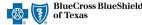


Side by Side Comparison - Prepared for: LKN Horizon LLC DBA Horizon Transportation

Coverage Type:

Medical Composite

Effective Date: 1/1/2023
 SIC Code: 4789 MIDLAND, TX (MIDLAND) Zip Code: 79706

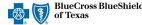


Blue Advantage Bronze HMO 833 -

B661ADT

HMO/2 - 50

Blue Advantage HMO

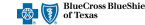


Blue Advantage Gold HMO 923 -

G9E5ADT

HMO/2 - 50

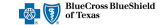
Blue Advantage HMO



Blue Choice Gold PPO 117 - G9L1CHC

PPO/2 - 50

Blue Choice PPO



Blue Choice Gold PPO 820 - G652CHC

PPO/2 - 50

Blue Choice PPO

- Deductible**
- Family Deductible**
- Coinsurance**
- Out-Of-Pocket**
- Office Visit**
- Specialty Doctor Office Visit**
- Inpatient Hospital Services**
- Lab**
- X-Ray**
- Advanced Imaging**
- Urgent Care**
- Emergency Room**
- RX**

	Blue Advantage HMO		Blue Advantage HMO		Blue Choice PPO		Blue Choice PPO	
	In	Out	In	Out	In	Out	In	Out
Deductible	\$8,550		\$1,250		\$2,000	\$4,000	\$1,500	\$3,000
Family Deductible	\$17,100		\$3,750		\$6,000	\$8,000	\$4,500	\$9,000
Coinsurance	100%		80%		80%	70%	80%	60%
Out-Of-Pocket	\$8,550 (\$17,100)		\$5,000 (\$10,000)		\$6,000 (\$17,100)	Unlimited	\$5,000 (\$10,000)	Unlimited
Office Visit	100% After Ded.		\$405 Copay		\$30 Copay	70% After Ded.	\$45 Copay	60% After Ded.
Specialty Doctor Office Visit	100% After Ded.		\$90 Copay		\$60 Copay	70% After Ded.	\$90 Copay	60% After Ded.
Inpatient Hospital Services	100% After Ded.		\$300 Copay + 80% After Ded.		\$150 Copay + 80% After Ded.	70% After Ded.	80% After Ded.	60% After Ded.
Lab	100% After Ded.		80% After Ded.		80% After Ded.	70% After Ded.	80% After Ded.	60% After Ded.
X-Ray	100% After Ded.		\$150 Copay + 80% After Ded.		80% After Ded.	70% After Ded.	80% After Ded.	60% After Ded.
Advanced Imaging	100% After Ded.		\$200 Copay + 80% After Ded.		\$250 Copay	70% After Ded.	\$250 Copay	60% After Ded.
Urgent Care	100% After Ded.		\$75 Copay		\$75 Copay	70% After Ded.	\$100 Copay	60% After Ded.
Emergency Room	100% After Ded.		\$600 Copay + 80% After Ded.		\$300 Copay + 80% After Ded.	As INN	\$500 Copay + 80% After Ded.	As INN
RX	100% After Ded.		10/20/70/120/150/250		10/20/70/120/150/250		10/20/70/120/150/250	

The highlighted plans are the HMO plans that are offered. Should you elect the HMO plan you must have a Texas address!

This information is intended as a summary only; benefits may contain limitations and exclusions. Actual rates and benefits are based on actual enrollment, insurer-specific underwriting guidelines, utilization, and must be approved by the insurer. Rates and benefits cannot be guaranteed in advance and are subject to change by the insurer without notice. This is not a contract and does not replace the master or any other insurer documentation. Always refer to insurer publications to verify benefits and plan availability.

Proposal may include Medical plans that do not include Pediatric Dental Benefits; and according to the PPACA law, an employer must purchase a separate dental plan with Pediatric Dental from another carrier to meet the requirements. The employer can choose to purchase a dental plan with Pediatric Dental from another carrier but the Medical carrier may require an "attestation" from the employer that they have done this. The actual rates for this group will be determined by the carrier, only after submission of completed applications and may be based on a variety of underwriting factors. Monthly Cost Analysis is based on current census. It does not include any monthly fees.

Rates could represent either EE + 1 child or EE + multiple children depending on carrier rating guidelines. Please refer to Additional Plan Information section of proposal for details. Due to ACA related changes date of birth or age and gender of all dependents is required for the most accurate rating. In addition tobacco status is required by some of the carriers. If any assumptions were used, final enrollment may result in a change in the rates. Final rates are provided by the carrier. For any plans

added to the proposal with Manual Rates, please refer to the specific Carrier's Proposal for all disclaimers and notices.

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