HSA Plan, In-Network services are covered at 100% after your deductible.
3	<b>Out-of-Pocket Maximum</b> - Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay all eligible covered services for the rest of the calendar year.
4	<p><b>Health Savings Account (HSA)</b> - To help offset the annual deductible, 4-Horn will contribute \$650 annually to your HSA if you enroll yourself only, and \$1,950 annually if you enroll yourself and one or more family member (s). *New hires will receive a pro rated contribution for the period.</p> <p>You may also deposit your own dollars into your HSA through pre-tax payroll deductions.</p> <p>The guidelines for contribution maximums are set by the IRS each year. The maximum amount that can be contributed into an HSA (including the company's contribution) is outlined below. The amount contributed by 4 - Horn should be subtracted from the IRS maximum limits.</p>

HSA dollars may only be used for expenses incurred while covered under an HDHP and after your HSA bank account is opened.

In order for your employer to set up an HSA account on your behalf, you must first verify your citizenship status. **Be on the lookout for the HSA verification form in the mail from HSA Bank. This must be completed to have the HSA contributions setup properly!**

## Important HSA Facts

- The money in your HSA is yours to keep. The money will grow year after year and remains with you, even if you change medical plans, leave the company, or retire.
- There is no "use-it-or-lose-it" rule associated with the HSA. Any funds left over in your account at the end of the plan year will carry into the next plan year.
- You decide when to use your savings to pay for qualified health-related expenses. This provides a strong incentive for you to spend wisely on your medical care, just as you do on other items you purchase.
- You can use your HSA funds to pay for qualified health-related expenses for yourself, your spouse, your tax-dependent children, and others you claim as dependents on your federal tax return, even if they are not covered under the medical plan.

	2025 HSA Contribution Maximum Limits*	2025 Limit* minus 4-Horn Contribution
<b>Employee Only</b>	\$4,300	\$3,650
<b>Employee + 1 or More</b>	\$8,550	\$6,600
<b>Catch-Up (age 55+)</b>	\$1,000	\$4,650 ind. Or \$7,600 fam.

\*New hires will receive a pro rated contribution for the period



# Health Reimbursement Account (HRA)



For members enrolled in Silver Plan, 4-Horn helps pay for health care expenses by contributing to a Health Reimbursement Arrangement (HRA).

What is an HRA? HRAs are employer-funded arrangements that reimburse you for certain medical expenses. HRAs are meant to help you be more aware of your health care costs while also helping you meet your deductible with tax-free funds. HRAs can be a great way to pay for out-of-pocket health care expenses while still working down your deductible.

For eligible employees, (those enrolled in Silver Plan) 4-Horn will contribute \$25.00 biweekly to the HRA. If you are enrolled in employee plus dependent coverage, 4-Horn will contribute \$50.00 biweekly to the HRA.

## General Information

- There is no cost to employees for participation in the HRA.

- Unused HRA benefits do not roll over to subsequent plan years and may not be cashed out or used for any reason other than the reimbursement of eligible expenses.

- Expenses that are reimbursed or are reimbursable from any other benefit plan (except for Medicare or TriCare) are not eligible expenses for reimbursement under the HRA.

All reimbursements are sent directly to the employee; it is the employee's responsibility to pay the medical provider.

## THE HRA IN ACTION

This is an example of how the HRA could help someone enrolled in employee only coverage should they require a \$10,000 surgery. This example assumes no previous insurance claims for the year and use of in-network services.

	Amount	Notes
Employee Only Deductible	\$3,000	<b>The amount the employee is responsible for before the plan pays.</b>
Total Claims	\$10,000	<b>Billed by the in-network hospital to the insurance company.</b>
4-Horn Pays (via HRA)	\$650	<b>4-Horn contributes up to \$650 to the HRA for individuals annually.</b>
Employee Pays	\$2,350	<b>The deductible is now met, and the plan starts to pay.</b>
Remaining Claims Balance	\$7,000	<b>The max out-of-pocket is \$7,350. The insurance company is responsible for any amount over \$7,350.</b>
Coinsurance (employee pays 30%)	\$2,100	<b>After the deductible is met, the employee pays 30% of any remaining claims. The insurance company pays for 70%.</b>
Total Employee Amount Paid	\$4,450	<b>Of the \$10,000 in billed services, the employee is responsible for \$4,450, 4-Horn contributed \$650, and plan paid \$4,900.</b>

## Knowledgebase

Once you're enrolled, check out the knowledgebase to quickly search for answers to your questions. The knowledgebase boasts millions of views of our micro videos, articles and step-by-step how-to's empowering you to get the most out of your benefits. Have a question? Visit any time by logging in to your online account. [www.wex.com](http://www.wex.com)



# Flexible Spending Accounts



We offer two flexible spending accounts (FSAs) to help you set aside money, pre-tax, for health and dependent care expenses. FSAs are similar to HSAs in that they work like savings accounts to pay for eligible expenses, however, FSA funds do not roll over from year-to-year. Therefore, it is very important to estimate your costs conservatively. If you have any unused dollars in your account at the end of the plan year, they will be forfeited. FSA contributions are deducted from your paycheck.

## Health Care FSA

In 2025, you can set aside up to \$3,300 to pay for:

- Copays, coinsurance, and deductibles
- Dental treatments not covered by your plan
- Glasses, contacts or vision treatments not covered by your plan

There are two ways to receive your health care FSA reimbursement. You can file a claim and receive



reimbursement or use your FSA debit card to provide payment at the point of sale.

## Dependent Care FSA

Set aside up to \$5,000 (\$2,500 if you are married and filing separate tax returns) in your dependent care FSA to help cover day care expenses that allow you to work, including:

- Day care, after-school care or summer day camp for dependent children under age 13
- Day care for your dependents who are mentally or physically incapable of caring for themselves

While you cannot enroll in both the HSA and the health care FSA, you are able to have an HSA and a dependent care FSA.

	Why Would I Use It?	Maximum Contribution Amounts
<b>Health Care FSA</b> 	<ul style="list-style-type: none"> <li>• Pays the uncovered portions of medical, dental, and vision expenses (including copays and deductible).</li> <li>• Contributions are pre-tax, so it increases your non-taxable take-home pay.</li> <li>• Covers expenses incurred by you or an eligible dependent.</li> </ul>	<p>\$3,300 per plan year</p> <ul style="list-style-type: none"> <li>• Any money left in your account (above \$660) at the end of the plan year will be forfeited, so be sure to estimate your needs conservatively.</li> <li>• The account is pre-funded, meaning you can access your total annual contribution amount (less any monies already spent) at any time, even before the money is deposited.</li> </ul>
<b>Dependent Care FSA</b> 	<ul style="list-style-type: none"> <li>• You (and your spouse, if married) work outside the home and require dependent care to allow you to work full-time.</li> <li>• Pays for daycare for eligible dependents your child or children under age 13, your disabled spouse, an elderly parent or other dependent who is physically or mentally incapable of self-care.</li> <li>• You claim the dependent on your income tax return. • Contributions are pre-tax, so it increases your non-taxable take-home pay.</li> </ul>	<p>\$5,000 per plan year (\$2,500 if married and filing separately)</p> <ul style="list-style-type: none"> <li>• This is also a “use-it-or-lose-it” account, so estimate your needs conservatively.</li> <li>• The account is NOT pre-funded, meaning that after you file a claim, you may only receive reimbursement for amounts that are currently in the account.</li> </ul>



# Dental Benefits

Dental benefits provide you and your family with comprehensive coverage to keep your smile shining bright! The chart below provides a brief summary of the key benefits of the dental insurance available from BCBSTX. For a complete list of all your dental insurance benefits and restrictions, please refer to your booklet or contact your plan administrator. Find a dentist at <https://www.bcbstx.com/find-care/providers-in-your-network/find-a-dentist>.

Services	Dental PPO – MAC		Dental PPO – 90th	
	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
<b>Calendar Year Deductible</b> (Waived for preventive)	\$50 individual / \$150 family	\$50 individual / \$150 family	\$50 individual / \$150 family	\$50 individual / \$150 family
<b>Preventive Care</b> (Exams, X-rays, cleanings)	100%	100%	100%	100%
<b>Basic Services</b> (Extractions, fillings, Endodontics/Periodontics)	100% after deductible	100% after deductible	80% after deductible	80% after deductible
<b>Major Services</b> (Crowns, bridges, dentures)	60% after deductible	60% after deductible	50% after deductible	50% after deductible
<b>Annual Max Benefit</b>	\$1,500 per member	\$1,500 per member	\$1,500 per member	\$1,500 per member
<b>Orthodontic Services</b> (Child only to age 19)	Plan pays 50% of billed charges up to an overall maximum benefit of \$1,500 per covered member		Plan pays 50% of billed charges up to an overall maximum benefit of \$1,500 per covered member	
<b>Out-of-Network Reimbursement</b>	MAC		UCR - 90th Percentile	

Bi-Weekly Payroll Deductions	
<b>Employee</b>	\$0.00
<b>Employee + Spouse</b>	\$12.62
<b>Employee + Child(ren)</b>	\$20.05
<b>Employee + Family</b>	\$37.08

**Late Entrants:** A late entrant limitation of 12 months for all Orthodontia Services will apply to employees who enroll in this dental plan more than 30 days after becoming eligible.

**\*Balance Billing:** The amount the plan pays for a covered procedure based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference. For example, if an out-of-network dentist charges \$500 for a procedure and the out-of-network reimbursement is \$200, you may have to pay the \$300 difference in addition to your out-of-network coinsurance and/or deductible.

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# Vision Benefits

4-Horn Management has designed a vision plan that includes coverage for both an annual vision exam as well as vision hardware benefits. You should always use an in-network provider whenever possible to receive the highest benefit level. Find a list of doctors at <https://www.eyemed.com/>.

	In-Network Member Cost	Out-of-Network Reimbursement
<b>Eye Exam</b> (Available every 12 months) <b>Materials</b>	\$10 copay \$25 copay	Up to \$30 Scheduled
<b>Frames</b> (Available every 24 months)	\$130 allowance for a wide selection of frames 20% off amount over \$130	\$65 reimbursement
<b>Lenses</b> (Available every 12 months) Single Vision Lined Bifocal Lined Trifocal Lenticular	\$25 copay	Up to \$25 Up to \$40 Up to \$55 Up to \$55
<b>Contact Lenses</b> (Available every 12 months)		
Elective	\$130 allowance 15% off amount over \$130	\$104 reimbursement
Medically Necessary	Paid in full	Up to \$210
<b>Extra Savings and Discounts</b>		
<ul style="list-style-type: none"> <li>• Laser Vision Correction - Average 15% off the regular price or 5% off the promotional price. (Discounts are only available from contracted facilities.)</li> <li>• 40% off additional pair of prescription/non-prescription eyeglasses or sunglasses from a net-work provider</li> <li>• 15% off conventional contact lenses once the funded benefit has been used</li> </ul>		

Bi-Weekly Payroll Deductions	
Employee	\$0.00
Employee + Spouse	\$2.82
Employee + Child(ren)	\$3.13
Employee + Family	\$6.08



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## Basic Life and AD&D

4-Horn Management provides a Basic Life and Accidental Death and Dismemberment (AD&D) benefit of \$30,000 to all eligible associates at **no cost to you**. The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under this plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan.

\*Age Reduction Schedule: 35% at age 65, 50% at age 70

## Voluntary Term Life AD&D

In addition to the Basic Life/AD&D benefit you have the option to elect additional coverage for you and your eligible dependents. Please review the table below regarding the benefit options.

**For 2025's enrollment, you can elect up to the new guaranteed issue amount of \$250,000, without answering statement of health questions!**

The Guarantee Issue (GI) amount is the highest amount of coverage that you or your dependents may elect without completing an Evidence of Insurability (EOI) form. If you elect an amount above the GI limit or wish to increase your benefit amount at a future date, the coverage amount over the GI level will not go into effect until your EOI has been reviewed and approved and payroll deductions have begun. For full details, refer to the Certificate of Coverage. You may purchase the following amounts for yourself and your dependents.

The cost will depend on your age as of January 1, 2025 for the elected benefit amount.

Voluntary Term Life AD&D	
Employee Term Life AD&D	<b>Guarantee Issue Amount: \$250,000, not to exceed 3x annual salary</b>
	Maximum amount of \$500,000 in increments of \$10,000, not to exceed 7x employee's annual salary – subject to Evidence of Insurability
Spouse Term Life AD&D	<b>Guarantee Issue Amount: \$50,000</b>
	Maximum amount of \$200,000 in increments of \$5,000, not to exceed 100% of the employee's elected amount
Child(ren) Term Life AD&D	<b>Guarantee Issue Amount: \$10,000</b>
	Maximum amount of \$10,000 in increments of \$5,000
Important Things to Consider: <ul style="list-style-type: none"> <li>• Update your Beneficiary annually</li> <li>• You must elect coverage for yourself in order to elect coverage for your spouse or child(ren)</li> <li>• Spouse rates are based on employee's age</li> <li>• Age Reduction Schedule: 35% at age 65, 50% at age 70</li> </ul>	

**Speak with a Benefits Counselor for personalized rates.**

This summary does not interpret, extend, or change the plan in any way. The benefits that you receive are based upon the plan's official documents, not this guide or any other written or oral statement.



# Disability Insurance

## Voluntary Short Term Disability

Disability insurance is designed to cover a portion of your salary when you are unable to work due to an accident or illness. The unexpected could happen at anytime. If you suddenly didn't receive a paycheck, how would you pay your bills? It's important to consider that sick and vacation time will only go so far.

Short Term Disability	
Definition of Earnings	60% of weekly pre-disability earnings
Elimination Period	7 days Accident / 7 day Illness
Weekly Benefit	60% up to \$2,500 weekly maximum amount
Maximum Benefit Duration	Up to 12 weeks
Pre-Existing Limitation	Any diagnosis or treatment 3 months prior to effective date will have a 6-month benefit elimination period *Pre-ex applies to increased benefit amount

## Employer Paid Long Term Disability

4-Horn Management provides Long Term Disability coverage at **no cost to you** through Symetra. Long Term Disability plans provide long term income replacement security. This plan features return to work claim management programs focused on personalized claim service.

Long Term Disability	
Definition of Earnings	60% of W-2 annual earnings (1 year average)
Definition of Disability	2-year own occupation Duties and earnings
Elimination Period	90 days
Monthly Benefit	60% up to \$10,000 monthly maximum amount
Maximum Benefit Duration	Social Security Normal Retirement Age (SSNRA)
Pre-Existing Limitation	Any diagnosis or treatment 6 months prior to effective will have a 12-month benefit elimination period

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# Accident Benefits

Accidents happen every day. If you were injured from an accident, chances are you will have expenses that you were not anticipating - will you be prepared? Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident while not at work. The amount paid depends on the type of injury and care received. You have the option to elect Accident Insurance to meet your needs.

Emergency Benefits				
Emergency Room (per accident)	\$300			
Initial Physician's Visit (per accident)	\$300			
Ambulance Benefit Ground/Air	\$300 / \$1,500			
Hospitalization Benefits				
Hospital Admission (per accident)	\$2,000			
Hospital Admission ICU ( per accident)	\$4,000			
Hospital Confinement – daily	\$800			
Hospital Confinement ICU – daily (up to 30 days per accident)	\$1,600			
Rehabilitation Unit per day (up to 90 days per accident)	\$150			
Outpatient Benefits				
Follow-up Treatment (per accident)	\$100			
Major Diagnostic Imaging (per accident)	\$300			
Medical Equipment (per accident)	\$250			
Physical Therapy (up to 10 visits per accident)	\$50			
Benefits For Specific Injuries				
Coma	\$15,000			
Concussion	\$200			
Fractures	Up to \$3,000			
Dislocations	Up to \$3,000			
Lacerations	Up to \$600			
Burns	\$100 - \$15,000			
Wellness Benefit	\$125 per covered person			
Accidental Death / Dismemberment				
	Employee 100%/Spouse 50%/Child 25%			
Accidental Death Benefit	\$50,000			
Accidental Death Common Carrier	\$100,000			
Double Dismemberment	\$50,000			
Travel				
Lodging (up to 30 nights)	\$150 per night			
Transportation (3 trips per accident)	\$600 per trip			
Symetra Accident	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
<b>Bi-Weekly Cost</b>	\$6.84	\$11.22	\$13.41	\$20.93

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# Critical Illness Benefits

Could your bank account survive a serious illness? While most medical plans provide coverage for hospital and medical expenses, they don't typically cover costs like daily living expenses, childcare, or copays. Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered illness or condition. You have the option to elect Critical Illness Insurance to meet your needs.

## How does it work?

If you're diagnosed with an illness that is covered by this insurance, you can receive a benefit payment in one lump sum. You can use the money however you want.

Benefits	Critical Illness with Cancer
Initial Diagnosis	\$10,000, \$20,000, \$30,000 or \$40,000
Maximum Guarantee Issue	All GI (EE + SP)
Heart Attack	100%
Sudden Cardiac Arrest	100%
Stroke	100%
Major Organ Failure	100%
Coronary Artery Disease requiring surgery or Angioplasty	50%
End Stage Renal Failure	100%
Invasive Cancer	100%
Minor Cancer	50%
Skin Cancer	\$500
Permanent Paralysis	100%
Coma	100%
Benign Brain Tumor	100%
Advanced Alzheimer's Disease	100%
ALS (Lou Gehrig's Disease)	100%
Parkinson's Disease	100%
Advanced Multiple Sclerosis	100%
Severe Burns	100%
Dementia	100%
Wellness Benefit	\$125 per covered person

**Speak with a Benefits Counselor for personalized rates.**

Critical Illness Benefit Amounts: Employee 100%, Spouse 100%, Child(ren) 25%

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# Hospital Indemnity Benefits

An injury or illness can land you in the hospital for a night or two—or even longer. If that happens, unexpected costs from deductibles, copays or coinsurance, as well as non-medical expenses like child care or transportation, could take a serious toll on your family’s financial health. That’s where hospital indemnity insurance comes in. It’s offered through your work and can reduce the burden of a hospital stay by helping cover the cost.

## How does it work?

Hospital indemnity insurance pays a fixed dollar amount per day for services and supplies you receive during a hospital stay, up to a maximum number of days each year. Stays in a mental health, substance abuse or nursing facility are also covered.

There are no preexisting condition limitations, no health questions to answer and no medical tests to take. You’re paid the full per-day benefit no matter what other insurance you have.

Inpatient Hospital Benefits 500 days lifetime maximum		Benefit Amount		
Initial Hospital Admission (following 24-hour inpatient confinement)		\$1,250		
Daily Benefit for Hospital Confinement (day 2+)		\$250 per day 365 incidents per person, per policy		
Initial Hospital Admission ICU (following 24-hour inpatient confinement)		\$1,250		
Daily Benefit for Hospital Confinement ICU (day 2+)		\$500 per day 30 incidents per person, per policy		
Substance Abuse, Mental Health or Nursing Facility		\$100 per day up to 30 days per person, per policy		
Wellness Benefit		\$125 per covered person		
Policy Provisions				
Benefit Waiting Period		None		
Pregnancy Limitation Period		None		
Age - Based Benefit Reduction		None		
Pre-Existing Condition Limitation		None		
Termination Age		None		
Portability / Continuation		Included		
Symetra Hospital Indemnity	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
<b>Bi-Weekly Cost</b>	\$12.60	\$26.84	\$20.64	\$37.37

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Identifying an illness before it requires emergency medical attention can help keep you out of the hospital. Fortunately, through your Accident, Critical Illness, and/or Hospital Indemnity coverage – you can receive a financial benefit when you and your covered family members are proactive about health exams and assessments. After completing one of the following wellness screenings, just give us a call or send us an email and let us know the name of the insured, the type of screening, and the date the screening was completed.

## Contact Us:

Call 1-800-497-3699  
Monday–Friday  
7:30 a.m. to 6 p.m. ET

sbclaims@symetra.com  
symetra.com/MyGO

Mailing address: P.O. Box  
440 Ashland, WI 54806  
Fax: 715-682-5919

## Wellness Benefit Amount:

**\$125 employee**  
**\$125 covered spouse**  
**\$125 covered child(ren)**

## Policy#: 12998000

Policyholder:  
LD Services dba 4-Horn  
Management LLC

You can submit claims  
online at  
**Symetra.com/MyGO.**  
Simply use the policy  
information above to self-  
register and create an  
account.

## Eligible Wellness Screenings

- Abdominal aortic aneurysm ultrasonography
- Blood test for lipids, including total cholesterol, LDL, HDL and triglycerides
- Bone density screening
- Bone marrow testing
- Breast MRI
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- Carotid Doppler
- CEA (blood test for colon cancer)
- Chest X-ray
- Child sports physicals
- Colonoscopy or virtual colonoscopy
- COVID-19 (PCR, rapid, antibody)
- CT angiography
- Electrocardiogram
- Fasting blood glucose test
- Flexible sigmoidoscopies
- Mammograms
- Pap test
- Prostate-specific antigen(PSA) test
- Serum cholesterol test to determine level of HDL and LDL
- Stress test on a bicycler treadmill
- Testicular ultrasound
- Thermography
- Thin Prep Pap test

### FAQs

**How do I let Symetra know I had a wellness screening?** It's easy. Give us a call or send us an email and let us know three things: the name of the insured, the type of screening, and the date the screening was completed. You can also submit a claim through [symetra.com/MyGO](https://symetra.com/MyGO). Once you've created an account and logged in, click **Submit my claim** and add any required information. You can also upload any relevant documentation from a desktop computer or mobile device.

**Is there another way to file my wellness benefit claim?** Yes. You can also send claims by mail or fax. Please use the contact information on the first page and we'll be happy to assist.

**Who can receive a wellness benefit?** Anyone covered under your plan is eligible for these benefits. Please review your enrollment information for more details.

**How often can I receive a wellness benefit?** This benefit is payable once per insured, per calendar year.

**What if I have a screening that qualifies for benefits under more than one of my Symetra plans?** If you have multiple coverages with Symetra, we'll automatically cross-check to see if you're eligible for more than one benefit and submit the claim on your behalf.



# Wellness Program 2025

Take these steps toward improving your health and avoid paying an additional amount on your health care premiums in 2026:

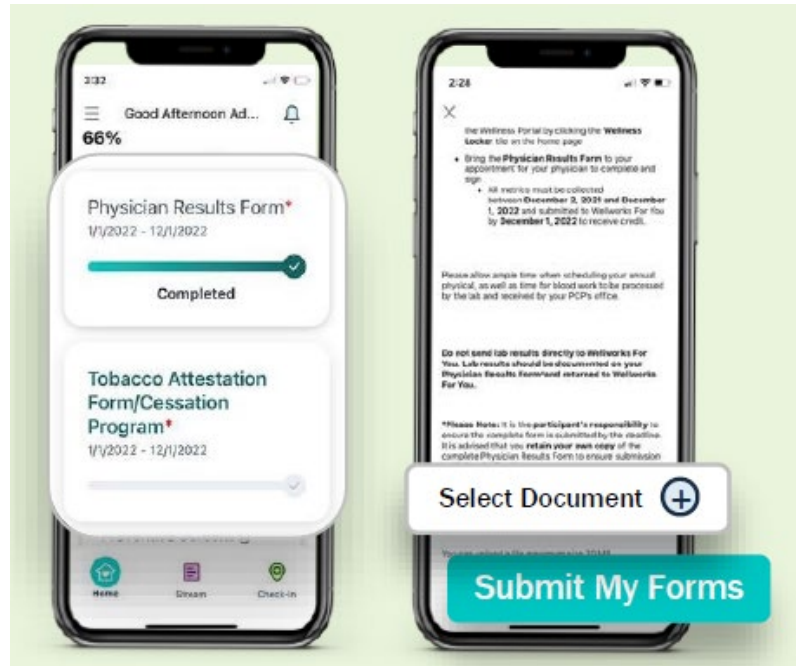
1. See your Primary Care Physician between 11/1/2024 and 10/31/2025
2. Have your doctor complete the well visit and appropriate age/gender related preventative testing
3. Keep record of this visit for verification, if necessary
4. Employees participating in the 4-Horn Wellness Program will save \$650 annually in medical premiums and will also earn 2 hours of sick time. Non-participating employees will have higher costs for 2026.

**If you are a new hire, hired after 7/1/2025, you will automatically receive the premium differential. To retain this premium differential going forward, you will need to participate in the 4-Horn Wellness Program.**

4-Horn Management – 2025 Wellness Program | Phone: 800.425.4657 | [www.wellworksforyoulogin.com](http://www.wellworksforyoulogin.com)



Follow the steps in your WellWorks wellness guide to access the app or portal with your own login. Upload your physician documented results via the mobile app or web portal. Contact the Wellness Team with any questions.



**Wellworks** For You  
**Wellness Program**



# Annual Notices

## IMPORTANT PATIENT PROTECTION AND AFFORDABLE CARE ACT NOTICES, ERISA NOTICES AND CONTACTS FOR MORE INFORMATION

The legal notices describe important rights that you have under the terms of the **4-Horn Management, LLC** Health Plan. They are accessible on your ADP portal. If you need a printed copy of these notices or have any questions about them, you may contact:

### Your Employer Representative Nicole Rankin

HR Manager 281-547-1187

[nrankin@4hornmgmt.com](mailto:nrankin@4hornmgmt.com)

or by mail at

**4-Horn Management, LLC** 8003 Red Bluff Road Pasadena, TX 77507

### Important Legal Notices

- CHIPRA Notice (Children's Health Insurance Program Reauthorization Act)
- WHCRA Notice (Women's Health and Cancer Rights Act)
- Patient Protection Choice of Providers
- HIPAA Special Enrollment Rights Notice
- Medicare Creditable & Non-Creditable Notices





# Important Contacts

Benefit	Contact/Carrier	Phone	Website/Email
Human Resources	Nicole Rankin	281-241-1187	<a href="mailto:Nrankin@4hornmgmt.com">Nrankin@4hornmgmt.com</a>
Medical	BCBS of TX #400945 & #400946	800-599-2583	<a href="http://www.bcbstx.com">www.bcbstx.com</a>
Health Savings Account	HSA Bank	855-731-5221	<a href="http://www.hsabank.com">www.hsabank.com</a>
Health Reimbursement & Flexible Spending Accounts	WEX #35806	Enrolled: 866-451-3399 Before enrollment: 844-561-1337	<a href="http://www.wexinc.com">www.wexinc.com</a>
Dental	BCBSTX #330957	800-247-4695	<a href="http://www.bcbstx.com">www.bcbstx.com</a>
Vision (EyeMed)	BCBSTX #VF027068	800-247-4695	<a href="http://www.eyemed.com">www.eyemed.com</a>
Life and AD&D	Symetra #01-0210301-00	877-377-6773	<a href="http://www.Symetra.com/MyGO">www.Symetra.com/MyGO</a>
Voluntary Life and AD&D	Symetra #01-0210301-00	877-377-6773	<a href="http://www.Symetra.com/MyGO">www.Symetra.com/MyGO</a>
Short Term Disability	Symetra #01-0210301-00	877-377-6773	<a href="http://www.Symetra.com/MyGO">www.Symetra.com/MyGO</a>
Long Term Disability	Symetra #01-0210301-00	877-377-6773	<a href="http://www.Symetra.com/MyGO">www.Symetra.com/MyGO</a>
Accident Insurance	Symetra #01-0210301-00	877-377-6773	<a href="http://www.Symetra.com/MyGO">www.Symetra.com/MyGO</a>
Critical Illness Insurance	Symetra #01-0210301-00	877-377-6773	<a href="http://www.Symetra.com/MyGO">www.Symetra.com/MyGO</a>
Hospital Indemnity Insurance	Symetra #01-0210301-00	877-377-6773	<a href="http://www.Symetra.com/MyGO">www.Symetra.com/MyGO</a>
Wellness Program	WellWorks #13195	800-425-4657	<a href="http://www.wellworksforyoulogin.com">www.wellworksforyoulogin.com</a>







[www.4hornemployeebenefits.com](http://www.4hornemployeebenefits.com)



*The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by your employer. The text contained in this Summary was taken from various summary plan descriptions and benefits information. While every effort was taken to report your benefits, discrepancies or errors accurately are always possible. In case of a discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this Summary, contact Human Resources.*

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