

# Benefits That Move You



**2024** Benefits Guide

# Come On In!

 This Guide Is Clickable

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*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.*

## Welcome to Your Love's Benefits Guide!

At Love's, we're firm believers that everyone deserves a smooth and rewarding ride both on and off the job. That's why we take great pride in providing a comprehensive Total Rewards package that includes the health and welfare benefits you'll read about in this guide. Our benefit choices echo our commitment to each and every member of our team. In this guide, we'll take you through the wide range of benefits and programs available to fuel your well-being—physically, emotionally and financially.

We're excited to show you just how much you mean to us and how we're here to support you every step of the way. Let's explore the world of Love's benefits together!

### Important Legal Notices

If you and/or your dependents have Medicare, or will be eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see the corresponding section of the legal notices on **page 34** for more details.

# Buckle Up! It's Open Enrollment Time

Open Enrollment is your once-a-year opportunity to enroll in or make changes to your benefits package. **You must enroll/re-enroll in medical coverage, the Health Savings Account (HSA) and the Flexible Spending Accounts (FSA) to have these benefits in 2024.** These particular benefits do not roll over.

Here's what you need to know and do during Open Enrollment to be sure you're set up for a rewarding year ahead.

## What Can You Do During Open Enrollment?



Make changes to your benefits

Add or drop dependents from coverage

Elect a contribution amount for a Flexible Spending Account (FSA) or Health Savings Account (HSA)

Keep in mind, the choices you make during Open Enrollment are in effect from January 1 – December 31, 2024. When Open Enrollment ends on November 14, you won't be able to make changes to your coverage until the next Open Enrollment period (unless you have a qualifying life event, such as marriage or the birth of a child).

## What Do You Need to Know for 2024?

### New ID Cards

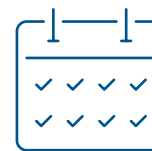
Anyone enrolled in the HSA or Deductible plans effective January 1, 2024, will receive a new medical ID card. Any existing cards may be disposed of after December 31, 2023. If you choose paperless settings, you will only receive a digital ID card. You may **call UnitedHealthcare (UHC)** to request a physical copy.

### Reduced Rates on Some Voluntary Benefits

Review **page 28** to learn more about benefits like Accident and Hospital Indemnity and how they can help protect you physically and financially, and now for a lower rate!

### Slight Increase to Medical Rates, Some Prescription Copays, Deductibles and Out-of-Pocket Maximums

Review the information on pages **11** and **12** to learn more about how these changes may affect your current plan and help you decide how to enroll for 2024.



**Make Your Benefit Elections From:**

**October 25 – November 14, 2023**

## Love's Continues to Contribute to Your HSA – **FREE MONEY!**

If you are enrolled in the HSA Plan, you are eligible to participate in an HSA. Love's contributes \$1,000 for individuals and \$2,000 for families to your account (funds are distributed quarterly). That's free money that can go towards your deductible or other healthcare expenses. See **page 21** for more details.

## Reduced Waiting Period for Emergency Backup Care

When you have been with Love's for at least nine consecutive months, you have access to Emergency Backup Care. See **page 26** for details.

# Your Open Enrollment Checklist

Open Enrollment is your opportunity to make sure your benefits are aligned with your needs. Don't miss out—**take action by November 14 to have coverage for 2024.** Your well-being is our priority, and we're here to support you every step of the way.

## ✔ Review the Plans

Take a look at the benefit choices to decide which ones would best meet your needs and budget in 2024. Love's generously covers a significant portion of your benefit costs. Your contributions for medical, dental, vision and your spending accounts are deducted on a pre-tax basis, which can lower your tax liability.

## ✔ Update Your Personal Information

Make sure your contact information is up to date in Talent Stop. This includes your email address, phone number and mailing address. You may update your Life Insurance beneficiary at [lovesbenefits.com](https://lovesbenefits.com) and your 401(k) beneficiary information through the [Milliman website](#). Keeping this information current ensures you stay connected and your benefits align with your wishes.

## ✔ Check Your Medications

Contact Optum Rx to explore options for lowering your medication costs, such as 90-day fills mailed directly to your home. Saving on prescription costs can make a big difference in your overall healthcare expenses.

## ✔ Understand Deductibles and Copays

Review the available plans' deductibles. **All medical plans share the same network**, so switching plans won't disrupt your access to providers, but there may be a cost difference when you receive service. Explore the [medical pages](#) for more details on which plan may be best for you.

## ✔ Consider the HSA or FSA

If you anticipate healthcare expenses in 2024, explore how the Health Savings Account (HSA) and Flexible Spending Accounts (FSA) can help. These plans can reduce what you pay in taxes each paycheck. Plus, the money you set aside can be used to pay for eligible expenses, tax-free.

## ✔ Verify Your Networks

In-network services typically come with cost savings. Rest assured, all three plans offer access to the same UHC Choice Plus network, so this is a great time to make sure the providers you plan to see throughout the year are in-network.

## ✔ Don't Miss the Deadline

Open Enrollment ends on November 14. **You must re-enroll during this period to maintain your medical coverage, HSA and FSA for 2024.** If you don't re-enroll, these specific benefits will end on December 31, 2023.

## How to Make Great Benefit Choices

You don't have to be an expert to make great choices—a little bit of planning, preparation and this handy guide will help you to pick the best plans for you.

- 1. Consider the year ahead.** How often do you expect to go to the doctor? Will you need surgery, tests or procedures? Is your income protected if you are unable to work for a period of time?
- 2. Prepare for the unexpected.** Decide how you want to protect yourself from unforeseen life events, like a car accident, a surprise medical diagnosis or a death in your family. We don't like to think about these things, but they happen, and Love's offers you several options to ensure you and your loved ones are covered.
- 3. Take the time to learn about what's available.** Your benefits can affect your health and your wallet. It's important you know what they are and how to use them. This guide will help you.

## Who Is Eligible?

### You

All active employees are eligible for benefits. Plan options vary based on whether you work:

- Full-time (30+ hours/week) or
- Part-time (up to 30 hours/week).

See [page 8](#) for details.



### Your Legal Spouse

Or your common-law spouse where recognized.



### Your Children

- By birth, adoption, marriage or legal guardianship up to age 26.
- Of any age, if incapable of self-support due to mental or physical disability. Certification is required.



### Questions?

We hope this guide will provide answers to all your questions. But, if you need more information, we're here for you.

Businesssolver on behalf of Love's Benefits

**888-907-1394**

7 am - 7 pm CST

Monday - Friday

### Did You Know?

On the [Love's Benefits](#) site, you also have access to Sofia, a handy 24/7 chat tool to help you understand your plans.

## Enrolling & Making Changes

The choices you make when you first become eligible are in effect for the remainder of the plan year (January 1 – December 31). It's important to review your benefit options and choose the best coverage for you and your family.

**You have three opportunities to enroll in or make changes to your benefits:**

1. Within 30 days of your eligibility date.
2. During the Open Enrollment period.
3. Within 30 days of a qualifying life event.

### What Is a Qualifying Life Event?

Life changes, and your benefits can, too. Some events may mean you need to update your coverage to meet new needs or cover new dependents. Here are some examples of qualifying life events that may require you to make changes to your benefits.

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Death of a dependent
- Loss or gain of other health coverage for you and/or dependents
- Change in employment status
- Change in Medicaid/Medicare eligibility for you or a dependent
- Receipt of a Qualified Medical Child Support Order

Want to learn even more?  
Watch this brief video:

[Qualifying Life Events](#)



## Ready to Enroll?

Take your time learning about all the options available to you and your family. Then, once you're ready to pick your plans, here's what you need to do:

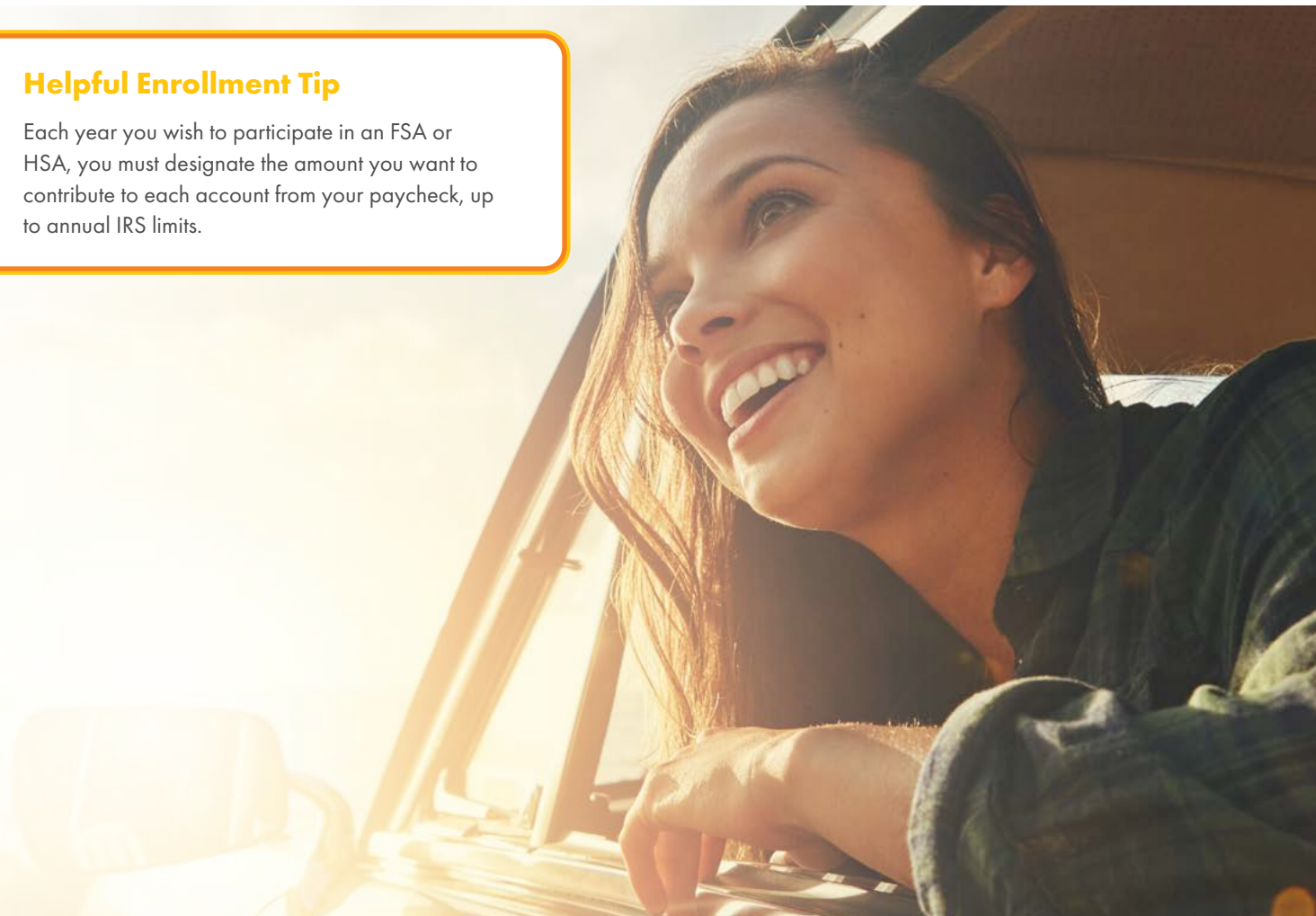
- Starting October 25, visit [lovesbenefits.com](https://lovesbenefits.com).
- Click **"Register"** to create your username and password, verify your personal information and answer a few security questions.
- Log in using your username and password.
- Click the **"Start Here"** button to begin enrollment.
- Have dates of birth and Social Security Numbers (SSN) handy for your dependents.
- Choose a beneficiary for any Life insurance plans.
- When you are ready to confirm your elections, click **"Confirm"** on the confirmation step. **Your elections are not saved until you click the "Confirm" button.**

### Helpful Enrollment Tip

Each year you wish to participate in an FSA or HSA, you must designate the amount you want to contribute to each account from your paycheck, up to annual IRS limits.

## Adding a New Dependent?

**If you're enrolling new dependents, submit dependent documentation by November 24.** You can upload documents on [lovesbenefits.com](https://lovesbenefits.com), email them to [dv@businessolver.com](mailto:dv@businessolver.com) or fax them to **877-769-8799** to prove dependent status (e.g., marriage license, birth certificate, adoption paperwork). Provide dependent documentation by the deadline to ensure your dependents are enrolled in coverage for 2024.






## Which Benefits Are Available to You?

We care about you, which is why we're proud to offer a wide range of plans and programs that are available to ALL employees, including those who work part-time. Here you can see the plans available to you based on your employee classification. Match the symbols here with the ones on the following pages for a quick reference to plan eligibility.

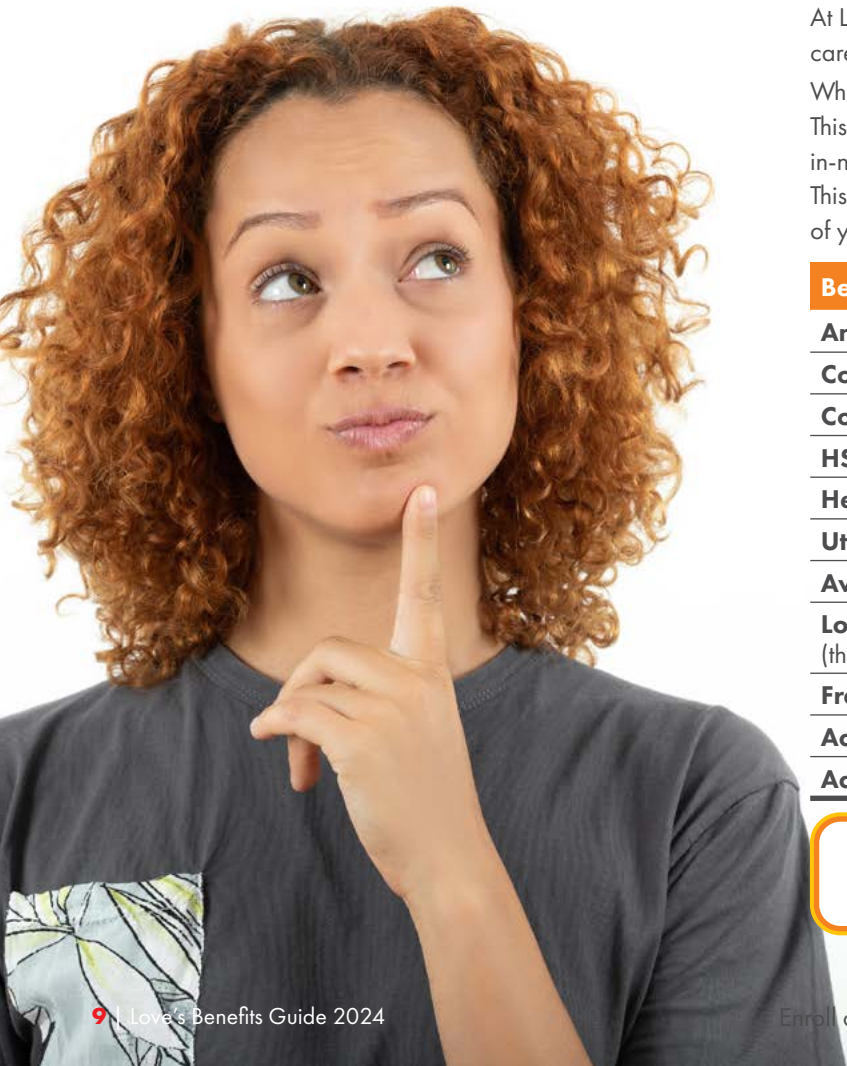
### Take a Peek!

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



Benefits	 Part-Time Employee	 Full-Time Team Member	 Store Manager, Gemini Driver, Corporate
Employee Assistance Program (EAP)	✓	✓	✓
Medical	—	✓	✓
Telemedicine	✓	✓	✓
Dental	✓	✓	✓
Vision	✓	✓	✓
Health Savings Account (HSA)	—	✓	✓
Flexible Spending Accounts (FSA)	—	✓	✓
Accident	✓	✓	✓
Critical Illness	✓	✓	✓
Hospital Indemnity	✓	✓	✓
401(k)	✓	✓	✓
Basic Life & Accidental Death & Dismemberment (AD&D)	—	✓	✓
Voluntary Life	—	✓	✓
Short Term Disability (STD)	—	—	✓
Voluntary STD	✓	✓	—
Long Term Disability (LTD)	—	—	✓
Pet Insurance	✓	✓	✓
Emergency Back-Up Care	✓	✓	✓
Paid Maternity Leave	✓	✓	✓
Paid Parental Leave	✓	✓	✓
Adoption Assistance	✓	✓	✓





## 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.

Benefit	HSA Plan	Deductible Plan	Copay Plan (Surest)
<b>Annual deductible to satisfy</b>	✓	✓	–
<b>Copays for services</b>	–	✓	✓
<b>Coinsurance for services</b>	✓	✓	–
<b>HSA eligible</b>	✓	–	–
<b>Health Care FSA eligible</b>	–	✓	✓
<b>Utilizes the UHC Choice Plus network</b>	✓	✓	✓
<b>Available in all zip codes</b>	✓	✓	–
<b>Lower premiums</b> (the amount you pay each pay period)	✓	–	✓
<b>Free in-network preventive care</b>	✓	✓	✓
<b>Access to telehealth</b>	✓	✓	✓
<b>Access to wellness and tobacco discounts</b>	✓	✓	✓

**Want to know what some of these insurance terms mean?**  
Click the button!

[Benefit Terms](#)

# Get to Know the Plans



## HSA Plan (UHC)



The HSA Plan offers a variety of benefits, but it's important to understand how the plan works to see if it's 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 \$1,800 individual / \$3,600 family. You can use your HSA dollars to pay for expenses tax-free. See [page 21](#) for more information on the HSA.
- **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, the plan 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 (UHC)



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 a PPO, you might pay a bit more per pay period (premiums), but when you get medical help, you often pay less at that moment.
- **Deductible and Coinsurance:** With this plan, there is a \$1,500 individual / \$4,500 family deductible. You'll 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's an option for you, it can offer a convenient and cost-effective way to manage your healthcare expenses.

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

# Medical Plan Comparison

UHC | 844-518-8071 | [myuhc.com](https://myuhc.com)

Surest | 866-683-6440 | [join.surest.com/LovesTravel](https://join.surest.com/LovesTravel) | Access Code: Loves2024



Plan Features	HSA Plan (UHC)	Deductible Plan (UHC)	Copay Plan (Surest)
	In-Network*	In-Network*	In-Network*
<b>Calendar Year Deductible</b> Individual/Family	\$1,800 / \$3,600	\$1,500 / \$4,500	None
<b>Calendar Year Out-of-Pocket Maximum</b> Individual/Family	\$4,000 / \$8,000	\$3,250 / \$9,750	\$5,000 / \$10,000
<b>Love's Calendar Year HSA Contribution</b> Individual/Family	\$1,000 / \$2,000	N/A	N/A
	<b>You pay:</b>	<b>You pay:</b>	<b>You pay:</b>
<b>Preventive Care Visit</b>	Covered in full	Covered in full	Covered in full
<b>Telemedicine</b>	\$52	\$10	\$0
<b>Primary Care Visit</b>	20%**	\$25	\$15-\$100
<b>Specialist Visit</b>	20%**	\$40	\$15-\$100
<b>Urgent Care</b>	20%**	\$25	\$50
<b>Emergency Room</b>	20%**	\$250 copay + 20%**	\$500
<b>Inpatient Hospital</b>	20%**	20%**	\$200-\$3,000
<b>Outpatient Hospital</b>	20%**	20%**	\$40-\$3,000
<b>Outpatient Mental Health Services</b>	20%**	\$25	\$40-\$3,000

\*In-network benefits are shown here. For out-of-network coverage, visit [www.myuhc.com](https://www.myuhc.com) or <https://www.join.surest.com/LovesTravel>.

\*\*After the deductible is met.

## But Wait, There's More!

Not enrolled in a Love's medical plan?  
Or want even more coverage?

We've got options for you!

[Supplemental Benefits](#)

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

Your health is your most valuable asset, and preventive care is your best defense. At Love's, we believe that staying healthy is the key to a happier life. Preventive care includes regular check-ups, screenings and vaccinations that can detect potential health issues early or even prevent them altogether. By making preventive care a top priority, you're not only investing in your long-term health but also saving on future medical expenses. 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.

We're here to support you in taking steps towards a healthier you. Don't wait for health concerns to arise—make preventive care a part of your wellness routine and enjoy a healthier, happier life. Your well-being matters to us.

# Prescription Drug Coverage

UHC | 844-518-8071 | [myuhc.com](https://myuhc.com)

Surest | 866-683-6440 | [join.surest.com/LovesTravel](https://join.surest.com/LovesTravel)



Plan Features	HSA Plan (UHC)	Deductible Plan (UHC)	Copay Plan (Surest)
	In-Network*	In-Network*	In-Network*
Prescription Drugs: Retail (up to a 30-day supply)			
Tier 1	20%** (Preventive medications are available for \$0)	\$10	\$10
Tier 2		\$50	\$50
Tier 3		\$75	\$75
Specialty		\$100	\$100
Prescription Drugs: Mail Order (up to a 90-day supply)			
Tier 1	20%** (Preventive medications are available for \$0)	\$20	\$20
Tier 2		\$100	\$100
Tier 3		\$150	\$150

\*In-network benefits are shown here. For out-of-network coverage, visit [www.myuhc.com](https://www.myuhc.com) or <https://www.join.surest.com/LovesTravel>.

\*\*After the deductible is met.

## Go Generic & Save

Looking to save money on your medications? Generic drugs are a smart choice. They're basically copies of brand-name drugs, with the same ingredients, effects and safety. They work just as well as the expensive brands because they meet the same FDA standards. The best part? Generic drugs are usually 80% to 85% cheaper than the brand-name versions. To see if there's a generic option for your medicine, go to [fda.gov](https://www.fda.gov).

## Need Help Managing Your Prescriptions?

If you'd like help managing your prescriptions or have questions about the medications available to you, [click here](#).

## Prescription Drug Apps

Consider downloading apps like **GoodRx** and **RxSaver** to compare drug prices and find discounts. Keep in mind that if you use one of these apps, your payment will not apply to the deductible or out-of-pocket maximum.



# Fuel for You: Healthy Hearts Wellness Program

Marquee Health | 800-882-2109 | [loves.mywellportal.com](https://loves.mywellportal.com)



At Love’s, we want to make reaching your wellness goals as easy as possible. To help you get the results you want, we are pleased to offer a wellness program to support your efforts to develop and live a healthy lifestyle.

Our Healthy Hearts Program is here for all employees, and it’s completely confidential. Here’s what it offers:

Benefits	Enrolled in Love’s Medical Plan	Not Enrolled in Love’s Medical Plan
Biometric Screenings	✓	–
Tobacco-Cessation Programs	✓	✓
Challenges with Prizes	✓	✓
MyWellPortal Access	✓	✓
Wellness Discount	✓	–
Tobacco-Free Discount	✓	–

## Wellness Discount

Preventing health issues is crucial. We offer on-site biometric screenings for blood pressure, cholesterol, glucose and more. Your results are private, and Love’s cannot access them.

Can’t make it to the on-site screening? Visit [MyWellPortal](#) to order an At Home Test Kit or get a voucher for your physician. Completing a screening and one activity in 2024 will earn you a \$300 discount on your medical premiums in 2025.

## Tobacco-Free Discount

Love’s supports your efforts to quit tobacco (and save money). To earn a discount of \$20 per week on your medical plan, you and your covered dependents must be tobacco-free.

Need help quitting? Love’s offers help through Marquee Health, offering personal coaching, online tools and an audio health library. If you’re working on quitting but aren’t tobacco-free yet, contact the Wellness Department at **405-847-4357** to enroll in a cessation program. Once you complete the program, you will be eligible for the \$20 per week discount.



# Choose the Right Place to Go for Care






Don't 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 care 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 UHC may call you and suggest participation in a UHC 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

 <p><b>Nurse Line</b> 844-518-8071</p>	 <p><b>Telehealth/Virtual Visit</b></p>	 <p><b>Primary Care Provider (PCP)</b></p>	 <p><b>Urgent Care Center</b></p>	 <p><b>Emergency Room</b></p>
<p><b>Wait Time: Low   Cost: \$</b></p>	<p><b>Wait Time: Low   Cost: \$</b></p>	<p><b>Wait Time: Low   Cost: \$</b></p>	<p><b>Wait Time: Mid-range   Cost: \$\$</b></p>	<p><b>Wait Time: High   Cost: \$\$\$\$</b></p>
<p><b>Benefit:</b></p> <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> <p><b>Reasons to go:</b></p> <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>	<p><b>Benefit:</b></p> <ul style="list-style-type: none"> <li>▪ Low cost</li> <li>▪ Speak to a doctor from anywhere</li> <li>▪ Reduced waiting time</li> </ul> <p><b>Reasons to go:</b></p> <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>	<p><b>Benefit:</b></p> <ul style="list-style-type: none"> <li>▪ In-person examination</li> <li>▪ Reasonable price in-network</li> <li>▪ Familiarity with health history</li> </ul> <p><b>Reasons to go:</b></p> <ul style="list-style-type: none"> <li>▪ Preventive care</li> <li>▪ Treatment of chronic illnesses</li> <li>▪ Follow-up visits and referrals</li> </ul>	<p><b>Benefit:</b></p> <ul style="list-style-type: none"> <li>▪ Lower cost than an ER visit</li> <li>▪ Same-day visits are often available</li> </ul> <p><b>Reasons to go:</b></p> <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>	<p><b>Benefit:</b></p> <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> <p><b>Reasons to go:</b></p> <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>

# Dental Coverage

Delta Dental of Oklahoma | 800-522-0188 | [deltadentalok.org](http://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'll 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.

Plan Features	High PPO	Low PPO
	In-Network *	In-Network *
	You pay:	You pay:
<b>Calendar Year Deductible</b> (waived for Preventive Services)	\$50 individual / \$150 family	\$50 per person
<b>Calendar Year Maximum</b>	\$1,500	\$750
<b>Diagnostic &amp; Preventive Services</b> (e.g., x-rays, cleanings, exams)	Covered in full	20%
<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
<b>Orthodontia Lifetime Maximum</b>	\$1,500	Not applicable

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

## The HOW Program

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.

\* Additional cleanings are covered in full on the High PPO and you pay 20% on the Low PPO. Subject to provider participation.



## Find an In-Network Dentist

[deltadentalok.org](http://deltadentalok.org)

- Click "For Members" then "Dentist Search"
- Select "Insured Plan"
- Enter your search criteria

## 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:

[www.eyemedvisioncare.com/deltad](http://www.eyemedvisioncare.com/deltad).

# Vision Coverage

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

Keep your vision clear and your eyes in good health with regular eye exams. The vision plan offers an extensive network of optometrists and vision care specialists. Remember, you'll save money by visiting in-network providers. You will receive an ID card upon enrollment.



Plan Features	High Vision Plan		Low Vision Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Exam</b> (once per calendar year)	\$0 copay	Up to \$45 allowance	\$10 copay	Up to \$45 allowance
<b>Frames</b> (once per calendar year)	\$300 allowance, then 20% off balance	Up to \$100 allowance	\$130 allowance, then 20% off balance*	Up to \$90 allowance*
<b>Lenses</b> (once per calendar year)				
Single Vision	\$15 copay	Up to \$25 allowance	\$25 copay	Up to \$25 allowance
Bifocal	\$15 copay	Up to \$40 allowance	\$25 copay	Up to \$40 allowance
Trifocal	\$15 copay	Up to \$55 allowance	\$25 copay	Up to \$55 allowance
<b>Contact Lenses</b> (once per calendar year)				
Medically Necessary	Covered in full	Up to \$210 allowance	Covered in full	Up to \$210 allowance
Elective	\$300 allowance, then 15% off balance	Up to \$160 allowance	\$120 allowance, then 15% off balance	Up to \$96 allowance
<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 employees only.			

\*Frames on the low vision plan are once per two calendar years. You can choose either eyeglass lenses or contact lenses in the coverage period, but not both.

**Find an In-Network Vision Provider**

[www.eyemed.com](http://www.eyemed.com)

Search the Insight network





## Your Weekly Cost for Coverage

Benefit Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
<b>Medical (Tobacco-Free Rates)</b>				
HSA Plan	\$23	\$54	\$40	\$77
Copay Plan	\$20	\$50	\$40	\$75
Deductible Plan	\$40	\$100	\$70	\$140
Deductible Plan (Gemini)	\$44	\$124	\$76	\$164
<b>Medical (Tobacco Rates)</b>				
HSA Plan	\$43	\$74	\$60	\$97
Copay Plan	\$40	\$70	\$60	\$95
Deductible Plan	\$60	\$120	\$90	\$160
Deductible Plan (Gemini)	\$64	\$144	\$96	\$184
<b>Dental</b>				
High Plan	\$6.30	\$12.56	\$14.45	\$20.74
Low Plan	\$3.46	\$6.92	\$7.96	\$11.42
<b>Vision</b>				
High Plan	\$1.63	\$3.09	\$3.25	\$4.78
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 discount, subtract \$6 from the medical rates above. If you are paid bi-weekly, subtract \$12 and multiply this final rate by two.

### How to Qualify for Tobacco-Free Rates

To save \$20 per week with the tobacco-free discounted rates, you and everyone you cover on your medical plan must be tobacco-free.

If you need help quitting tobacco, reach out to the Wellness Department at **405-847-4357** to enroll in a tobacco-cessation program. Learn more on [page 13](#).

# Employee Assistance Program (EAP)

**Optum EAP | 833-EAP-1234 | [liveandworkwell.com](https://liveandworkwell.com) | Access Code: Loves**

Your emotional health should never take a back seat. When you need help with work, home, personal or family issues, the EAP offers value-added programs and services at **no cost to ALL employees**.

You and your household family members can access this confidential service to help with many life challenges including elder care, illness, grief and loss, stress, depression, financial counseling, legal matters and much more. These services can help you tackle adversity while saving you time and money.

The EAP gives you access to:

**Unlimited phone sessions**

**6 free virtual or face-to-face sessions per issue per year**

**Child care and elder care help**

**Financial and legal advice and resources**

**The Optum Assist app for your convenience**



## Talkspace

[www.talkspace.com/connect](https://www.talkspace.com/connect)



Employees enrolled in a Love's medical plan can get easy access to professional mental health support by text message or live video chat. Whether you're dealing with stress, anxiety, or simply seeking guidance, reach out to Talkspace.

# Virtual Physical & Mental Health Care

Teladoc (UnitedHealthcare Plans) | 800-835-2362 | [teladoc.com](#)

Doctor On Demand (Surest Plan) | [doctorondemand.com](#)

Skip the traffic jams and waiting rooms. Virtual visits put you in control of when and where you access care. You can speak with a licensed physician, psychologist or psychiatrist 24/7/365 via phone or computer. Phone consultations and online video visits give you direct access to a licensed medical professional who may be able to:

Diagnose medical conditions

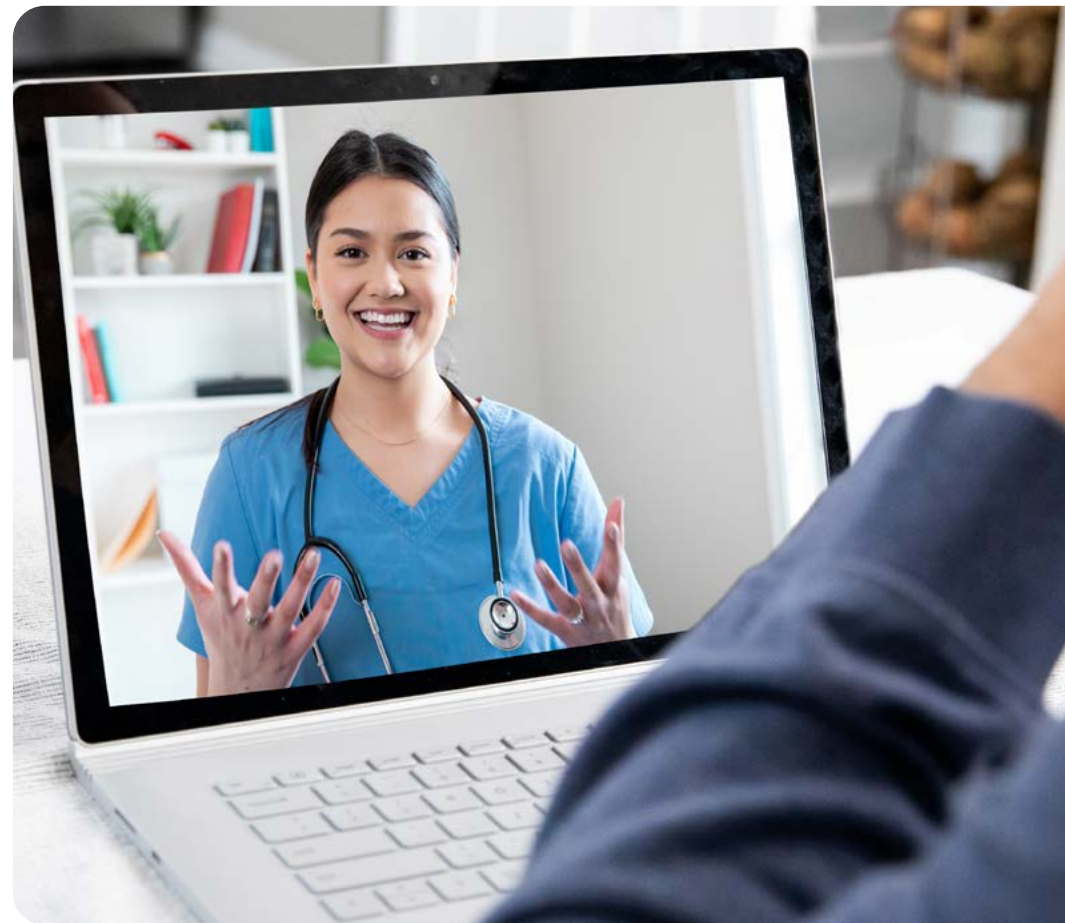
Treat mental health concerns

Supply specialist referrals

Prescribe medication

## Yes! You Can Have Virtual Care Without a Love's Medical Plan

If you do not enroll in the Love's Medical plan, you may still enjoy access to Teladoc virtual health care. This program offers full-time and part-time employees the option to receive virtual physical and mental health care services. This benefit is provided for the low premium cost of **\$0.26 per week**. When you access care, a visit with Teledoc is \$52 for general medical and \$45 for mental health.

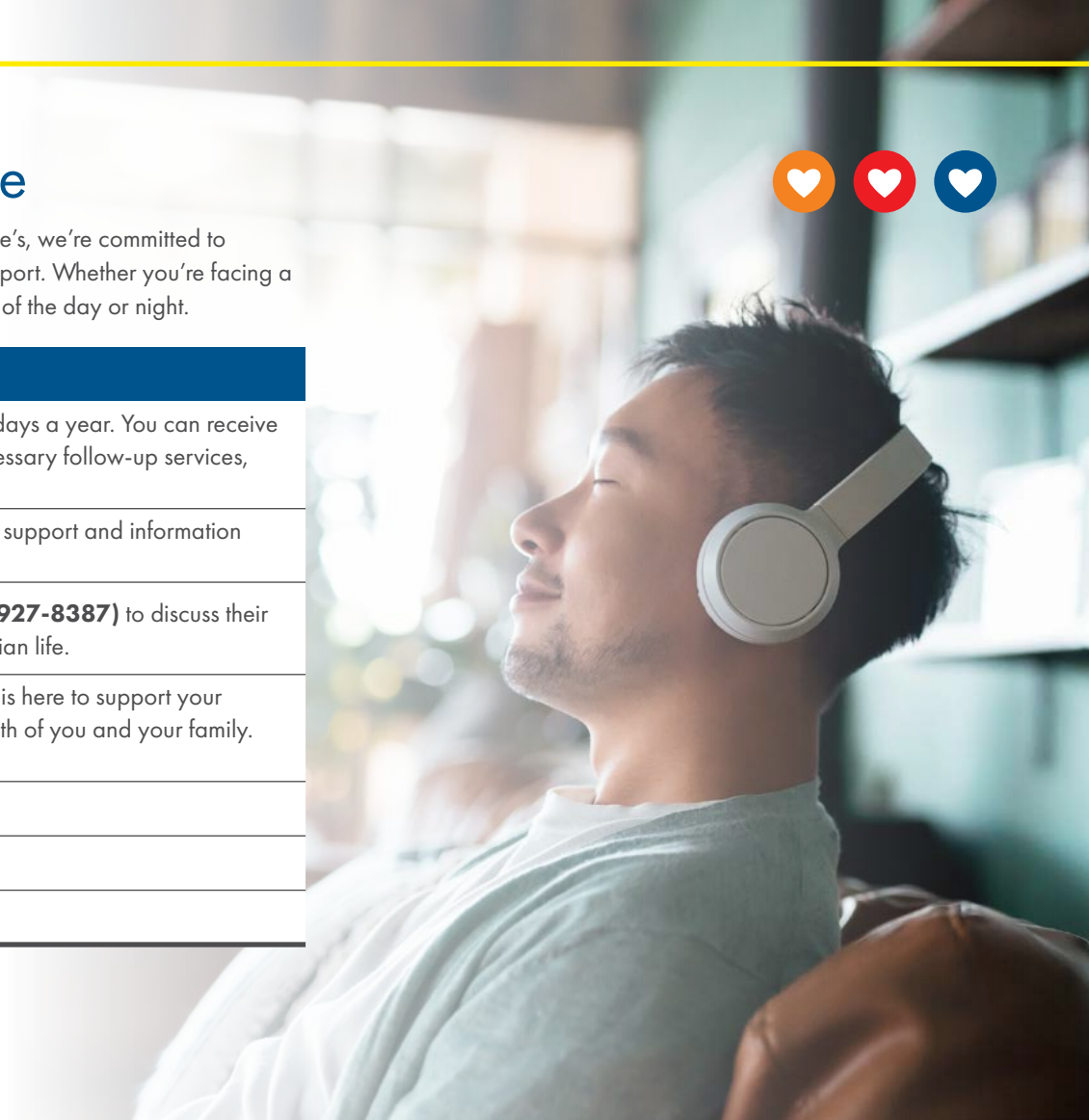


# 24/7 Mental Health Resources for Everyone



Fill up your mental health tank, because your mental health is as important as your physical health. At Love's, we're committed to providing all our team members with round-the-clock access to valuable mental health resources and support. Whether you're facing a challenging situation or simply need someone to talk to, our dedicated services are here for you any time of the day or night.

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>War Vet 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-EAP-1234</b> .
<b>Risk</b>	<b>405-847-5300</b> (option 1)
<b>Safety</b>	<b>405-847-5300</b> (option 2)
<b>Talent Stop</b>	<b>405-847-4357</b> (option 2)



# Health Savings Account (HSA)

Optum Bank | 800-791-9361 | [optumbank.com](https://optumbank.com)



If you enroll in the HSA Plan, you may be eligible to open a Health Savings Account (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 FREE money to your account!
	You can set aside tax-free* money to pay for out-of-pocket health care expenses.
	An HSA is your bank account. If you leave Love's, the account goes with you.
	All unused funds roll over year to year.
	HSAs can make a great retirement savings account for health care.

## 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. 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. When you enroll in the HSA, you will receive an Optum Bank debit card.

Coverage Type	Love's HSA Contribution	Maximum Employee Contribution	2024 Maximum HSA Contribution	Age 55+ Catch-up Contribution
Individual Coverage	\$1,000	\$3,150	\$4,150	Additional \$1,000
Family Coverage	\$2,000	\$6,300	\$8,300	

## What About the Fine Print?

- You must be enrolled in a qualified High Deductible Health Plan (HDHP), such as 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.

## Tell Me More

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

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



# Flexible Spending Accounts (FSA)

UnitedHealthcare | 866-791-9361 | [myuhc.com](#)

Flexible Spending Accounts (FSA) offer a smart way to stretch your dollars by setting aside pre-tax dollars 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.

	Health Care FSA	Dependent Care FSA
<b>Eligibility</b>	Eligible employees who are not enrolled in the HSA Plan	All eligible employees
<b>Annual Contribution Limit*</b>	\$3,050	\$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	Reimbursement
<b>Services Deadline</b>	Services must be incurred by 3/15/2025	Services must be incurred by 12/31/2024
<b>Submission Deadline for Reimbursement</b>	Reimbursement must be submitted by 3/31/2025	Reimbursement must be submitted by 3/31/2025

\*Limits subject to change based on IRS decisions.

\*\*Refer to IRS Publication [502](#) and [503](#) for a complete list of eligible expenses.

## IRS Guidelines for FSA

- Funds cannot be transferred between FSA.
- You cannot change your FSA election in the middle of the plan year without a qualifying life event.
- Love’s plan requires us to test for discrimination; your annual election may be adjusted to meet requirements.

# 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	FSA
<b>Which medical plan goes with it?</b>	HSA Plan	Copay Plan & Deductible Plan
<b>Who owns the account?</b>	You	Love’s
<b>Who funds the account?</b>	You and Love’s	You
<b>How much does Love’s contribute annually?</b>	\$1,000 Individual \$2,000 Family	N/A
<b>What is the 2024 contribution limit?</b>	\$4,150 Individual \$8,300 Family	\$3,050 Individual \$5,000 Family*
<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 (Healthcare FSA only).
<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.

\*Limits subject to change based on IRS decisions.



# 401 (k) Retirement Plan

Milliman Benefits | 800-346-9185 | [millimanbenefits.com](https://millimanbenefits.com)



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%. 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.

## 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.



## What's the Difference Between Pre-Tax vs. 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's important to know the difference between the plans. Consult a tax advisor or Milliman Benefits for advice.

Traditional 401(k)	Roth 401(k)
You contribute before paying taxes.	You pay taxes on the money before it's 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'll 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>

In 2024, you may contribute up to the IRS maximum of \$23,000. If you are age 50 or over, you can make "catch-up" contributions up to an additional \$7,500. Catch-up contributions must be made to a Traditional 401(k), and not to a Roth 401(k).

2024 IRS Annual Contribution Limits	
401(k) Contribution Amount	Age 50+ Catch-up Amount
\$23,000	\$7,500

### Did You Know?

You can update your 401(k) beneficiary information at any time? Go to the [Milliman website](#) to make changes.



# Family Friendly Benefits



At Love's, we also understand that 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're 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 believes that family comes first. That's why we offer paid maternity and parental leave for all employees after working one full year, averaging 24 hours or more per week. 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

## Adoption Assistance

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

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

## Fertility Treatment

UnitedHealthcare | 844-518-8071 | [myuhc.com](http://myuhc.com)

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

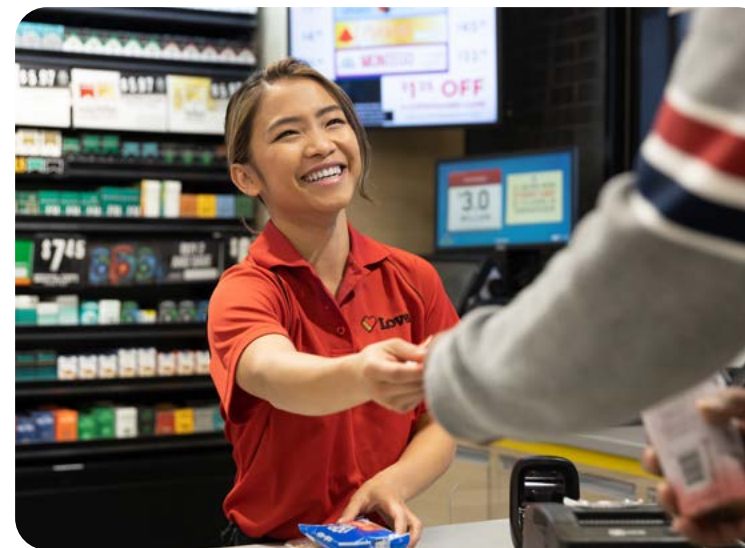
## Back-Up Child Care

Corporate Care Solutions | 844-888-2273 | [corporatecaresolutions.com](http://corporatecaresolutions.com)

Love's understands that life can be unpredictable, especially when it comes to child care. That's why we offer an emergency back-up child care solution to provide you with peace of mind and flexibility when unexpected situations arise. Back-up child care is available to all employees who have been employed with Love's for at least nine consecutive months.

## Find Out More

Policies and forms are available on theWave.



## Pet Insurance

Nationwide | 877-738-7874 | [benefits.petinsurance.com/loves](https://benefits.petinsurance.com/loves)

Your pets are cherished members of your family, and their health matters. That's why Love's offers Pet insurance, giving you peace of mind when it comes to your pet's well-being. 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.

For plan details and preferred pricing, visit the link above and enter "Love's Travel Stops and Country Stores."

## Hearing Benefits

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 [www.Beltone.com](https://www.Beltone.com) to find a store near you. Plus, when you are covered by one of the medical plans, you are also eligible for other hearing benefits, including one set of hearing aids every three years, subject to deductible and coinsurance, with a \$3,000 benefit maximum.

## 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 it's shopping, dining, wellness, or entertainment, PerkSpot has products and programs you want at prices that are lower because you're a Love's employee. It's 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)



At Love's, we're committed to ensuring your well-being in every way possible. That's why we offer a range of voluntary health benefits: Accident, Critical Illness and Hospital Indemnity insurance. These plans provide a financial safety net for all employees, but especially those who may not be eligible for Love's medical coverage. The best part? The benefits from these plans are paid directly to you, giving you the flexibility to use the money as you see fit.

## Accident Insurance

Accidents are a part of life, and while we can't 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

With Critical Illness insurance, you'll 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'll 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 credit for receiving your annual wellness exam.** Visit the link above for more information.

## Hospital Indemnity Insurance

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're admitted to or confined in a hospital. It helps cover the bills 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.

[Plan Info & Rates](#)

### See the Plans in Action!

Meet Sarah, a dedicated part-time employee at Love's. While she doesn't qualify for Love's medical coverage due to her part-time status, she's still a savvy planner when it comes to her well-being. One day, Sarah is in an accident on her way to meet a friend.

- Her Accident coverage provides her with a cash payment, helping her cover ambulance bills and car repairs.
- Sarah learns that 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's 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 employee, you receive Basic Life and AD&D insurance provided by Love's at no cost to you.

Basic Life and AD&D*	
<b>Field Managers &amp; Corporate Employees</b>	1 x Base Salary (up to \$500,000)
<b>Gemini Drivers</b>	\$100,000
<b>Full-Time Team Members</b>	\$20,000

\*Full-time employees are automatically enrolled in Basic Life and AD&D insurance even if you waive other coverage.

### Choose a Beneficiary

It's 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).

Benefit Features	Supplemental Life Options*		
	Employee	Spouse	Dependent Child(ren)
<b>Coverage Options</b>	\$10,000 increments	\$5,000 increments	Age 6 months to 26 years: <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> Age 14 days to 6 months: \$250
<b>Maximum</b>	5x your salary up to \$500,000	2.5x your salary up to \$250,000 (cannot exceed 50% of employee coverage)	Age 6 months to 26 years: \$10,000 Age 14 days to 6 months: \$250
<b>Guaranteed Issue Amount</b>	\$250,000	\$50,000	
<b>Guaranteed Issue Period</b>	Within 30 days of benefits eligibility or a qualifying life event		

\*Evidence of Insurability (EOI) may be required.

## How Much Supplemental Life Insurance Should I Buy?

When deciding how much Supplemental Life coverage to buy, consider the following:

1. How much will your dependents need to pay debts, such as a mortgage, car loan or credit card balances?
2. How much do your dependents need to maintain their current standard of living?
3. What kind of future would you like to provide for your dependents or others who depend on you for financial support?

## Supplemental Life Insurance Premiums

To view your rates for Supplemental Life insurance, [click here](#).

### What Is EOI?

Evidence of Insurability (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.



# 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 at no cost to Gemini drivers, Corporate employees and Field Management. STD coverage provides you with a portion of income replacement 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.

Short-Term Disability	
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 at no cost to Gemini drivers, Corporate employees 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 reach Social Security Normal Retirement Age or you 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.

Long-Term Disability	
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 | 888-842-4462 | [presents.voya.com/ebrc/loves](https://presents.voya.com/ebrc/loves)

All employees, whether full-time or part-time, who do not receive company-paid Basic STD, can buy coverage from Voya. If you choose to enroll in Voluntary STD coverage, it can give you partial income replacement if you can't 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. To view your rates for Voluntary STD, [click here](#).

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

### It Pays to Prepare

To be eligible for voluntary STD, it's 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.

### Copay

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

### 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.

### 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
Medical & Pharmacy	UHC	905754	844-518-8071	<a href="http://myuhc.com">myuhc.com</a>
	Surest	78800365	866-683-6440	<a href="http://join.surest.com/LovesTravel">join.surest.com/LovesTravel</a>
Telemedicine	Teladoc	-	800-835-2362	<a href="#">Teladoc App</a>
	Doctor On Demand (Surest Copay Plan only)	-		<a href="http://doctorondemand.com">doctorondemand.com</a>
HSA	Optum Bank	-	800-791-9361	<a href="http://optumbank.com">optumbank.com</a>
Dental	Delta Dental of Oklahoma	0011607	800-522-0188	<a href="http://deltadentalok.org">deltadentalok.org</a>
Vision	EyeMed	1030473 1001 (Low) 1030473 1002 (High)	844-409-3402	<a href="http://eyemed.com">eyemed.com</a>
Wellness	Love's	-	405-847-4357	<a href="http://loves.mywellportal.com">loves.mywellportal.com</a>
EAP	UHC Optum	-	833-EAP-1234	<a href="http://liveandworkwell.com">liveandworkwell.com</a>
FSA	UnitedHealthcare	-	866-755-2648	<a href="http://myuhc.com">myuhc.com</a>
401(k)	Milliman Benefits	-	800-346-9185	<a href="http://millimanbenefits.com">millimanbenefits.com</a>
Life and AD&D	New York Life	FLX980513 (Basic & Vol. Life) OK980517 (Basic AD&D)	888-842-4462	<a href="http://newyorklife.com">newyorklife.com</a>
Disability	New York Life	SHD985486 (STD) LK980392 (LTD)	888-842-4462	<a href="http://mynylgbs.com">mynylgbs.com</a>
Voluntary Pet	Nationwide	-	877-738-7874	<a href="http://benefits.petinsurance.com/loves">benefits.petinsurance.com/loves</a>
Back Up Child Care	Corporate Care Solutions	-	844-888-2273	<a href="http://corporatecaresolutions.com">corporatecaresolutions.com</a>
Voluntary Accident, Critical Illness, Hospital Indemnity & STD	Voya	-		<a href="http://presents.voya.com/EBRC/Loves">presents.voya.com/EBRC/Loves</a>
Benefits Service Center	Businessolver	-	888-907-1394	<a href="http://lovesbenefits.com">lovesbenefits.com</a>
Talent Stop/Benefits/Leave of Absence	Love's	P.O. Box 26210 Oklahoma City, OK 73126	405-847-4357	<a href="http://lovesbenefits.com">lovesbenefits.com</a>
COBRA	Businessolver		888-907-1394, opt. 3	<a href="http://lovesbenefits.com">lovesbenefits.com</a>

# Required Notices

## Important Notice from Love's Travel Stops & Country Stores About Your Prescription Drug Coverage and Medicare under the UHC and Surest Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Love's Travel Stops & Country Stores and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Love's Travel Stops & Country Stores has determined that the prescription drug coverage offered by the UHC and Surest plan(s) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

## When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

## What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Love's Travel Stops & Country Stores coverage may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may not be able to get this coverage back.

## When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Love's Travel Stops & Country Stores and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## For More Information about This Notice or Your Current Prescription Drug Coverage...

Contact the person listed at the end of these notices for further information.

**NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Love's Travel Stops & Country Stores changes. You also may request a copy of this notice at any time.

## 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. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- » Visit [www.medicare.gov](http://www.medicare.gov)
- » Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- » Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

*Remember: Keep this Medicare Part D notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).*

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Date:	January 1, 2024
Name of Entity/Sender:	Love's Travel Stops & Country Stores
Contact—Position/Office:	The Benefits Department
Address:	10601 N Pennsylvania Ave Oklahoma City, OK 73120
Phone Number:	405-847-4357

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## Women's Health and Cancer Rights Act

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. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact The Benefits Department at 405-847-4357.

## HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact The Benefits Department at 405-847-4357.

## HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- » Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- » Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- » Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- » Failing to return from an FMLA leave of absence; and
- » Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

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 dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact The Benefits Department at 405-847-4357.

# Notice Regarding Wellness Program

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 a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You may also be asked to complete a biometric screening or annual preventive exam, which may include a blood test for total cholesterol, HDL, LDL, triglycerides, glucose, and cotinine screening. Your blood pressure, height, weight, and waist circumference may also be measured. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, individuals who choose to participate in the wellness program may qualify for the \$6 per week credit by earning program credit by completing qualifying wellness activities. Individuals who choose to avoid the \$20 per week tobacco surcharge may complete the alternative standard or tobacco cessation program. See medical rates for details.

Although you are not required to participate in the blood test or other medical examinations or complete the HRA, only participants who do so may qualify for the \$6 per week credit.

Additional incentives may be available for participants who participate in certain health-related activities or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the Wellness Department at 405-847-4357.

The information from your HRA or blood test or other medical examinations may be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as wellness programming and content. You also are encouraged to share your results or concerns with your own doctor.

## Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Love's Travel Stops & Country Stores may use aggregate information it collects to design a program based on identified health risks in the workplace, Marquee Health will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. In order to provide you with services under the wellness program, your personally identifiable health information may be shared with one or more of the following: Lockton Companies.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Wellness Department at 405-847-4357.

# 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)**.

**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, 2023. Contact your State for more information on eligibility –**

## ALABAMA – Medicaid

WEBSITE <http://myalhipp.com/>  
PHONE 1-855-692-5447

## ALASKA – Medicaid

The AK Health Insurance Premium Payment Program  
WEBSITE <http://myakhipp.com/>  
PHONE 1-866-251-4861  
EMAIL [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)  
MEDICAID ELIGIBILITY <https://health.alaska.gov/dpa/Pages/default.aspx>

## ARKANSAS – Medicaid

WEBSITE <http://myarhipp.com/>  
PHONE 1-855-MyARHIPP (855-692-7447)

## CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program  
WEBSITE <http://dhcs.ca.gov/hipp>  
PHONE 916-445-8322 / (fax) 916-440-5676  
EMAIL [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)

## COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

WEBSITE Health First Colorado Website:  
<https://www.healthfirstcolorado.com/>  
PHONE Health First Colorado Member Contact Center:  
1-800-221-3943 / State Relay 711  
CHP+ WEBSITE <https://hcpf.colorado.gov/child-health-plan-plus>  
CHP+ PHONE Customer Service: 1-800-359-1991 / State Relay 711  
WEBSITE Health Insurance Buy-In Program (HIBI):  
<https://www.mycohibi.com/>  
PHONE HIBI Customer Service: 1-855-692-6442

## FLORIDA – Medicaid

WEBSITE <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>  
PHONE 1-877-357-3268

## GEORGIA – Medicaid

GA HIPP WEBSITE <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>  
PHONE 678-564-1162, Press 1  
GA CHIPRA WEBSITE <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>  
PHONE 678-564-1162, Press 2

## INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64  
WEBSITE <http://www.in.gov/fssa/hip/>  
PHONE 1-877-438-4479  
All other Medicaid  
WEBSITE <https://www.in.gov/medicaid/>  
PHONE 1-800-457-4584

## IOWA – Medicaid and CHIP (Hawki)

MEDICAID WEBSITE <https://dhs.iowa.gov/ime/members>  
MEDICAID PHONE 1-800-338-8366  
HAWKI WEBSITE <http://dhs.iowa.gov/Hawki>  
HAWKI PHONE 1-800-257-8563  
HIPP WEBSITE <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>  
HIPP PHONE 1-888-346-9562

## KANSAS – Medicaid

WEBSITE <https://www.kancare.ks.gov/>  
PHONE 1-800-792-4884  
HIPP PHONE 1-800-967-4660

## KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment (KI-HIPP) Program  
WEBSITE <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>  
PHONE 1-855-459-6328  
EMAIL [KIHIPPROGRAM@ky.gov](mailto:KIHIPPROGRAM@ky.gov)  
KCHIP WEBSITE <https://kidshealth.ky.gov/Pages/index.aspx>  
KCHIP PHONE 1-877-524-4718  
MEDICAID WEBSITE <https://chfs.ky.gov/agencies/dms>

## LOUISIANA – Medicaid

WEBSITE [www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)  
PHONE 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

## MAINE – Medicaid

ENROLLMENT WEBSITE [https://www.mymaineconnection.gov/benefits/s/?language=en\\_US](https://www.mymaineconnection.gov/benefits/s/?language=en_US)  
PHONE 1-800-442-6003 TTY: Maine relay 711  
WEBSITE Private Health Insurance Premium  
<https://www.maine.gov/dhhs/ofi/applications-forms>  
PHONE 1-800-977-6740 TTY: Maine relay 711

## MASSACHUSETTS – Medicaid and CHIP

WEBSITE <https://www.mass.gov/masshealth/pa>  
PHONE 1-800-862-4840 TTY: 711  
EMAIL [masspreassistance@accenture.com](mailto:masspreassistance@accenture.com)

## MINNESOTA – Medicaid

WEBSITE <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>  
PHONE 1-800-657-3739

**MISSOURI – Medicaid**

WEBSITE <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>  
PHONE 573-751-2005

**MONTANA – Medicaid**

WEBSITE <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
PHONE 1-800-694-3084  
EMAIL [HSHIPPProgram@mt.gov](mailto:HSHIPPProgram@mt.gov)

**NEBRASKA – Medicaid**

WEBSITE <http://www.ACCESSNebraska.ne.gov>  
PHONE 1-855-632-7633  
Lincoln: 402-473-7000  
Omaha: 402-595-1178

**NEVADA – Medicaid**

MEDICAID WEBSITE <http://dhcnp.nv.gov>  
MEDICAID PHONE 1-800-992-0900

**NEW HAMPSHIRE – Medicaid**

WEBSITE <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>  
PHONE 603-271-5218  
TOLL FREE FOR HIPP PROGRAM 1-800-852-3345, ext 5218

**NEW JERSEY – Medicaid and CHIP**

MEDICAID WEBSITE <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>  
MEDICAID PHONE 609-631-2392  
CHIP WEBSITE <http://www.njfamilycare.org/index.html>  
CHIP PHONE 1-800-701-0710

**NEW YORK – Medicaid**

WEBSITE [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)  
PHONE 1-800-541-2831

**NORTH CAROLINA – Medicaid**

WEBSITE <https://medicaid.ncdhhs.gov/>  
PHONE 919-855-4100

**NORTH DAKOTA – Medicaid**

WEBSITE <https://www.hhs.nd.gov/healthcare>  
PHONE 1-844-854-4825

**OKLAHOMA – Medicaid and CHIP**

WEBSITE <http://www.insureoklahoma.org>  
PHONE 1-888-365-3742

**OREGON – Medicaid**

WEBSITE <http://healthcare.oregon.gov/Pages/index.aspx>  
PHONE 1-800-699-9075

**PENNSYLVANIA – Medicaid and CHIP**

WEBSITE <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>  
PHONE 1-800-692-7462  
CHIP WEBSITE <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>  
CHIP PHONE 1-800-986-KIDS (5437)

**RHODE ISLAND – Medicaid and CHIP**

WEBSITE <http://www.eohhs.ri.gov/>  
PHONE 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)

**SOUTH CAROLINA – Medicaid**

WEBSITE <https://www.scdhhs.gov>  
PHONE 1-888-549-0820

**SOUTH DAKOTA - Medicaid**

WEBSITE <http://dss.sd.gov>  
PHONE 1-888-828-0059

**TEXAS – Medicaid**

WEBSITE <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>  
PHONE 1-800-440-0493

**UTAH – Medicaid and CHIP**

MEDICAID WEBSITE <https://medicaid.utah.gov/>  
CHIP WEBSITE <http://health.utah.gov/chip>  
PHONE 1-877-543-7669

**VERMONT– Medicaid**

WEBSITE <https://dvha.vermont.gov/members/medicaid/hipp-program>  
PHONE 1-800-250-8427

**VIRGINIA – Medicaid and CHIP**

WEBSITE <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>  
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>  
MEDICAID AND CHIP PHONE 1-800-432-5924

**WASHINGTON – Medicaid**

WEBSITE <https://www.hca.wa.gov/>  
PHONE 1-800-562-3022

**WEST VIRGINIA – Medicaid and CHIP**

WEBSITE <http://dhhr.wv.gov/bms>  
<http://mywvhipp.com>  
MEDICAID PHONE 304-558-1700  
CHIP TOLL-FREE 1-855-MyWVHIPP (1-855-699-8447)

**WISCONSIN – Medicaid and CHIP**

WEBSITE <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>  
PHONE 1-800-362-3002

**WYOMING – Medicaid**

WEBSITE <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>  
PHONE 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, 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)