

2026

BENEFITS GUIDE





Table of Contents

| | | | |
|------------|------------------------------|-----------|------------------------------------|
| 3 | Welcome to Your Benefits | 16 | Health Reimbursement Account (HRA) |
| 4 | Benefit Contacts | 17 | Flexible Spending Account (FSA) |
| 5 | Eligibility & Enrollment | 18 | Dental |
| 6-9 | Medical/Rx Benefits | 19 | Vision |
| 10 | Prescription Benefits | 20 | Life and AD&D |
| 11 | Medical Plan Resources | 21 | Disability |
| 12 | Where to go for Care | 22 | Accident |
| 13 | BCBS Value Added Services | 23 | Critical Illness |
| 14 | MDLive Virtual Visits | 24 | Hospital Indemnity |
| 15 | Health Savings Account (HSA) | 26 | Wellness Plan |

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by 4-Horn Management. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of 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.

Welcome to Your 2026 Benefits

At 4-Horn Management, we believe our people are our greatest asset. That's why we are dedicated to offering a comprehensive employee benefits program designed to support you and your families in staying healthy, feeling secure, and achieving a balanced work/life lifestyle. We encourage everyone—no matter your role—to actively participate and find real value in our health and welfare initiatives. When you engage with our program, you're not only investing in your own well-being but also strengthening the health and success of our entire team. Together, we thrive. We're In It Together.

New Hires

New hires are eligible to enroll the first of the month following 30 days of employment. As a new hire, you have 30 days from your date of hire to enroll in benefits. Your benefits will continue through December 31st. If you do not enroll in benefits within the 30 day enrollment period, you will not have coverage and will not be allowed to enroll until Open Enrollment.

Open Enrollment

Open Enrollment is your annual opportunity to elect benefits and/or make changes to your existing benefits. It generally occurs in October or November of each year. Your elections will take effect on January 1, 2026. It is important that you make your benefit elections within the Open Enrollment period. If you do not make your elections during the timeframe allowed, you will not have coverage and will not be allowed to enroll until the following Open Enrollment.

Your Responsibilities

- Review this booklet in its entirety and determine which benefits are best for you and your family and which dependents you wish to cover.
- Gather all information for requested dependent coverage including marriage license or proof of co-dependency for spouse or domestic partner coverage, and birth or adoption certificates for child dependent coverage. Additional information needed is copies of Social Security numbers for all dependents being added.
- Log in to ADP during your enrollment window
- Select your benefits, review your selections, and submit via the ADP portal.



Benefit Contacts

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



Eligibility

All full-time 4-Horn Management employees working at least 30 hours per week are eligible for benefits. As a new hire, you are eligible for benefits on the first day of the month following 30 days of employment. Additionally, you will enroll during the Open Enrollment period for a January 1st effective date.

You may enroll the following eligible dependents in our group benefit plans:

- Your legal spouse
- Your natural, adopted or stepchildren up to age 26
- Unmarried children of any age if disabled and claimed as a dependent on your federal income taxes

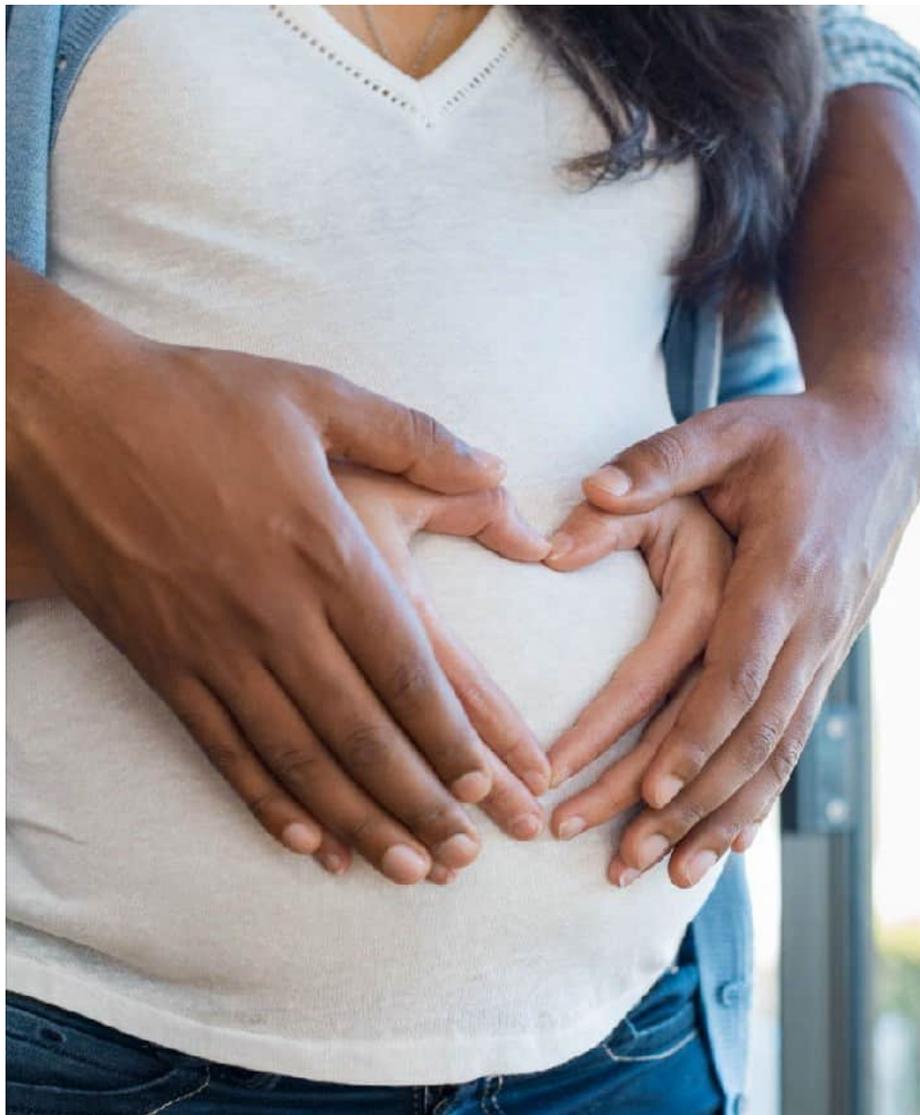
If you are enrolling dependents, please include all dependent information including date of birth and Social Security number. This information is required by all carriers for enrollment. If you have questions about this process, please call HR at 281-241-1187.

Making Changes To Your Benefits

Outside of your initial New Hire or Open Enrollment period, changes to your benefits can only be made throughout the year within 30 days of a qualifying life event. Examples of a qualifying life event include:

- Marriage, divorce, legal separation
- Birth or adoption of a child
- Change in your or your spouse's work status that affects your benefits or an eligible dependent's benefits
- Change in health coverage due to your spouse's annual Open Enrollment period
- Change in eligibility for you or a dependent for Medicaid or Medicare
- Receipt of a Qualified Medical Child Support Order or other court order

To see a full list, or to report a life event, contact Human Resources. Documentation must be provided. You must make changes to your coverage within 30 days of the event date and the change must be consistent with the life event.



Medical Benefits

4-Horn Management employees have the choice between three medical plans offered through BlueCross BlueShield of Texas: traditional PPO plans and a High Deductible Health Plan (HDHP) that is compatible with a Health Savings Account (HSA). All plans offer services through the Blue Choice Network.

With the PPO plans, you pay a copay for office visits and other covered services are paid by the plan coinsurance once you reach your deductible. With the HDHP, you are able to set aside pre-tax dollars in a Health Savings Account to pay for your deductible and other out-of-pocket costs. Once you satisfy your calendar year deductible, the plan pays for in-network office visits and all other covered services.

All plans offer preventive care at 100%, an out-of-pocket maximum to protect you should a catastrophic event occur, and out-of-network coverage when needed. Although out-of-network coverage is available, using network providers will save you money. You can find BCBS providers online at bcbstx.com.

Prescription Drug Benefits

When you enroll in a BCBS medical plan, you are automatically enrolled in prescription drug coverage. Prescription drug coverage is one of the most valuable, but also one of the most expensive benefits offered. Always discuss lower cost alternatives, like generics, with your physician and check the insurance company's website for a complete drug list at bcbstx.com.

Preventive Care

We encourage you and your dependents to have annual wellness exams. Most preventive exams and well-child exams (including immunizations) are covered at 100% under the plans. Preventive exams can detect if you are at risk for, or already have, a chronic disease that may be preventable. Talk to your health care provider to find out which screenings are recommended for you and when you need them.



Medical Plan Comparison

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 |
| Calendar Year Deductible Individual / Family | \$5,000 / \$10,000 | \$10,000 / \$20,000 |
| Coinsurance (you pay) | 0% | 30% |
| Out-of-pocket Maximum Individual / Family | \$5,000 / \$10,000 | Unlimited / Unlimited |
| Physician Office Visit Primary Care/ Specialist | No cost after deductible | 30% after deductible |
| Preventive Care Routine Physicals and Immunizations | No cost | 30% after deductible |
| Diagnostic Testing (x-ray, labs) | No cost after deductible | 30% after deductible |
| Imaging (CT, MRI, PET, Nuclear Medicine) | No cost after deductible | 30% after deductible |
| Hospital Services Inpatient/ Outpatient | No cost after deductible | 30% after deductible |
| Emergency Room Services | No cost after deductible | |
| Urgent Care Services | No cost after deductible | 30% after deductible |
| Prescription Drugs | Preferred Pharmacy / Non-Preferred Pharmacy | Non-participating Pharmacy |
| Generic (mandatory) | No cost after deductible | 50% after deductible |
| Brand | No cost after deductible | 50% after deductible |
| Specialty | No cost after deductible | 50% after deductible |
| Mail Order | No cost after deductible | Not Covered |

| | Bi-Weekly Payroll Deductions | Employer Bi-Weekly HSA Contribution |
|------------------------------|------------------------------|-------------------------------------|
| Employee | \$0.00 | \$25.00 |
| Employee + Spouse | \$258.94 | \$75.00 |
| Employee + Child(ren) | \$241.01 | \$75.00 |
| Employee + Family | \$499.97 | \$75.00 |

Medical Plan Comparison

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| Silver Plan | | |
|---|--|-----------------------------------|
| | In-Network | Out-of-Network |
| Calendar Year Deductible Individual / Family | \$3,000 / \$9,000 | \$6,000 / \$18,000 |
| Coinsurance | 30% | 50% |
| Out-of-pocket Maximum Individual / Family | \$7,350 / \$14,700 | Unlimited / Unlimited |
| Physician Office Visit Primary Care/ Specialist | \$50 Copay / \$100 Copay | 50% after deductible |
| Preventive Care Routine Physicals and Immunizations | No Cost | 50% after deductible |
| Diagnostic Testing (x-ray, labs) | 30% after deductible | 50% after deductible |
| Imaging (CT, MRI, PET, Nuclear Medicine) | 30% after deductible | 50% after deductible |
| Hospital Services Inpatient/ Outpatient | 30% after deductible | 50% after deductible |
| Emergency Room Services | \$500 Copay + Deductible + 30% coinsurance | |
| Urgent Care Services | \$75 Copay | 50% after deductible |
| Prescription Drugs | Preferred Pharmacy / Non-Preferred Pharmacy | Non-Participating Pharmacy |
| Preferred Generic | \$0 / \$10 Copay | \$10 Copay + 50% |
| Non-Preferred Generic | \$10 / \$20 Copay | \$20 Copay + 50% |
| Preferred Brand | \$50 / \$70 Copay | \$70 Copay + 50% |
| Non-Preferred Brand | \$100 / \$120 Copay | \$120 Copay + 50% |
| Preferred Specialty | \$150 Copay | \$150 Copay + 50% |
| Non-Preferred Specialty | \$250 Copay | \$250 Copay + 50% |
| Mail Order | 3x Preferred Pharmacy Copay | Not Covered |

| | Bi-Weekly Payroll Deductions | Employer Bi-Weekly HRA Contribution |
|------------------------------|------------------------------|-------------------------------------|
| Employee | \$49.22 | \$25.00 |
| Employee + Spouse | \$374.14 | \$50.00 |
| Employee + Child(ren) | \$351.63 | \$50.00 |
| Employee + Family | \$676.62 | \$50.00 |

Medical Plan Comparison

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| Gold Plan | | |
|---|--|-----------------------------------|
| | In-Network | Out-of-Network |
| Calendar Year Deductible Individual / Family | \$1,000 / \$3,000 | \$2,000 / \$6,000 |
| Coinsurance (you pay) | 20% | 40% |
| Out-of-pocket Maximum Individual / Family | \$4,000 / \$12,000 | \$8,000 / \$24,000 |
| Physician Office Visit Primary Care / Specialist | \$30 Copay / \$60 Copay | 40% after deductible |
| Preventive Care Routine Physicals and Immunizations | No cost | 40% after deductible |
| Diagnostic Testing (x-ray, labs) | 20% after deductible | 40% after deductible |
| Imaging (CT, MRI, PET, Nuclear Medicine) | 20% after deductible | 40% after deductible |
| Hospital Services Inpatient / Outpatient | 20% after deductible | 40% after deductible |
| Emergency Room Services | \$500 Copay + Deductible + 20% coinsurance | |
| Urgent Care Services | \$75 Copay | 40% after deductible |
| Prescription Drugs | Preferred Pharmacy / Non-Preferred Pharmacy | Non-Participating Pharmacy |
| Preferred Generic | \$0 / \$10 Copay | \$10 Copay + 20% |
| Non-Preferred Generic | \$10 / \$20 Copay | \$20 Copay + 20% |
| Preferred Brand | \$50 / \$70 Copay | \$70 Copay + 20% |
| Non-Preferred Brand | \$100 / \$120 Copay | \$120 Copay + 20% |
| Preferred Specialty | \$150 Copay | \$150 Copay + 20% |
| Non-Preferred Specialty | \$250 Copay | \$250 Copay + 20% |
| Mail Order | 3x Preferred Pharmacy Copay | Not Covered |

| | Bi-Weekly Payroll Deductions |
|------------------------------|------------------------------|
| Employee | \$158.89 |
| Employee + Spouse | \$631.28 |
| Employee + Child(ren) | \$598.55 |
| Employee + Family | \$1,071.02 |

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.

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 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 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.



Medical Plan Resources

Blue Access for MembersSM

Get information about your health benefits, anytime, anywhere. Use your computer, phone or tablet to access the Blue Cross and Blue Shield of Texas (BCBSTX) secure member website, Blue Access for Members (BAMSM).

With BAM, you can:

- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Locate a doctor or hospital in your plan's network
- Find Spanish-speaking providers
- Request a new ID card or print a temporary one

To get started, visit bcbstx.com/member and click "Register Now." Use the information on your BCBSTX ID card to complete the registration process. Text BCBSTXAPP* to 33633 to get the BAM mobile app and access your information anytime, anywhere on the go.

*Message and data may apply

Provider Finder

Provider Finder from BlueCross and BlueShield of Texas (BCBSTX) is a fast, easy-to-use tool to find your next health care provider. Plus, it can help you manage health care costs.

Go to bcbstx.com and login in or create a Blue Access for MembersSM (BAMSM) account and click on the Doctors and Hospitals tab in Provider Finder to:

- Find Blue Choice in-network providers, hospitals, laboratories and more.
- Search by specialty, ZIP code, language spoken, gender and more.
- See clinical certifications and recognitions.
- Estimate the out-of-pocket costs of more than 1,600 health care procedures, treatments and tests.
- Use quality awards such as Blue Distinction® Center (BDC), BDC+ or Total Care to inform your choices.
- See side-by-side provider or facility quality ratings and patient reviews.



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 Value Added Services

| BCBS of TX Program | What is it for? | Contact Information |
|--|---|--|
| MDLIVE Virtual Visits | <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</p> <p>Go to MDLIVE.com/bcbstx</p> <p>Text BCBSTX to 635-483</p> <p>Download the MDLIVE app</p> |
| Livongo for Diabetes Management | <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> |
| Omada for Diabetes and Heart Disease Prevention | <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> |
| Hinge Health for Chronic Back and Joint Pain | <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> |
| Special Beginnings Maternity Program | <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 Plan Resources

MDLive Virtual Visits

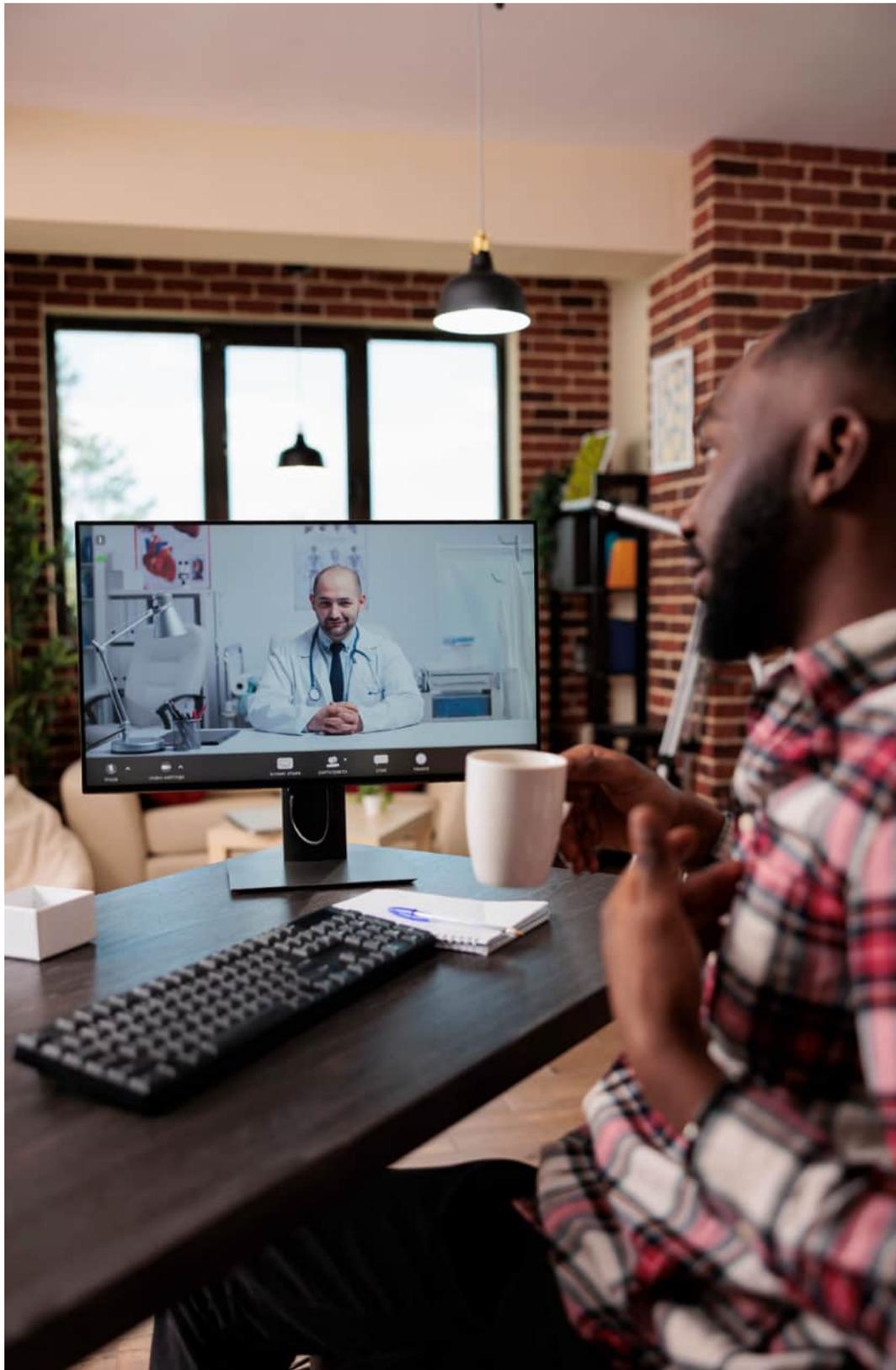
MDLIVE, a leading virtual visits vendor, lets you visit independently contracted MDLIVE board-certified doctors when you may need care. They may help treat non-emergency medical and pediatric health issues. Plus, they can write and send prescriptions to a nearby pharmacy (when appropriate).

You may want to have a virtual visit:

- Instead of going to the ER or urgent care for non-emergency visits
- If your doctor is booked
- While at home, work or on-the-go

Check your benefit book for availability and costs or call the Customer Service number shown on the back of your BlueCross and BlueShield of Texas (BCBSTX) member ID card.

Visit mdlive.com/bcbstx to register and learn more.



Health Savings Account (HSA)

When you enroll in the High Deductible Health Plan (HDHP), you are eligible to open a Health Savings Account (HSA) through HSA Bank and have pre-tax dollars deducted from your paycheck and deposited into this account. Here is how an HDHP with an HSA works:

1. **Deductible** - You must meet the entire deductible before the plan starts to pay your medical and prescription drug benefits (excluding in-network preventive care).
2. **Coinsurance** - 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. **Out-of-Pocket Maximum** - 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. **Health Savings Account (HSA)** - 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.

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!

HSA Advantages

- Pre-tax savings – never pay federal government taxes on your HSA funds as long as you spend the money on eligible IRS 213(d) health care expenses (medical, dental, vision).
- Unused funds carry over from year to year and can build over time.
- You have complete control over how and when funds are used.
- Balances over a certain amount may have investment opportunities.
- Funds remaining in your account after you reach the age of 65 can be used for non-medical expenses with ordinary taxes paid, similar to a 401(k).
- HSAs are portable; if you leave 4-Horn Management you can take the account and all funds in it with you.

Maximum Contributions

In 2026 the IRS adjusted annual maximum contributions between you and 4-Horn Management to:

- Single coverage \$4,400
- Family coverage \$8,750
- Persons 55 and older may set aside an additional \$1,000

For more information and to see a complete list of eligible expenses, visit hsabank.com.

| Coverage Level | IRS Maximum | 4-Horn Management Contribution | Employee Max Contribution |
|----------------|-------------|--------------------------------|---------------------------|
| Single | \$4,400 | \$650 | \$3,750 |
| Family | \$8,750 | \$1,950 | \$6,800 |

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.
- Unused HRA benefits do not roll over to subsequent plan years and may not be cashed out or used for any other 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.
- Below 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

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

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

Flexible Spending Account (FSA)

With a Flexible Spending Account (FSA), you can set aside pre-tax dollars to pay for out-of-pocket expenses incurred for either health care or dependent day care expenses. Because the amount you elect is taken on a pre-tax basis, you can save up to an estimated 25% of your out-of-pocket expenses.

You must elect the annual amount you wish to contribute each year. You may participate in both a Health Care FSA and Dependent Care FSA.

These accounts are administered by WEX.



HEALTH CARE FSA – \$3,400 IRS ANNUAL MAXIMUM

Based on your estimated amount of out-of-pocket expenses, the annual amount you elect is evenly deducted out of each paycheck throughout the year. This account may be used to pay for your deductible, copays and other eligible medical, dental and vision expenses. Use your Paylocity debit card or submit a claim for reimbursement. Once you have elected your FSA amount, you may not change it without a qualifying life event.

DEPENDENT CARE FSA – \$7,500 IRS ANNUAL MAXIMUM

A Dependent Care FSA is available to employees to pay for care expenses for children aged 12 and under or an adult who is unable to care for themselves for you and your spouse to be able to work. Eligible expenses include daycare centers, preschools, after school programs, and day camps. The 2026 IRS maximum contribution to your Dependent Care FSA is \$7,500 for married filing jointly and \$3,750 for filing separately.

FSA REMINDERS

- “Use it or lose it” - unused health care amounts or dependent care funds will be forfeited, so estimate wisely.
- You cannot mix funds from one account to another. You may only use Health Care FSA money for health care expenses and Dependent Care FSA for funds for dependent care (day care) expenses.
- Save your receipts. No matter how you access your FSA funds, be sure to keep your receipts to validate your reimbursements.
- Any outstanding claims incurred during the previous year must be submitted within 75 days of January 1st of the new plan year in order to be processed.
- You can incur expenses only during the plan year you are enrolled.
- Your entire Health Care FSA balance – even money you have not yet contributed – is available as of January 1st. Dependent care funds are only available as you contribute to them through payroll deductions.
- You must re-enroll each year if you wish to continue funding the account(s).
- Employees enrolled in an HDHP + HSA may use FSA funds for dental and vision expenses only

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/find-a-dentist>.



| Services | Dental PPO – MAC | | Dental PPO – 90th | |
|--|---|--------------------------------|---|--------------------------------|
| | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Calendar Year Deductible (Waived for preventive) | \$50 individual / \$150 family | \$50 individual / \$150 family | \$50 individual / \$150 family | \$50 individual / \$150 family |
| Preventive Care (Exams, X-rays, cleanings) | No Cost | 0%* | No Cost | 0%* |
| Basic Services (Extractions, fillings, Endodontics / Periodontics) | 0% after deductible | 0% after deductible* | 20% after deductible | 20% after deductible* |
| Major Services (Crowns, bridges, dentures) | 40% after deductible | 40% after deductible* | 50% after deductible | 50% after deductible* |
| Annual Max Benefit | \$1,500 | \$1,500 | \$1,500 | \$1,500 |
| Orthodontic Services (Child only to age 19) | Plan pays 50% of billed charges up to an overall maximum benefit of | | Plan pays 50% of billed charges up to an overall maximum benefit of | |
| Out-of-Network Reimbursement | MAC | | UCR - 90th Percentile | |

| | Bi-Weekly Payroll Deductions |
|------------------------------|------------------------------|
| Employee | \$0.00 |
| Employee + Spouse | \$12.62 |
| Employee + Child(ren) | \$20.05 |
| Employee + Family | \$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.

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 | Out-of-Network |
|---|--|---------------------|
| Eye Exam (Available every 12 months) | \$10 copay | Up to \$30 |
| Materials | \$25 copay | Reimbursement below |
| Frames (Available every 24 months) | \$130 allowance 20% off amount over \$130 | Up to \$65 |
| Lenses (Available every 12 months) | | |
| Single Vision | \$25 copay | Up to \$25 |
| Lined Bifocal | | Up to \$40 |
| Lined Trifocal | | Up to \$55 |
| Lenticular | | Up to \$55 |
| Contact Lenses (Available every 12 months) | | |
| Elective | \$130 allowance 15% off amount over \$130 | Up to \$104 |
| Medically Necessary | Paid in full | Up to \$210 |
| Extra Savings and Discounts | | |
| Laser Vision Correction - Average 15% off the regular price or 5% off the promotional price available from contracted facilities. | | |
| 40% off additional pair of prescription/non-prescription eyeglasses or sunglasses from a network provider | | |
| | Bi-Weekly Payroll Deductions | |
| Employee | \$0.00 | |
| Employee + Spouse | \$2.82 | |
| Employee + Child(ren) | \$3.13 | |
| Employee + Family | \$6.08 | |



Life and AD&D

Basic Life and AD&D Insurance

THIS IS AN EMPLOYER-PAID BENEFIT

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 Life and AD&D Insurance

4-Horn Management employees have the option to supplement their life insurance by purchasing additional amounts of coverage through Symetra. In addition, coverage may be purchased to cover a spouse and/or child (ren) after electing coverage for yourself.

EMPLOYEE:

Increments of \$10,000 up to 7x annual earnings to a maximum of \$500,000.

Guarantee Issue: \$250,000

LEGAL SPOUSE:

Increments of \$5,000 up to maximum of \$200,000, not to exceed 50% of employee amount. Currently enrolled spouses elections in increments of \$5,000 without EOI.

Guarantee Issue: \$50,000

CHILD(REN):

\$10,000 maximum

Guarantee Issue: \$10,000

The Guarantee Issue (GI) is the highest coverage that you or dependents may elect without completing an Evidence of Insurability (EOI) form. The benefit amount over the GI level will not go into effect until your EOI has been reviewed and approved and payroll deductions have begun. If you are currently enrolled in voluntary term life insurance, you may increase your coverage by up to two increments (up to \$10,000) without needing to complete Evidence of Insurability (EOI), up to the guaranteed issue amount.



Disability Benefits

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. If you previously waived the Short-Term Disability (STD) benefit and choose to enroll during this open enrollment, the coverage will not become effective until your Evidence of Insurability (EOI) has been reviewed and approved, and payroll deductions have started.

| 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 |



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 |

Bi-Weekly Rates

| | Employee Only | Employee + Spouse | Employee + Children | Employee+ Family |
|--|---------------|-------------------|---------------------|------------------|
| | \$6.84 | \$11.22 | \$13.41 | \$20.93 |

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 |

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.

| 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 |

| | Bi-Weekly Payroll Deductions |
|------------------------------|-------------------------------------|
| Employee | \$11.45 |
| Employee + Spouse | \$24.40 |
| Employee + Child(ren) | \$18.77 |
| Employee + Family | \$33.97 |

Symetra Wellness Benefits

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 \$125 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 (800) 497-3699, send us an email at sbclaims@symetra.com, or submit online and let us know the name of the insured, the type of screening, and the date the screening was completed.

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. 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

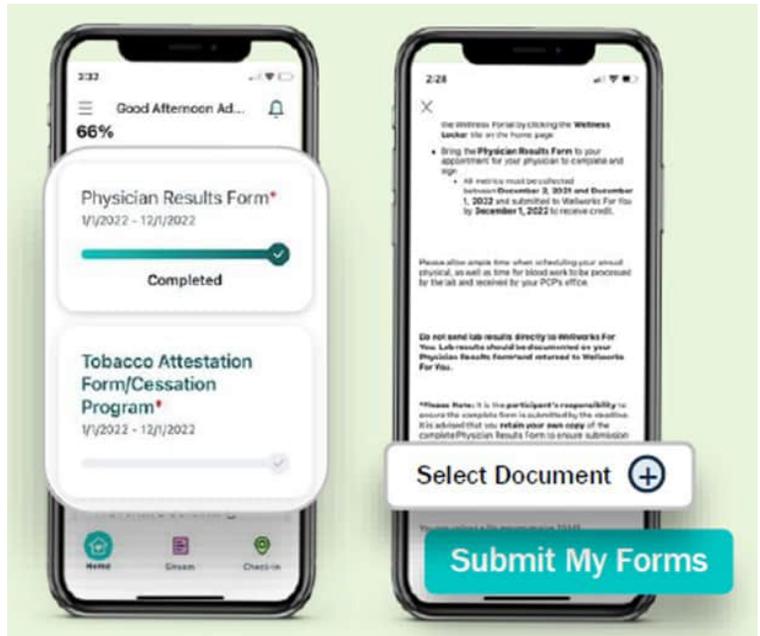
Take these steps toward improving your health and avoid paying an additional amount on your health care premiums in 2026:

1. See your Primary Care Physician between 11/1/2025 and 10/31/2026
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 7/1/2026, 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.



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.



4-Horn Management – 2026 Wellness Program | Phone: 800.425.4657 | www.wellworksforyoulogin.com

Wellworks For You
Wellness Program



Legal 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

or by mail at **4-Horn Management, LLC** 8003 Red Bluff Road Pasadena, TX 77507

Important Legal Notices

- Medicare Part D
- WHCRA Enrollment/Annual Notice
- Newborns' Act Disclosure
- General Notice of COBRA Continuation Coverage Rights
- Special Enrollment Notice
- Notice of Privacy Practices
- Your Rights and Protections Against Surprise Medical Bills
- CHIP Notice
- Summary of Benefits and Coverage (SBC)





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 accurately, discrepancies or errors 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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