



# Navigating Benefits, One Mile at a Time



**2026** Benefits Guide

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# What This Guide Covers

 This Guide Is Clickable

## Benefit Basics

- 3 Eligibility & Enrolling
- 4 Qualifying Life Events
- 5 Maximize Your Benefits
- 6 Which Benefits Are Available to You?

## Your Physical Health

- 7 Which Medical Plan Is Right for You?
- 8 Get to Know the Plans
- 9 Medical Plan Comparison
- 10 Prescription Drug Coverage
- 11 Where to Go for Care
- 12 Dental Coverage
- 13 Vision Coverage
- 14 Your Weekly Cost for Coverage

## Your Well Being

- 15 LivingWell Support Network
- 16 24/7 Support Resources
- 17 Virtual Care

## Your Financial Health

- 18 Health Savings Account (HSA)
- 19 Flexible Spending Accounts (FSAs)
- 20 HSA v. FSA: How to Choose
- 21 401 (k) Retirement Plan
- 23 Benefits That Support You
- 25 Supplemental Health Benefits
- 26 Life and AD&D Insurance
- 27 Disability Coverage

## Contacts & Resources

- 28 Learn the Lingo
- 29 Your Benefit Contacts

### Important Legal Notices

If you and/or your dependents have Medicare, or will be eligible for Medicare in the next twelve months, a federal law gives you more choices about your prescription drug coverage. Please see the corresponding section of the legal notices on **page 30** for more details.

### Look for the Icon

Throughout this guide, look for the megaphone icon for helpful tips, reminders and resources.



*In this Guide, we use the term company to refer to Love's Travel Stops & Country Stores. This Guide is intended to describe the eligibility requirements, enrollment procedures and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.*

# Eligibility & Enrolling

## Who Is Eligible?

- **You** – All active, regular team members
  - » Full-time: 30+ hours/week
  - » Part-time: Up to 30 hours/week
- **Your Legal Spouse** – Includes common-law spouse where recognized
- **Your Children** – Up to age 26, or any age if incapable of self-support due to a disability (certification required)

## When to Enroll or Make Changes?

- **As a New Hire** – Within 30 days of your hire date or when you become newly eligible (such as moving from part-time to full-time or a job change).
- **During Open Enrollment** – Once a year during the designated enrollment period.
- **After a Qualifying Life Event** – Within 30 days of the event. See [Qualifying Life Events](#) to learn more.

## Ready to Enroll?

You must enroll within 30 days of your hire or new eligibility date. The choices you make when you first become eligible are in effect for the remainder of the plan year (January 1 – December 31). It is important to review your benefit options and choose the best coverage for you and your family. Make your elections using one of these methods:

- Visit [TheHeartbeat](#)
  - » *Select Benefits*
  - » *Click Enroll in Benefits* (no login required)
- On the Pulse app
- Visit [LovesBenefits.com](#)
  - » Click *Register* to create your username and password and verify personal information.
  - » Log in using your username and password.
  - » Click *Start Here* to begin enrollment.
  - » Add dependents. Have birth dates and Social Security Numbers for your dependents handy.
  - » Select your benefit elections that best fit the needs of you and your family.
  - » Choose a beneficiary for any life insurance plans.
  - » When you are ready to confirm your elections, click *I Agree* on the confirmation step. **Your elections are not saved until you click I Agree.**

## Remember to Verify Your Dependents!

If you are enrolling new dependents, you must submit dependent documentation by **your enrollment deadline**, by one of the following methods:

1. Upload the documents on [LovesBenefits.com](#)
2. Email [dv@businessolver.com](mailto:dv@businessolver.com)
3. Fax **515-273-1545**












## Chat with Sofia

You can log in to your [LovesBenefits.com](#) and get **FREE** access to Sofia, a handy 24/7 chat tool to help you understand your plans.

# Qualifying Life Events

Life changes and your benefits can, too. Certain events allow you to update your coverage or add new dependents throughout the year. You have **30 days from the date of the event** to submit your benefit changes at **LovesBenefits.com** and provide the required verification documents.

Event Type		Documentation Required
 Marriage	➔	Marriage certificate
 Divorce or Legal Separation	➔	Divorce decree or legal separation papers
 Birth of a Child	➔	Birth certificate
 Adoption or Legal Guardianship	➔	Adoption papers or court guardianship documents
 Death of a Dependent	➔	Death certificate
 Loss or Gain of Other Health Coverage	➔	Employer or insurer documentation showing start or end date
 Employment Status Change (you or your spouse)	➔	Employer documentation showing status change and date
 Medicare or Medicaid Eligibility Change	➔	Proof of eligibility or termination letter
 Qualified Medical Child Support Order (QMCSO)	➔	Court order documentation

## Change in Employment Status?

Your employment status determines your benefit eligibility. A change from full-time to part-time, or vice versa, is a qualifying life event that gives you 30 days to review and update your benefits. Changes take effect the first of the month after your status change. It is your responsibility to review and update your benefits within 30 days of your employment status change, especially when transitioning from full-time to part-time, as medical coverage may be affected. See **page 6** for details on the benefits available to you.

**Example 1:** If you transition from a corporate position with company-paid Short-Term Disability (STD) coverage to a field team member position that offers voluntary STD, you have 30 days from the date of the change to enroll in the voluntary STD coverage.

**Example 2:** If you transition from a full-time team member position to a part-time team member position, or vice versa, you have 30 days from the date of the change to enroll in any newly eligible benefits.

# Maximize Your Benefits

Making the most of your benefits means getting the care you need while saving time and money. Take time to explore the benefit-boosting resources and tools below.

## Physical Care

### In-Network Providers

Visit in-network providers to receive high quality care for less.

- **BCBSTX Plans:** Find in-network providers at [bcbstx.com/loves](https://www.bcbstx.com/loves).
- **Surest Plan:** Use the Surest app or [surest.care/lovestravel](https://www.surest.care/lovestravel) to find a doctor.

### Free Preventive Care

#### Medical Care

Schedule your **FREE** in-network preventive screenings and visits in-person with your primary care doctor or virtually, through Teladoc.

#### Dental Cleanings

Regular cleanings do more than brighten your smile, they help catch early signs of gum disease, cavities and even health conditions like heart disease and diabetes.

#### Vision Exams

Getting an annual eye exam is essential for keeping your vision clear and detecting early signs of serious conditions. Even if you do not wear prescription glasses, regular vision exams can spot issues such as glaucoma, diabetes and high blood pressure.

## Discounts & Savings

### Wellness Premium Discount

Get your annual physical and attest to having a primary care provider (PCP), in MyWellPortal, by **October 31, 2026** to save on 2027 medical premiums.

### Tobacco-Free Discount

If you and everyone on your medical plan are tobacco-free (or complete a tobacco cessation program) you will save up to \$780 a year on your medical premiums!

### Prescriptions

Check the cost of prescriptions in the OptumRx app before you leave the doctor's office. Consider choosing a generic drug to save money on your prescription. Download apps like GoodRx and RxSaver to compare drug prices and find discounts.

### Critical Illness Insurance

Get protection against the financial burden of a serious medical diagnosis. Your coverage includes a Wellness Benefit that rewards you and your covered family members for completing eligible health screenings. Examples include a mental health screening, flu shot, mammogram, or a routine eye or dental exam. Get rewarded for staying healthy!  
**\$50 for employees / \$50 for spouses / \$50 for each child**

## Tax-Advantaged Accounts

### HSA

Use your HSA dollars for things like coinsurance, prescriptions and even some over-the-counter medications, or save them for down the road.

### Health Care FSA

Use your Health Care FSA to pay for eligible medical expenses throughout the year. Keep in mind—unused funds do not roll over, so plan carefully to avoid losing money.

### Dependent Care FSA

Use your Dependent Care FSA to pay for eligible dependent care expenses throughout the year, such as daycare, preschool, or summer day camps. Keep in mind—unused funds do not roll over, so plan carefully to avoid losing money. **This account cannot be used for dependent medical expenses.**

### 401(k) Retirement Plan

Team members over the age of 21 can take part in the 401(k) on the first of the month following 30 days of employment. Love's will match team member contributions **dollar-for-dollar up to 5%**.

## Wellness

### LivingWell Support Network

Access all your wellness, mental health, EAP and community resources in one place with the LivingWell Support Network, easily accessible through MyWellPortal.

### Healthy Hearts

Achieve the wellness results you want with Healthy Hearts. This program is for all team members and it is completely confidential. Get access to challenges, wellness programs and one on one health coaching.

### Employee Assistance Program (EAP)

Your EAP through SupportLinc provides support for your mental health, including text counseling, in the moment support and six free in-person or virtual sessions per issue per year.

### CuraConnect Community Resources

CuraConnect provides access to a dedicated Care Advocate who will work with you 24/7 and provide resources for housing, food, mental health, financial stress and legal concerns.

# Which Benefits Are Available to You?




We care about you, which is why we are proud to offer a wide range of plans and programs that are available to ALL team members, including those who work part-time.\*

*\*Temp and seasonal team members are not eligible for benefits, but can use the EAP.*

## Take a Peek!

Look for these symbols throughout the guide for a quick snapshot of the plans available to you.



Benefits	 Part-Time Team Member	 Full-Time Team Member	 Store Manager, Gemini Driver, Corporate
<b>LivingWell Support Network</b>			
Healthy Hearts	✓	✓	✓
EAP			
Community Resources			
<b>Medical</b>	–	✓	✓
<b>Telemedicine</b>	✓	✓	✓
<b>Dental</b>	✓	✓	✓
<b>Vision</b>	✓	✓	✓
<b>Health Savings Account (HSA)</b>	–	✓	✓
<b>Flexible Spending Accounts (FSA)</b>	–	✓	✓
<b>Accident</b>	✓	✓	✓
<b>Critical Illness</b>	✓	✓	✓
<b>Hospital Indemnity</b>	✓	✓	✓
<b>401(k)</b>	✓	✓	✓
<b>Basic Life &amp; Accidental Death &amp; Dismemberment (AD&amp;D)</b>	–	✓	✓
<b>Supplemental Life</b>	–	✓	✓
<b>Basic Short Term Disability (STD)</b>	–	–	✓
<b>Voluntary STD</b>	✓	✓	–
<b>Basic Long Term Disability (LTD)</b>	–	–	✓
<b>Pet Insurance</b>	✓	✓	✓
<b>Emergency Back-up Care</b>	✓	✓	✓
<b>Paid Maternity Leave</b>	✓	✓	✓
<b>Paid Parental Leave</b>	✓	✓	✓
<b>Adoption Assistance</b>	✓	✓	✓
<b>Tuition Assistance</b>	✓	✓	✓

# Which Medical Plan Is Right for You?



At Love’s, our goal is to help you reach your highest potential and be the best version of yourself. This starts with taking care of your overall health. Choosing the right plan to meet your needs is the first step to living your healthiest life.

When deciding which medical plan is right for you and your family, it is important to consider the total cost of coverage. This includes what you pay in premiums and what you pay for services out of your pocket. While each medical plan covers in-network preventive screenings at no cost to you, the plans vary on annual deductibles, copays and levels of coinsurance. This means you may pay higher out-of-pocket costs with one plan versus another. The ideal medical plan should cover most of your health needs with out-of-pocket costs that meet your budget.

Take a look at this short clip for more information about the Copay Plan.

Benefit	HSA Plan (BCBSTX)	Deductible Plan (BCBSTX)	Copay Plan (Surest)
<b>Annual deductible</b> (amount you pay before the plan splits the costs for services with you)	✓	✓	–
<b>Copays</b> (set costs you pay for services)	–	✓	✓
<b>Coinsurance</b> (a percentage of cost you pay for services, like 20%)	✓	✓	–
<b>HSA eligible</b> (save pre-tax money for eligible health care expenses, plus get the Love’s contribution)	✓	–	–
<b>Health Care FSA eligible</b> (save pre-tax money for eligible health care expenses)	–	✓	✓
<b>Utilizes the Choice Plus network</b> (a network of providers approved by UHC)	–	–	✓
<b>Utilizes the Blue Choice PPO network</b> (a network of providers approved by BCBSTX)	✓	✓	–
<b>Lower premiums</b> (the amount you pay each pay period)	✓	–	✓
<b>Free in-network preventive care</b> (annual wellness visits, screenings and immunizations)	✓	✓	✓
<b>Access to virtual care</b> (acute care, primary care, mental health and specialists)	✓	✓	✓
<b>Access to wellness and tobacco discounts</b> (save over \$1,000 on your medical premiums by completing required tasks)	✓	✓	✓

## FREE In-Network Preventive Care: All Medical Plans

Preventive care includes regular wellness visits, screenings and vaccinations that can detect potential health issues early or even prevent them altogether. Additionally, if you enroll in the HSA Plan, your preventive medications (like those for blood pressure and diabetes) are available to you at no cost.

Want to know what these terms mean?

[Benefit Basics](#)

# Get to Know the Plans



## HSA Plan (BCBSTX)



The HSA Plan offers a variety of benefits, but it is important to understand how the plan works to see if it is the right choice for you.

- **Pay for Medical Care:** You will pay 100% of the negotiated costs for medical care until you reach the in-network deductible of \$2,200 individual/\$4,400 family. You can use your HSA dollars to pay for expenses tax-free. See [page 18](#) for more information on the HSA. You may also receive FREE HSA contributions from Love's to help you grow your balance.
- **Share the Cost:** After you meet the deductible, you and Love's will share the cost. Love's will cover 80% of in-network expenses until you meet your out-of-pocket maximum.
- **Reach the Limit:** If you reach the out-of-pocket maximum (OOPM), Love's pays 100% of eligible medical and prescription costs for the rest of the plan year.
- **Lower Premiums:** Paying less per paycheck helps free up funds for other expenses.

## Deductible Plan (BCBSTX)



This traditional PPO plan gives you a balance between regular payments and easy access to quality care.

- **Premiums vs. What You Pay Right Away:** With the PPO Plan, you may pay higher premiums each pay period, but when you get medical help, you will typically pay less, in the form of a consistent and fixed "copay," which you pay at the time of care (or are billed for).
- **Deductible and Coinsurance:** With this plan, there is an \$1,800 individual/\$5,400 family deductible. You will pay copays for most services until the deductible is met. If you reach your deductible, you and Love's share the cost of coverage for things like hospital visits.
- **Opportunities to Budget:** Because it has predictable copays for many services, this plan provides opportunities to budget for upcoming medical expenses.

## Copay Plan (Surest)



While this plan may not be available in all zip codes, if it is an option for you, it can offer a convenient and cost-effective way to manage your health care expenses.

- **No Deductible or Coinsurance:** Forget about dealing with deductibles or coinsurance—the Copay Plan does not include them.
- **Pay Copays at the Time of Service:** You will pay a copay when you visit a health care provider. You will pay copays until you reach the OOPM. Once you have done that, Love's pays the rest.
- **Variable Copay Amounts:** Copay amounts may vary depending on the specific provider you choose. Be sure to check ahead that your provider is in-network.
- **Your Costs in Advance:** Here is a handy feature—you can visit [surest.care/lovestravel](https://surest.care/lovestravel) and determine your costs before your appointment. Knowing what to expect empowers you to make informed decisions about your health care.

# Medical Plan Comparison



Deductible & HSA Plans | BCBSTX | 866-803-4973 | [bcbstx.com/loves](https://bcbstx.com/loves)

Copay Plan | Surest | 866-683-6440 | [surest.care/lovestravel](https://surest.care/lovestravel) | Access Code: LovesTravel2026

Plan Features	HSA Plan (BCBSTX)	Deductible Plan (BCBSTX)	Copay Plan (Surest)
	In-Network*	In-Network*	In-Network*
Love's Calendar Year HSA Contribution Individual/Family	Up to \$2,000	N/A	N/A
	<b>You pay:</b>	<b>You pay:</b>	<b>You pay:</b>
Calendar Year Deductible Individual/Family	\$2,200 / \$4,400	\$1,800 / \$5,400	None
Calendar Year Out-of-Pocket Maximum Individual/Family	\$4,500 / \$9,000	\$4,000 / \$12,000	\$5,000 / \$10,000
Preventive Care Visit	<b>FREE</b>	<b>FREE</b>	<b>FREE</b>
Virtual Care	See <a href="#">Virtual Care page</a> for plan details and rates		
Primary Care Visit	20%**	\$25	\$15-\$100
Specialist Visit	20%**	\$40	\$15-\$100
Urgent Care	20%**	\$25	\$50
Emergency Room	20%**	\$250 + 20%**	\$500
Inpatient Hospital	20%**	20%**	\$200-\$3,000
Outpatient Hospital	20%**	20%**	\$40-\$3,000
Outpatient Mental Health Services	20%**	\$25	\$40-\$3,000

\*In-network benefits are shown here. For out-of-network coverage, visit [bcbstx.com/loves](https://bcbstx.com/loves) or [surest.care/lovestravel](https://surest.care/lovestravel).

\*\*After the deductible is met.



## Want More Coverage?

Supplemental benefits are here to give you added financial security—helping with costs when life takes an unexpected turn. Click below to learn more about the additional benefits you can elect.

[Supplemental Benefits](#)

## Download the App

Use the app to find an in-network provider, look up the cost of care and more!



Deductible & HSA Plans



Copay Plan

## Reminder

You cannot make medical plan changes during the year (outside of Open Enrollment), unless you experience a **qualifying life event**.

# Prescription Drug Coverage

OptumRx | 855-856-0541 | [optumrx.com](https://optumrx.com)



## Prescription Drug Apps

Consider downloading apps like **GoodRx** and **RxSaver** to compare drug prices and find discounts.

## Download the App

Scan the QR code to download the app. You can manage your prescriptions, compare drug prices, view your medications and switch eligible ones to home delivery. The app also lets you refill prescriptions, track orders, set up automatic refills and even view your member ID card.



Apple Store



Google Play

Plan Features	HSA Plan	Deductible Plan	Copay Plan
	In-Network*	In-Network*	In-Network*
	You pay:	You pay:	You pay:
<b>Prescription Drugs: Retail</b> (up to a 30-day supply)			
Tier 1	20%** (Preventive medications are available for \$0)	\$10	\$10
Tier 2		\$65	\$65
Tier 3		\$100	\$100
<b>Prescription Drugs: Mail Order</b> (up to a 90-day supply)			
Tier 1	20%** (Preventive medications are available for \$0)	\$20	\$20
Tier 2		\$130	\$130
Tier 3		\$200	\$200
<b>Specialty</b> (up to 30-day supply)			
Specialty	20%**	\$150	\$150

\*In-network benefits are shown here. For out-of-network coverage, visit [optumrx.com](https://optumrx.com).

\*\*After the deductible is met.

## Go Generic & Save

Looking to save money on your medications? Generic drugs are a smart choice: compliant with FDA standards, same ingredients as brand name medications and available at a much lower cost. Check the cost of prescriptions in the OptumRx app before you even leave the doctor's office!

# Where to Go for Care

Do not put your health care on cruise control. Knowing where to go for care can save you time, money and hassle. Our medical plans give you a variety of core options for any medical issues you may face. Remember to save the emergency room for true emergencies.

## Why a Nurse May Call

A nurse employed by BCBSTX or Surest may call you and suggest participation in a clinical management program. The nurse may even call to simply check in and see if you are receiving the appropriate care for your specific needs.

You may receive a call from a nurse if:

- You or a family member has a chronic medical condition.
- You or a family member has a condition that could require specialized treatment or surgery.
- You or a family member were recently hospitalized.
- You are pregnant.

24/7 Nurseline	Primary Care Providers (PCP) and Specialists	Telehealth/Virtual Visit for Acute Care	Urgent Care	Emergency Room
Virtual	In-Person or Virtual	Virtual	In-Person	In-Person
<b>Time: Low   Cost: FREE</b>	<b>Time: Low   Cost: \$</b>	<b>Time: Low   Cost: \$</b>	<b>Time: Varies   Cost: \$\$</b>	<b>Time: High   Cost: \$\$\$</b>
<b>Benefits:</b> <ul style="list-style-type: none"> <li>▪ No cost</li> <li>▪ Speak to a nurse 24/7</li> <li>▪ Quick attention to non-urgent matters</li> </ul> <b>Reasons to go:</b> <ul style="list-style-type: none"> <li>▪ Advice on self-care or home treatment</li> <li>▪ Answers to health questions</li> <li>▪ Direction for further care options</li> </ul>	<b>Benefits:</b> <ul style="list-style-type: none"> <li>▪ Reasonable price in-network</li> <li>▪ In-person or virtual examination</li> <li>▪ Familiarity with health history</li> </ul> <b>Reasons to go:</b> <ul style="list-style-type: none"> <li>▪ Preventive care</li> <li>▪ Treatment of chronic illnesses</li> <li>▪ Follow-up visits and referrals</li> </ul>	<b>Benefits:</b> <ul style="list-style-type: none"> <li>▪ Low cost</li> <li>▪ Speak to a doctor from anywhere</li> <li>▪ Reduced waiting time</li> </ul> <b>Reasons to go:</b> <ul style="list-style-type: none"> <li>▪ Treatment of minor injuries and illnesses</li> <li>▪ Limits exposure to contagious diseases</li> <li>▪ May receive specialist referrals or prescriptions</li> </ul>	<b>Benefits:</b> <ul style="list-style-type: none"> <li>▪ Lower cost than an ER visit</li> <li>▪ Same-day visits are often available</li> </ul> <b>Reasons to go:</b> <ul style="list-style-type: none"> <li>▪ Medical conditions that need prompt attention</li> <li>▪ Treatment of minor injuries or illnesses</li> <li>▪ May offer lab tests and X-rays onsite</li> </ul>	<b>Benefits:</b> <ul style="list-style-type: none"> <li>▪ Necessary for severe or life-threatening conditions</li> <li>▪ Open 24/7, every single day of the year</li> </ul> <b>Reasons to go:</b> <ul style="list-style-type: none"> <li>▪ Sudden onset of severe medical condition</li> <li>▪ Treatment of severe injuries or illnesses</li> <li>▪ Treatment after an accident</li> </ul>
BCBSTX: <b>844-971-8906</b> Surest: Surest app	Find in-network provider: BCBSTX: Blue Access for Members app Surest: Surest app	BCBSTX: <b>teladochealth.com</b> Surest: Surest app	Find in-network provider: BCBSTX: Blue Access for Members app Surest: Surest app	Call <b>911</b> or go to the nearest emergency room.

# Dental Coverage

Delta Dental of Oklahoma | 800-522-0188 | [deltadentalok.org](https://deltadentalok.org)

Did you know good dental care improves your overall health? Our dental plans help you keep a healthy smile through regular preventive dental care and offer coverage to fix problems early. **You will save money when you choose to visit a dentist in the PPO or Premier Network.** You will not receive an ID card for dental coverage, but you can find a virtual version on the Delta Dental website and app.

Plan Features	High PPO	Low PPO
	In-Network*	In-Network*
<b>Calendar Year Maximum</b>	\$1,500	\$750
<b>Orthodontia Lifetime Maximum</b>	\$1,500	Not covered
	<b>You pay:</b>	<b>You pay:</b>
<b>Calendar Year Deductible</b> (waived for Preventive Services)	\$50 individual / \$150 family	\$100 per person
<b>Diagnostic &amp; Preventive Services</b> (e.g., x-rays, cleanings, exams)	Covered in full	Covered in full
<b>Basic &amp; Restorative Services</b> (e.g., fillings, extractions, root canals)	20% after deductible	40% after deductible
<b>Major Services</b> (e.g., dentures, crowns, bridges)	50% after deductible	50% after deductible
<b>Orthodontia</b>	50% after deductible	Not covered

\*Out-of-network benefits are available but your cost for services will be higher.

## The HOW Program

Ask your dentist if they participate in HOW! Health through Oral Wellness (HOW) is a unique program designed to boost your existing dental benefits if you are at high risk for tooth decay or gum disease. By receiving a risk assessment from your dentist, you may qualify for additional preventive benefits like more cleanings.\*

\*Subject to provider participation.



### Three Ways to Find an In-Network Dentist

1. Via the app
  - Download the app, then search for a provider
2. Online
  - Visit [deltadentalok.org](https://deltadentalok.org)
  - Click *For Members* then *Dentist Search*
  - Select *Insurance Plan*, then enter your search criteria
3. Call
  - Call your provider to verify they are in the *PPO* or *Premier Network*.

### Download the App

Scan the QR code to download the app to access your account, download your digital ID card and find an in-network provider.



Delta Dental



### Did You Know?

Your Delta Dental plan includes vision discounts! If you are not enrolled in the Love's vision plan through EyeMed, you can still enjoy discounts on vision benefits like exams, frames, contact lenses and more. Get the details at: [eyemedvisioncare.com/deltad](https://eyemedvisioncare.com/deltad).

# Vision Coverage

EyeMed | 844-409-3402 | [eyemed.com](https://www.eyemed.com)



Getting an annual eye exam is essential for keeping your vision clear and detecting early signs of serious conditions like diabetes, glaucoma and high blood pressure, which ensures better overall health and early treatment when necessary. The vision plan offers an extensive network of optometrists and vision care specialists and you will save money by visiting in-network providers. An ID card will be sent to you upon enrollment to make accessing care even easier.

Plan Features*	High Vision Plan		Low Vision Plan	
	In-Network	Out-of-Network Reimbursement	In-Network	Out-of-Network Reimbursement
<b>Exam</b>	\$0 copay	Up to \$45	\$10 copay	Up to \$45
<b>Frames</b>	\$300 allowance, then 20% off balance	Up to \$100	\$130 allowance, then 20% off balance**	Up to \$90
<b>Lenses</b>				
Single Vision	\$15 copay	Up to \$25	\$25 copay	Up to \$25
Bifocal	\$15 copay	Up to \$40	\$25 copay	Up to \$40
Trifocal	\$15 copay	Up to \$55	\$25 copay	Up to \$55
<b>Contact Lenses</b>				
Medically Necessary	Covered in full	Up to \$210	Covered in full	Up to \$210
Elective	\$300 allowance, then 15% off balance	Up to \$160	\$130 allowance, then 15% off balance	Up to \$96
<b>Safety Glasses</b>	An add-on election to either the High or Low Plan. For \$0.90 per week, you receive a \$130 frame allowance. Available to team members only.			

\*Once per calendar year, unless noted otherwise.

\*\*Once every 24 months.

## Three Ways to Find an In-Network Vision Provider

1. Via the app
  - Download the app, then search for a provider
2. Online
  - Visit [eyemed.com](https://www.eyemed.com).
  - Under *Members & Consumers*, click *Find An Eye Doctor*.
  - Select the *Insight Network* and search by *Use My Location*.
  - Find your preferred provider from the list.
3. Call
  - Call your provider to verify they are in the *Insight Network*.

## Download the App

Scan the QR code to download the app to access your account, download your digital ID card and find an in-network provider.



Apple



Android

## Your Weekly Cost for Coverage

Benefit Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
<b>Medical (Tobacco-Free Rates)</b>				
HSA Plan	\$33.00	\$72.00	\$53.00	\$101.00
Copay Plan	\$29.97	\$69.00	\$55.00	\$101.00
Deductible Plan	\$53.00	\$128.00	\$87.00	\$177.00
Deductible Plan (Gemini)	\$59.00	\$158.00	\$95.00	\$205.00
<b>Medical (Tobacco Rates)</b>				
HSA Plan	\$48.00	\$87.00	\$68.00	\$116.00
Copay Plan	\$44.97	\$84.00	\$70.00	\$116.00
Deductible Plan	\$68.00	\$143.00	\$102.00	\$192.00
Deductible Plan (Gemini)	\$74.00	\$173.00	\$110.00	\$220.00
<b>Dental</b>				
High Plan	\$6.10	\$12.19	\$14.02	\$20.12
Low Plan	\$3.38	\$6.75	\$7.76	\$11.14
<b>Vision</b>				
High Plan	\$1.66	\$3.15	\$3.31	\$4.87
Low Plan	\$1.11	\$2.12	\$2.23	\$3.28

**Note:** If you are paid bi-weekly, multiply the rates above by two to find your cost per paycheck. If you are paid weekly and qualify for the wellness premium discount, subtract \$6 from the medical rates above. If you are paid bi-weekly, subtract \$12 from the bi-weekly rate you calculated.



### How to Qualify for Tobacco-Free Rates

To save \$15 per week with the tobacco-free discounted rate, you and everyone you cover on your medical plan must be tobacco-free.

If you need help quitting tobacco, visit MyWellPortal to enroll in a tobacco-cessation program. Completion of the tobacco cessation program will make you eligible for the \$15 per week discounted rate.



# LivingWell Support Network

833-EAP-1234 | [Loves.MyWellPortal.com](#)

Your well-being matters—and now it is easier than ever to get the support you need. The LivingWell Support Network brings together physical health, emotional support and everyday resources in one place through MyWellPortal. Whether you are looking for coaching, counseling or community help, you can explore all your options and take action from a single, easy-to-use platform.



MyWellPortal



## Healthy Hearts

### Wellness Premium Discount

Get your annual physical and attest to having a primary care provider (PCP) by October 31, 2026 to save on 2027 medical premiums.

### Tobacco-Free Discount

If you and everyone on your medical plan are tobacco-free (or complete a tobacco cessation program) you will save up to \$780 a year on your medical premiums!

### Activities & Challenges

Achieve the wellness results you want with Healthy Hearts. This program is for all team members and it is completely confidential. Get access to challenges, wellness programs, and one-on-one health coaching.

## Employee Assistance Program

### Support and Short-Term Counseling

Get free, confidential in-person or virtual sessions for stress, anxiety, depression, burnout or substance use. Call anytime, 24/7/365, to connect with a licensed clinician.

### Work-Life Benefits

Access legal and financial consultations and referrals for child care, elder care, pet care and home or auto needs. Work with a Coach to build resilience, healthy habits and new routines.

### Mindstream

A fitness studio for your mind with live and on-demand sessions. Build life skills, strengthen emotional health, track progress and explore new releases daily.

### Digital Tools

Create a profile to access personalized care, connect with support, build skills and explore helpful resources.

## CuraConnect Community Resources

Balancing life's challenges is not always easy, but you do not have to do it alone. CuraConnect provides access to a Care Advocate, available 24/7/365, to walk you through available quality of life resources. Together, you will build a personalized action plan and receive ongoing support every step of the way.

### Quality of Life Resources

Your personal Care Advocate can provide access to resources for housing, transportation, education and personal safety.

“My first contact with my care advocate was life-changing. I felt instant relief—her kindness and compassion truly saved me. I’ll never forget that first conversation. Thank you for making this kind of care available.”  
— Love’s Employee

# 24/7 Support Resources



At Love’s, we are committed to providing **ALL** team members with round-the-clock access to valuable mental health resources and support. If you are experiencing a mental health emergency, dial **988** for the Suicide & Crisis Lifeline immediately.

Program	Reach Out for Support
<b>988 Suicide &amp; Crisis Lifeline</b>	Call <b>988</b> to access round-the-clock emotional support, 365 days a year. You can receive free and confidential crisis counseling, along with any necessary follow-up services, anywhere in the United States.
<b>Crisis Text Line</b>	Text “HELLO” to <b>741741</b> anytime, day or night, to receive support and information from a crisis counselor.
<b>Vet Center Call Center</b>	Veterans and their families can call <b>877-WAR-VETS (877-927-8387)</b> to discuss their military experience and transition to civilian life.
<b>Employee Assistance Program</b>	As a reminder, our Employee Assistance Program (EAP) is here to support your overall well-being, covering the mental and emotional health of you and your family. Call <b>833-327-1234</b> .
<b>Love’s Risk Line</b>	For employee or customer injuries, accidents, fuel issues, food-related illnesses or property damage, call <b>405-847-5300</b> (option 1).
<b>BCBS Mental Health Hub</b>	Beginning January 1, 2026, explore BCBS’s Mental Health Hub through your Blue Access for Members portal—a one-stop digital resource for tools, support and care.
<b>Love’s Safety Line</b>	For reporting workplace hazards or safety concerns, call Love’s Safety Line at <b>405-847-5300</b> (option 2).
<b>Talent Stop</b>	For assistance with HR needs, employee support or any questions related to talent management and services, call the Talent Stop Line at <b>405-847-4357</b> (option 2).

# Virtual Care



**Teladoc (Deductible & HSA Plans) | 800-835-2362 | [teladochealth.com](https://teladochealth.com)**  
**Surest Health App (Copay Plan) | Access via the Surest app**

Find it hard to make it to the doctor's office? Virtual care offers a convenient solution. You and your covered dependents age 13 and older can connect with board-certified doctors and therapists through telemedicine. Virtual visits are available for everyday health concerns, urgent needs and mental health support—providing convenient, 24/7 care from home, work or on the go.

## Virtual Urgent Care

You can speak to a licensed physician 24/7/365 via phone or computer for:

- Cold and flu symptoms
- Allergies
- COVID-19 symptoms
- Skin and rash concerns
- And more!

## Virtual Mental Health Care

You can speak with a licensed psychologist or psychiatrist via phone or computer for:

- Depression
- Anxiety
- Stress
- Grief
- And more!

## Virtual Primary & Specialty Care

You can see the same virtual Primary Care Provider (PCP) or specialist from home for:

- Preventive care and prescriptions
- Chronic condition management
- Referrals for lab work and tests
- Dermatology
- And more!

## Virtual Diabetes Management Program

If you or your family members are enrolled in Love's medical plan and have been diagnosed with type 1 or type 2 diabetes, you may be eligible for our Diabetes Management program through Teladoc. This virtual program includes:

- Personalized coaching
- Free supplies (including testing strips, lancets and a glucose monitor)
- Connected device.

Access these services easily through the Teladoc App, register online at [teladochealth.com](https://teladochealth.com) or call **1-800-Teladoc**.

## No Medical Plan? No Problem!

If you do not enroll in a Love's medical plan, you can still access Teladoc virtual health care. Standalone Teladoc coverage offers full-time and part-time team members the option to receive virtual physical and mental health care services, including access to virtual Primary Care Providers (PCPs) and specialists, through our enhanced virtual care.

## Did You Know?

Virtual visits allow you to access providers more quickly—a few minutes for acute care, a few days for PCPs and around 10 days for mental health appointments.

**Download the App**



Teladoc



Surest






# Health Savings Account (HSA)



Optum Bank | 866-234-8913 | [optumbank.com](https://optumbank.com)

If you enroll in the HSA Plan, you may be eligible to open an HSA to help pay for eligible health care expenses not covered under your medical, dental or vision plan. An HSA makes it easy to pay for current health care costs and save for future health care needs in retirement.

## What Are the Benefits of an HSA?

	Love's contributes money to your account each quarter, based on salary.
	Set aside tax-free* money for health care expenses.**
	An HSA is yours; if you leave Love's, the account goes with you.
	All unused funds roll over year to year, and earn tax-free* interest.
	HSAs can make a great addition to your retirement savings accounts.

Base Compensation at time of hire 2026	2026 Maximum HSA Contribution (Individual/Family)	Love's HSA Contribution (Individual/Family)	Maximum Team Member Contribution (Individual/Family)	Age 55+ Catch-up Contribution
\$0-\$59,999	\$4,400 / \$8,750	\$1,000 / \$2,000	\$3,400 / \$6,750	Additional \$1,000
\$60,000-\$99,999		\$750 / \$1,500	\$3,650 / \$7,250	
\$100,000+		\$500 / \$1,000	\$3,900 / \$7,750	

## How Are Contributions Made to an HSA?

You must first open an HSA to be eligible for Love's contributions. Love's will automatically contribute a pro-rated amount to your HSA each quarter if you are actively employed and enrolled in the HSA plan. The annual Love's contribution will be based on your base salary as of October 1. If your account is opened after January 1, 2025, Love's annual contribution will be pro-rated.

HSA contributions cannot exceed the annual IRS maximums. You may contribute pre-tax dollars from your paycheck, up to the annual IRS maximums, to pay for eligible health care expenses. Keep in mind that the money you contribute and the money Love's contributes to your HSA counts toward the IRS maximums. It is your responsibility to ensure you do not over-contribute to your account. When you enroll in the HSA, you will receive an Optum Bank debit card.

## What About the Fine Print?

- You must be enrolled in Love's HSA Plan.
- You cannot be covered under another non-qualified health plan, including your spouse's Health Care Flexible Spending Account.
- You cannot be enrolled in Medicare or Tricare.
- You cannot be claimed as a dependent on someone else's tax return.

\*State taxes may still apply in CA and NJ. For detailed tax implications of an HSA, please contact your professional tax advisor.

\*\*Refer to [IRS Publication 969](#) for a complete list of eligible expenses and HSA rules.

Download the App



Optum Bank

# Flexible Spending Accounts (FSAs)

Optum Bank | 800-243-5543 | [optumbank.com](https://optumbank.com)

FSAs offer a smart way to stretch your dollars by setting aside pre-tax money to pay for eligible health care and dependent care expenses. Each year, you must pick the annual amount you want to contribute to each account. Your contributions will be deducted pre-tax from your paycheck which helps reduce the amount of your income you must pay taxes on.



Download  
the App



Optum Bank

Account Features	Health Care FSA	Dependent Care FSA
<b>Eligibility</b>	Full-time team members <b>not</b> enrolled in the HSA Plan	Full-time team members
<b>Annual Contribution Limit</b>	\$3,300	\$5,000 (\$2,500 if married and filing separately)
<b>Eligible Expenses*</b>	Health care plan deductibles, copays, coinsurance and prescriptions, including dental and vision hardware and expenses	Daycare for children age 12 and under, disabled children and dependent adults
<b>Availability of Funds</b>	The full annual amount you choose is available on your plan effective date	You can be reimbursed up to the amount available in your account
<b>Payment or Reimbursement Options</b>	Debit card or reimbursement	Debit card** or reimbursement
<b>Services Deadline</b>	Services must be incurred by 3/15/2027	Services must be incurred by 3/15/2027
<b>Submission Deadline for Reimbursement</b>	4/15/2027	4/15/2027

\*Refer to IRS Publication **502** and **503** for a complete list of eligible expenses.

\*\*Your FSA debit card may not be accepted for all Dependent Care services. Be sure to confirm with your provider whether they accept it or not.

## IRS Guidelines for FSA

- Funds cannot be transferred between FSAs.
- You cannot change your FSA election in the middle of the plan year without a qualifying life event.
- FSA funds are “use it or lose it.” Funds do not roll over from year to year, so plan ahead!
- Love’s plan requires us to test for discrimination; your annual election may be adjusted to meet requirements.
- If you leave the company, you may lose the funds remaining in your FSA account.



# HSA v. FSA: How to Choose

To help you stretch your benefit dollars, Love’s offers two tax savings accounts to use for eligible health care expenses: the HSA and the Health Care FSA. Both accounts allow you to contribute pre-tax funds to pay for expenses, such as copays and deductibles. However, there are major differences between the plans. Before you enroll, decide which account is right for you.

Account Features	HSA	Health Care FSA
<b>Which medical plan qualifies you to have the account?</b>	HSA Plan	Copay Plan & Deductible Plan*
<b>Who owns the account?</b>	You. This account remains yours if you leave the company or retire.	Love’s. If you leave the company or move to an ineligible position (i.e., part-time), your funds may be forfeited. Claims can still be submitted for expenses you incur prior to your date of termination.
<b>Who funds the account?</b>	You and Love’s	You
<b>How much does Love’s contribute annually?</b>	See <a href="#">Health Savings Account</a> page	N/A
<b>What is the 2026 contribution limit?</b>	\$4,400 Individual / \$8,750 Family	\$3,300
<b>When can I access my funds?</b>	You can only use the funds that have been deposited into your account.	The full contribution amount is available at the beginning of the plan year.
<b>Are there tax-advantages to me?</b>	Yes, your contributions, earned interest and payment of eligible expenses are tax-free.	Yes, your contributions and payment of eligible expenses are tax-free.
<b>Can I invest my extra funds?</b>	Yes	No
<b>Do my unused funds roll over to the next year?</b>	Yes	No, this is a use it or lose it account; however, a 2½ month grace period will apply.

\*Enrollment in a medical plan is not required to participate in the FSA. However, you cannot be enrolled in an HSA and participate in the Health Care FSA.

# 401(k) Retirement Plan

Fidelity | 800-835-5095 | [netbenefits.com/atwork](https://netbenefits.com/atwork)



Being retirement-ready is an important part of financial wellness. The key to success is to start saving now. The Love's 401(k) Plan offers a variety of investment options. Love's generously matches employee 401(k) contributions to help grow your retirement savings.

## Eligibility

Employees over age 21 are eligible to take part in the 401(k) plan on the first of the month following 30 days of employment. Once eligible, you may enroll in the 401(k) plan, designate beneficiaries and allocate your asset distribution at any time throughout the year.

## 401(k) Contributions

Love's will match employee contributions dollar-for-dollar up to 5% (up to IRS limits). Personal contributions can be pre- or post-tax and are added to your account through convenient payroll deductions. Your funds and contributions made by Love's are immediately vested. This means the money in your account is 100% yours.

## How to Enroll

Contact Fidelity online at [netbenefits.com/atwork](https://netbenefits.com/atwork) or over the phone at **800-835-5095** to get started.

## Helpful Tips on Saving for Retirement



Start saving as soon as possible to grow your retirement account.



Begin with small contributions, if necessary, and increase contributions over time.



Make setting aside money for retirement a habit.



Understand investment returns may fluctuate.



Let it sit. Avoid penalties by leaving funds in your 401(k) until retirement.



If you change jobs, you can roll over your retirement account.

## 401(k) Retirement Plan (cont.)

### What Is the Difference Between Pre-Tax and Post-Tax Accounts?

You have two options when contributing funds to your 401(k): pre-tax (traditional) or post-tax (Roth). To choose the right one for you, it is important to know the difference between the plans. Consult a tax advisor or Fidelity for advice.

Traditional 401(k)	Roth 401(k)
You contribute before paying taxes.	You pay taxes on the money before it is contributed.
You pay taxes when you withdraw the money in retirement.	No taxes are withdrawn when you take the money out in retirement.
You must start taking money out at age 73.	There are no required withdrawals during your lifetime.
Consider a Traditional 401(k) if: <ul style="list-style-type: none"> <li>You think you will be in a lower tax bracket when you retire than you are now.</li> <li>You prefer to make pre-tax contributions which will lower your taxable income in the current tax year.</li> </ul>	Consider a Roth 401(k) if: <ul style="list-style-type: none"> <li>You expect to be in a higher tax bracket when you retire than you are now.</li> <li>You want the comfort of knowing the money you withdraw in retirement will not be taxed.</li> </ul>

IRS Annual Contribution Limits		
401(k) Contribution Amount*	Age 50+ Catch-Up Amount	Age 60-63 Catch-Up Amount
\$24,500	\$8,000	\$11,250

\*Maximum at the time of publication. 2026 maximums are subject to change based on IRS guidance.



### Important

Team members who earn \$150,000 or more in FICA wages in the previous year are required to make catch-up contributions on an after-tax, Roth basis. If you are contributing on a pre-tax basis, Love's will automatically transition catch-up contributions to after-tax, Roth basis.

# Benefits That Support You



At Love's, we understand nothing is more important than the health and happiness of your own family. But balancing family and work can be challenging, no matter where you are in life. Whether you are expecting your first child, taking care of school-age kids or providing care for aging parents, we want you to have the support, benefits and resources you need to succeed.

## Paid Leave

Love's LOA Department | [loa@loves.com](mailto:loa@loves.com)

Love's offers paid maternity and parental leave for all team members after working one full year, and 1,250 hours. Enjoy the time to bond with your new addition or support your growing family.

- Six weeks of paid maternity leave
- Two weeks paid parental leave

## Backup Child & Elder Care

CorporateCARE | 844-888-2273 | [corporatecaresolutions.com](http://corporatecaresolutions.com)

When your usual care arrangements fall through, backup care steps in. This benefit provides reliable short-term solutions so you can get to work, even when unexpected situations arise with your regular care provider. Four days of backup child and elder care are available to all team members who have been employed with Love's for at least nine consecutive months.

## Fertility Treatment

Deductible & HSA Plans | BCBSTX | 866-803-4973 | [bcbstx.com/loves](http://bcbstx.com/loves)

Copay Plan | Surest | 866-683-6440 | [surest.care/lovestravel](http://surest.care/lovestravel) | Access Code: LovesTravel2026

Your path to parenthood is unique, and Love's is here to help make it a little easier. For team members covered under a Love's medical plan, we provide fertility treatment coverage up to a lifetime maximum \$35,000.

## Adoption Assistance

Love's Benefits Department | [benefits@loves.com](mailto:benefits@loves.com)

Growing your family through adoption is a wonderful journey, and we are here to support you. Team members with at least one year of service are entitled to financial support for adoption, up to a lifetime maximum of \$20,000.

## Find Out More

Policies and forms are available on [The Heartbeat](#).



## Benefits That Support You (cont.)



### Tuition Assistance Program Guild | [loves.guilededucation.com](https://loves.guilededucation.com)

Love's, in partnership with Guild, offers access to tuition-free and partially-funded education opportunities. Whether you're pursuing a college degree, a certificate in a high-demand field, completing high school or learning English as a second language, Guild provides the resources to help you succeed.

### Pet Insurance Nationwide | 877-738-7874 | [partnersolutions.nationwide.com/pet/loves](https://partnersolutions.nationwide.com/pet/loves)

At Love's we know your pets are cherished members of your family, and their health matters. With coverage for unexpected vet bills and medical expenses, you can ensure your cats, dogs or even exotic pets receive the care they deserve without breaking the bank. We offer two options so you can have the right coverage at the right price.

### Hearing Benefits Beltone | [beltone.com](https://beltone.com)

You and your immediate family members receive complimentary hearing screenings and a 15% discount off the retail price of any Beltone hearing instrument at one of their 1,500 locations nationwide. You can visit [beltone.com](https://beltone.com) to find a store near you. Plus, when you are covered by one of the Love's medical plans, you are also eligible for other hearing benefits, including one hearing aid per ear every 36 months, subject to deductible and coinsurance.

### PerkSpot PerkSpot | 866-606-6057 | [loves.perkspot.com](https://loves.perkspot.com) | Access Code: LovesDiscounts

PerkSpot is your one-stop-shop for discounts and perks on the items you use every day. Start saving by visiting the discount portal and browsing the deals by brand or category. Whether for shopping, dining, wellness or entertainment, PerkSpot has products and programs you want at prices that are lower just for being a Love's team member. It is our way of saying thank you for your hard work and dedication.



# Supplemental Health Benefits

Voya | [presents.voya.com/ebrc/loves](https://presents.voya.com/ebrc/loves)



Imagine you break a bone, face a hospital stay or experience a serious diagnosis. Your health insurance covers some of it, but not all. That is where voluntary benefits step in, helping you cover gaps like lost income, deductibles and everyday bills. You receive a lump-sum payment, so you can focus on recovery instead of your finances. These benefits offer affordable coverage, new medical claims integration and cash benefits paid directly to you to help cover out-of-pocket expenses.

## Accident Insurance

Coverage starts at \$1.26/week

Accidents are a part of life, and while we cannot always prevent them, we can take measures to reduce the financial risk. While health insurance helps pay medical bills, this coverage acts as an extra layer of protection, helping you cover out-of-pocket costs like deductibles, copays and even your everyday expenses like rent or car payments.

## Critical Illness Insurance

Coverage starts at \$0.60/week

With critical illness insurance, you will have protection against the financial burden of a serious medical diagnosis. This coverage includes conditions like heart attacks, strokes, comas, kidney failure and cancer. In the event of a covered illness, you will receive a lump sum payment. The benefit amount is determined by the type of illness, providing you with the financial support you need to focus on your recovery and well-being. **This plan also offers a \$50 benefit payment for receiving your annual wellness exam.** Visit the link above for more information.

## Hospital Indemnity Insurance

Coverage starts at \$2.25/week

Even with medical insurance, an unexpected hospital stay can lead to hefty expenses. Whether or not you have company medical coverage, hospital indemnity insurance can help you be prepared. Hospital indemnity insurance steps in to provide financial support when you are admitted to or confined in a hospital. It helps cover the costs that can add up during your stay, such as deductibles, everyday bills or child care.

### Find Out More

Click for detailed plan information and rates.\*

*\*If you are paid bi-weekly, your per-pay-period rate may be rounded to the nearest amount. Visit [LovesBenefits.com](https://LovesBenefits.com) to verify your cost for coverage.*

## See the Plans in Action!

Meet Sarah, a dedicated part-time team member at Love's. While she does not qualify for Love's medical coverage due to her part-time status, she is still a savvy planner when it comes to her well-being. One day, Sarah is injured in a car accident.

- Her accident coverage provides her with a cash payment, helping her cover ambulance bills and car repairs.
- Sarah learns the accident may have been caused by symptoms of a serious illness. Since she has critical illness insurance, she can receive a lump sum payment if she is diagnosed with a covered condition.
- Hospital indemnity insurance can be used to offset the cost of Sarah's overnight hospital stay. Plus, when she is transferred to a rehabilitation facility, she will receive \$50 per day.

Sarah knows that Love's has her back, helping her navigate life's challenges and unexpected events with confidence and financial security.



# Life and AD&D Insurance

New York Life | 888-842-4462 | [newyorklife.com](http://newyorklife.com)

Life and accidental death and dismemberment (AD&D) insurance provide financial security to you and your family if you pass away or become seriously injured.

## Basic Life and AD&D Insurance

As an eligible team member, you receive basic life and AD&D coverage as shown in the chart below.

Basic Life and AD&D*	
Field Managers & Corporate Team Members	1 x base salary (up to \$500,000)
Gemini Drivers	\$100,000
Full-Time Team Members	\$20,000

\*Full-time team members are automatically enrolled in basic life and AD&D insurance even if you waive other coverage.



### Choose a Beneficiary

It is important to select the beneficiary of your life and AD&D policy in the event of your death or serious injury. Review your beneficiary designation periodically to ensure it reflects your current wishes. You may change your beneficiary anytime at [LovesBenefits.com](http://LovesBenefits.com).

## Supplemental Life Insurance



In addition to basic life and AD&D, you may buy supplemental life coverage at discounted rates. The chart describes the amounts of coverage you may buy for yourself, your spouse and your child(ren). To view your rates for supplemental life insurance [click here](#).

Benefit Features	Supplemental Life Options*		
	Team Member	Spouse	Dependent Child(ren)
Coverage Options	\$10,000 increments	\$5,000 increments	14 days – 6 mo: \$500 6 mo – 26 yrs: <ul style="list-style-type: none"> <li>▪ Option A: \$2,500</li> <li>▪ Option B: \$5,000</li> <li>▪ Option C: \$10,000</li> </ul>
Maximum	5x your salary up to \$500,000	2.5x your salary up to \$250,000 (cannot exceed 50% of team member coverage)	14 days – 6 mo: \$500 6 mo – 26 yrs: \$10,000
Guaranteed Issue Amount	\$250,000	\$50,000	
Guaranteed Issue Period	Within 30 days of benefits eligibility or a qualifying life event		

\*Evidence of Insurability (EOI) may be required. EOI is the process of providing health information to qualify for certain types of insurance coverage. If you elect supplemental life coverage above the guaranteed issue limit or after the guaranteed issue period, you will be required to submit a health questionnaire. In some cases, a physical exam may be required. Your questionnaire will be reviewed by the insurance company, and you will be notified of their decision directly.

### How Much Supplemental Life Insurance Should I Buy?

When deciding how much supplemental life coverage to buy, consider the following:

- **Debt:** How much would your family need to cover mortgages, loans or credit cards?
- **Living costs:** How much would it take to maintain their current lifestyle?
- **Future needs:** What education, savings or other support would you like to provide?
- **Income protection:** How much income replacement will your dependents need until your child is grown or your spouse retires?

# Disability Coverage

If you experience an injury, pregnancy or illness that prevents you from working, disability coverage provides partial income replacement to assist you financially.

## Basic Short-Term Disability (STD)



New York Life | 888-842-4462 | [mynylgbs.com](https://mynylgbs.com)

Basic STD is available to Gemini drivers, Corporate team members and Field Management. STD coverage provides you with a portion of your income if you are unable to work due to a non-work-related illness or injury.

STD benefits may be offset by benefits you receive from the state-mandated disability plans in California, New Jersey, New York, Rhode Island or the Commonwealth of Puerto Rico.

STD	
Percent of Earnings	60%
Weekly Maximum	\$1,500
Elimination Period	7 days
Maximum Duration	26 weeks

## Basic Long-Term Disability (LTD)



New York Life | 888-842-4462 | [mynylgbs.com](https://mynylgbs.com)

Basic LTD is available to Gemini drivers, Corporate team members and Field Management. LTD pays you a portion of your earnings if you cannot work for an extended period due to a disabling illness or injury.

You will continue to receive benefits if you meet the definition of disability or until you reach Social Security Normal Retirement Age or are no longer considered to be disabled, whichever is first. Benefits are reduced by other sources of disability income you may qualify for such as Social Security and Workers' Compensation.

LTD	
Percent of Earnings	60%
Monthly Maximum	\$10,000
Elimination Period	180 days
Maximum Duration	Up to Social Security Normal Retirement Age or end of disability

## Voluntary STD



Voya | 877-236-7564 | [presents.voya.com/ebrc/loves](https://presents.voya.com/ebrc/loves)

All team members, whether full-time or part-time, who do not receive company-provided basic STD can enroll in coverage with Voya. If you choose to enroll in voluntary STD coverage, it can give you partial income replacement if you cannot work for a short time due to illness or injury. If you get sick within the first year of coverage because of a previous health problem, it will still help you, but the benefit will be limited.

Voluntary STD	
Percent of Earnings	60%
Weekly Maximum	\$1,000
Elimination Period	7 days
Maximum Duration	13 weeks



### Plan Ahead

To be eligible for payment under Voluntary STD, it is important to enroll in coverage before a disability occurs. Pre-existing conditions, including pregnancy, may limit coverage.

## Learn the Lingo

### Balance Bill

When a health care provider bills a patient for the difference between what the patient's health insurance chooses to reimburse and what the provider chooses to charge.

### Coinsurance

The percentage paid for a covered service, shared by you and the plan. Coinsurance can vary by plan and provider network. Review the plans carefully to understand your responsibility. You are responsible for coinsurance until you reach your plan's out-of-pocket maximum.

### Copay

A fixed dollar amount you pay the provider at the time of service.

### Deductible

The amount you pay each calendar year before the plan begins paying benefits. Not all covered services are subject to the deductible; for example, the deductible does not apply to preventive care services.

### Emergency Room Care

Care received at a hospital Emergency Room for severe or life-threatening conditions.

### Evidence of Insurability

The process of providing health information to qualify for certain types of insurance coverage.

### In-Network Care

Care provided by contracted doctors within the plan's network of providers. This enables participants to receive care at a reduced rate compared to care received by out-of-network providers.

### Out-of-Network Care

Care provided by a doctor or at a facility outside of the plan's network. Your out-of-pocket costs may increase and services may be subject to balance billing.

### Out-of-Pocket Maximum

The maximum amount you pay each year before the plan begins paying 100% for covered expenses. This limit helps protect you from unexpected catastrophic expenses.

### Premium

The complete cost of your plans. You share this cost with Love's and pay your portion through regular paycheck deductions.

### Preventive Care

Routine health care including annual physicals and screenings to prevent disease, illness and other health complications. In-network preventive care is covered at 100%.

### Telehealth

Care received remotely via electronic device. Telehealth can treat many common conditions like earaches, cold and flu and rashes.

### Urgent Care

Care provided at an Urgent Care Center for sudden illnesses or injuries that are not life-threatening. Urgent Care Centers are helpful when care is needed quickly to avoid developing more serious pain or problems.

## Benefit Acronyms

### AD&D

Accidental Death & Dismemberment

### EAP

Employee Assistance Program

### EOI

Evidence of Insurability

### FSA

Flexible Spending Account

### HDHP

High Deductible Health Plan

### HSA

Health Savings Account

### LTD

Long-Term Disability

### OOPM

Out-of-Pocket Maximum

### PPO

Preferred Provider Organization

### STD

Short-Term Disability

# Your Benefit Contacts

Coverage	Contact	Policy Number	Phone	Website/Email
<b>Enrollment</b>				
Benefits Service Center	Businessolver	–	888-907-1394	LovesBenefits.com
<b>Health</b>				
Medical	BlueCross BlueShield of Texas	421156	866-803-4973	bcbstx.com/loves
	Surest	78800365	866-683-6440	surest.care/lovestravel
Pharmacy	OptumRx	–	855-856-0541	optumrx.com
Telemedicine	Teladoc	–	800-835-2362	teladoc.com
	Surest (Surest Copay Plan only)	–	–	Surest app
Dental	Delta Dental of Oklahoma	0011607	800-522-0188	deltadentalok.org
Vision	EyeMed	1030473 1001 (Low); 1030473 1002 (High)	844-409-3402	eyemed.com
<b>Financial</b>				
Health Savings Account (HSA)	Optum Bank	–	866-234-8913	optumbank.com
Flexible Spending Accounts (FSA)	Optum Bank	–	800-243-5543	optumbank.com
401(k)	Fidelity	–	800-835-5095	netbenefits.com/atwork
<b>Wellbeing Programs</b>				
Wellness	Marquee Health	–	800-882-2109	Loves.MyWellPortal.com
EAP	CuraLinc	–	833-EAP-1234	Loves.MyWellPortal.com
Community Resources	CuraConnect	–	833-881-2872	Loves.MyWellPortal.com
Backup Child Care	Corporate Care Solutions	–	844-888-2273	corporatecaresolutions.com
Tuition Assistance Program	Guild	–	–	loves.guidededucation.com
Discount Program	PerkSpot	Access Code: LovesDiscounts	866-606-6057	loves.perkspot.com
<b>Voluntary Benefits</b>				
Life and AD&D	New York Life	FLX980513 (Basic & Vol. Life); OK980517 (Basic AD&D)	888-842-4462	newyorklife.com
Short-Term & Long-Term Disability	New York Life	SHD985486 (STD); LK980392 (LTD)	888-842-4462	mynylgbs.com
Voluntary Accident, Critical Illness, Hospital Indemnity & Voluntary STD	Voya	–	877-236-7564	presents.voya.com/EBRC/loves
Voluntary Pet	Nationwide	–	877-738-7874	benefits.petinsurance.com/loves
<b>Leave</b>				
COBRA	Businessolver	–	888-907-1394, opt. 3	LovesBenefits.com
Talent Stop/Benefits/Leave of Absence	Love's P.O. Box 26210 Oklahoma City, OK 73126	–	405-847-4357	The Heartbeat

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## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

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**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility –**

ALABAMA – Medicaid	ALASKA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>

<p align="center"><b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b></p>	<p align="center"><b>FLORIDA – Medicaid</b></p>
<p>Health First Colorado Website:  <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a>  Health First Colorado Member Contact Center:  1-800-221-3943/State Relay 711  CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a>  CHP+ Customer Service: 1-800-359-1991/State Relay 711  Health Insurance Buy-In Program  (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a>  HIBI Customer Service: 1-855-692-6442</p>	<p>Website:  <a href="https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a>  Phone: 1-877-357-3268</p>
<p align="center"><b>GEORGIA – Medicaid</b></p>	<p align="center"><b>INDIANA – Medicaid</b></p>
<p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>  Phone: 678-564-1162, Press 1  GA CHIPRA Website:  <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>  Phone: 678-564-1162, Press 2</p>	<p>Health Insurance Premium Payment Program  All other Medicaid  Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>  <a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a>  Family and Social Services Administration  Phone: 1-800-403-0864  Member Services Phone: 1-800-457-4584</p>
<p align="center"><b>IOWA – Medicaid and CHIP (Hawki)</b></p>	<p align="center"><b>KANSAS – Medicaid</b></p>
<p>Medicaid Website:  <a href="#">Iowa Medicaid   Health &amp; Human Services</a>  Medicaid Phone: 1-800-338-8366  Hawki Website:  <a href="#">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a>  Hawki Phone: 1-800-257-8563  HIPP Website: <a href="#">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a>  HIPP Phone: 1-888-346-9562</p>	<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>  Phone: 1-800-792-4884  HIPP Phone: 1-800-967-4660</p>
<p align="center"><b>KENTUCKY – Medicaid</b></p>	<p align="center"><b>LOUISIANA – Medicaid</b></p>
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>  Phone: 1-855-459-6328  Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a>  KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a>  Phone: 1-877-524-4718  Kentucky Medicaid Website:  <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>	<p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>  Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>

<b>MAINE – Medicaid</b>	<b>MASSACHUSETTS – Medicaid and CHIP</b>
<p>Enrollment Website:  <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a>  Phone: 1-800-442-6003  TTY: Maine relay 711  Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Phone: 1-800-977-6740  TTY: Maine relay 711</p>	<p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>  Phone: 1-800-862-4840  TTY: 711  Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></p>
<b>MINNESOTA – Medicaid</b>	<b>MISSOURI – Medicaid</b>
<p>Website:  <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a>  Phone: 1-800-657-3672</p>	<p>Website:  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>  Phone: 573-751-2005</p>
<b>MONTANA – Medicaid</b>	<b>NEBRASKA – Medicaid</b>
<p>Website:  <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>  Phone: 1-800-694-3084  Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a></p>	<p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>  Phone: 1-855-632-7633  Lincoln: 402-473-7000  Omaha: 402-595-1178</p>
<b>NEVADA – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
<p>Medicaid Website: <a href="http://dhcfnv.gov">http://dhcfnv.gov</a>  Medicaid Phone: 1-800-992-0900</p>	<p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a>  Phone: 603-271-5218  Toll free number for the HIPP program: 1-800-852-3345, ext. 15218  Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a></p>
<b>NEW JERSEY – Medicaid and CHIP</b>	<b>NEW YORK – Medicaid</b>
<p>Medicaid Website:  <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>  Phone: 1-800-356-1561  CHIP Premium Assistance Phone: 609-631-2392  CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>  CHIP Phone: 1-800-701-0710 (TTY: 711)</p>	<p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>  Phone: 1-800-541-2831</p>
<b>NORTH CAROLINA – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
<p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>  Phone: 919-855-4100</p>	<p>Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a>  Phone: 1-844-854-4825; or 1-866-614-6005</p>

<p align="center"><b>OKLAHOMA – Medicaid and CHIP</b></p>	<p align="center"><b>OREGON – Medicaid and CHIP</b></p>
<p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742</p>	<p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> Phone: 1-800-699-9075</p>
<p align="center"><b>PENNSYLVANIA – Medicaid and CHIP</b></p>	<p align="center"><b>RHODE ISLAND – Medicaid and CHIP</b></p>
<p>Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a> Phone: 1-800-692-7462 CHIP Website: <a href="#">Children's Health Insurance Program (CHIP) (pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)</p>	<p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)</p>
<p align="center"><b>SOUTH CAROLINA – Medicaid</b></p>	<p align="center"><b>SOUTH DAKOTA - Medicaid</b></p>
<p>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820</p>	<p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059</p>
<p align="center"><b>TEXAS – Medicaid</b></p>	<p align="center"><b>UTAH – Medicaid and CHIP</b></p>
<p>Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a> Phone: 1-800-440-0493</p>	<p>Utah's Premium Partnership for Health Insurance (UPP) Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a> Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a> Phone: 1-888-222-2542; Adult Expansion Website: <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a> Utah Medicaid Buyout Program Website: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a> CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a></p>
<p align="center"><b>VERMONT– Medicaid</b></p>	<p align="center"><b>VIRGINIA – Medicaid and CHIP</b></p>
<p>Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427</p>	<p>Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924 (regionally-restricted); or 1-855-242-8282</p>
<p align="center"><b>WASHINGTON – Medicaid</b></p>	<p align="center"><b>WEST VIRGINIA – Medicaid and CHIP</b></p>
<p>Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022</p>	<p>Website: <a href="https://dhhr.wv.gov/bms/http://mywvhipp.com/">https://dhhr.wv.gov/bms/http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>

<b>WISCONSIN – Medicaid and CHIP</b>	<b>WYOMING – Medicaid</b>
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
 Employee Benefits Security Administration  
**[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)**  
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
 Centers for Medicare & Medicaid Services  
**[www.cms.hhs.gov](http://www.cms.hhs.gov)**  
 1-877-267-2323, Menu Option 4, Ext. 61565

### **Paperwork Reduction Act Statement**

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

## **Important notice from Love’s Travel Stops & Country Stores, Inc. (“Love’s”) about your prescription drug coverage and Medicare under the BCBSTX and Surest Plan(s)**

The purpose of this notice is to advise you that the prescription drug coverage listed below under the Love’s medical plan is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2026. This is known as “creditable coverage.”

**Why this is important.** If you or your covered dependent(s) are enrolled in any prescription drug coverage during 2026 listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty – as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

If you or your family members aren’t currently covered by Medicare and won’t become covered by Medicare in the next 12 months, this notice doesn’t apply to you.

Please read the notice below carefully. It has information about prescription drug coverage with Love’s and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

### **Notice of creditable coverage**

You may have heard about Medicare’s prescription drug coverage (called Part D) and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by one of the Love’s prescription drug plans, you’ll be interested to know that the prescription drug coverage under the plans is, on average, at least as good as standard Medicare prescription drug coverage for 2026. This is called creditable coverage. Coverage under one of these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the Love’s plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop Love’s coverage, Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment or other qualifying event, or otherwise become newly eligible to enroll in the Love’s plan mid-year, assuming you remain eligible.

You should know that if you waive or leave coverage with Love's and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future – such as before the next period you can enroll in Medicare prescription drug coverage, if this Love's coverage changes, or upon your request.

For more information about your options under Medicare prescription drug coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the *Medicare & You* handbook. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

- Visit [medicare.gov](https://www.medicare.gov) for personalized help.
- Call your State Health Insurance Assistance Program (see a copy of the Medicare & You handbook for the telephone number) or visit the program online at <https://www.shiptacenter.org/>.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at [www.socialsecurity.gov](https://www.socialsecurity.gov) or call 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.**

For more information about this notice or your prescription drug coverage, contact the Benefits Department at 405-847-4357.

## **Notice of Special Enrollment Rights for Health plan coverage**

If you have declined enrollment in Love's health plan for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under this plan without waiting for the next open enrollment period, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your eligible dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Love's will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have *60 days* – instead of 30 – from the date of the Medicaid/CHIP eligibility change to request enrollment in the Love's group health plan. Note that this new 60-day extension doesn't apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

## **Women's Health and Cancer Rights Act notice**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, please contact the Benefits Department at 405-847-4357.

## **Newborns' and Mothers' Health Protection Act notice**

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, please contact the Benefits Department at 405-847-4357.

## **HIPAA Privacy notice reminder**

The privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) require the Love's Benefits and Welfare Plan (the "Plan") to periodically send a reminder to participants about the availability of the Plan's Privacy Notice and how to obtain that notice. The Privacy Notice explains participants' rights and the Plan's legal duties with respect to protected health information (PHI) and how the Plan may use and disclose PHI.

To obtain a copy of the Privacy Notice contact the Benefits Department at 405-847-4357.

You may also contact the Plan's Privacy Official, the VP of Total Rewards, for more information on the Plan's privacy policies or your rights under HIPAA.

## **HIPAA Notice of Reasonable Alternative Standards**

Healthy Hearts Program is a voluntary wellness program available to all medical enrolled employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve participant health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program, you may be asked to complete an attestation in the MyWellPortal that confirms you have: a designated primary care physician (PCP) and have received a preventive medical examination or related services. You are not required to complete the attestation or to participate in preventive medical examinations or services.

However, individuals who choose to participate in the wellness program may qualify for the \$6 per week credit by completing the attestation in the MyWellPortal. Individuals who choose to avoid the \$15 per week tobacco surcharge may complete the alternative standard or tobacco cessation program. See medical rates for details.

Although you are not required to provide an attestation or obtain medical preventive examinations or services, only participants who do so may qualify for the \$6 per week credit.

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees enrolled in the medical plan. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the Benefits Department (405-847-4357) or Marquee Health, and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.