2027 GEMINI
OPEN ENROLLMENT GUIDE



The Right Care.
The Right Coverage.
Right When You Need It.

BENEFITS BASICS

YOUR PHYSICAL HEALTH

YOUR WELL-BEING

YOUR FINANCIAL HEALTH

CONTACTS AND RESOURCES

IN THIS GUIDE

Open Enrollment for 2027 Benefits 1

Benefits Basics 3

- Who Is Eligible? 3
- Know Which Benefits You Are Eligible For? 3
- When to Enroll or Make Changes 4
- Change in Employment Status 4
- How to Enroll 4
- Qualifying Life Events 5

Your Physical Health 6

- Medical Plans 6
- Get to Know the Plans 7
- Know Where to Go 8
- Virtual Care 9
- Health Support Programs 10
- Prescription Drug Coverage 11
- Dental Plans 12
- Vision Plans 13

Your Weekly Costs: Health Care Plans 14

Your Well-Being 15

- LivingWell Support Network 15
- Support Resources 16
- Family Resources 17
- Programs to Save You Money 18

Your Financial Health 19

- Health Savings Account (HSA) 19
- Flexible Spending Accounts (FSAs) 20
- Comparing the HSA and the Health Care FSA 21
- Life and Accidental Death and Dismemberment (AD&D) Coverage 22
- Disability Coverage 23
- 401(k) Retirement Plan 24
- Supplemental Benefits 25

Contacts 26

Required Notices 27

OPEN ENROLLMENT FOR 2027 BENEFITS

Enroll or Make Changes October 21 Through November 6, 2026

Love's remains committed to offering benefits that support your physical, mental, and financial health. For 2027, you'll continue to have the benefits you know and value, along with new programs designed make it easier and more convenient to get support for your health and well-being. Take time to review what is new and any other important updates before making your elections.

This is your once-a-year opportunity to review your benefits and make changes for the year ahead. Outside of Open Enrollment, you can make changes if you experience a qualifying life event. Take time to consider whether your current benefits still fit your health care needs, family situation, and budget.

Important: If you want medical coverage, a health savings account (HSA), or flexible spending account (FSA) in 2027, you must make an active election during Open Enrollment. These elections will not automatically carry over from 2026. All other benefit elections will automatically carry over to 2027 if you do not make changes.

2027 MEDICAL PLAN UPDATES

- If you enroll in a Love's medical plan for 2027, you will receive a new medical ID card before the end of December. If you selected paperless communications with Surest or Blue Cross Blue Shield of Texas, your new ID card will be available digitally instead of being mailed to you. Keep your new ID card handy for doctor visits, prescriptions, and other medical care beginning January 1, 2027.
- The **Copay plan** will continue to offer the same coverage in 2027. However, some costs such as a doctor's visit could increase slightly, along with the annual maximum you could pay for covered medical expenses.
- **If you live in Oklahoma** and enroll in the HSA or Deductible plan, you will use the **OK Blue Preferred Select Network** in 2027. Visit **bcbstx.com/loves** to confirm that your doctors, hospitals, and other providers are in the new network before enrolling. Team Members outside of Oklahoma will continue to use the **BCBSTX Blue Choice PPO network**.

NEW PROGRAMS FOR 2027

When you are enrolled in a Love's medical plan, you will have access to these new programs – at no cost to you:

- **2nd.MD:** Get expert medical advice from leading specialists when you are facing a new diagnosis, considering surgery, managing a chronic condition, or simply have questions about your care.
- **Hello Heart:** Take charge of your heart health with Hello Heart. Receive a free blood pressure monitor and access to the Hello Heart app, to help you track your blood pressure, understand your numbers, and receive personalized guidance to improve your heart health.
- **Hinge Health:** Get convenient, personalized virtual physical therapy and exercises from wherever you are to help with joint and muscle pain, like a throbbing back, aching knees, or stiff shoulders.



2027 COST CHANGES

- If you choose Employee Only coverage under the HSA plan, you'll pay less, while other rates will increase slightly. If you are enrolled in the Medical or the High Dental plan, your premium will change in 2027. See page 14 for health plan rates.
- The amount you pay for brand-name prescriptions under the HSA plan will increase in 2027. After you meet your deductible, you will now pay 30% of the cost. For all medical plans, choosing to fill a brand-name drug when prescribed a generic will cost you more. Ask your doctor or pharmacist if a generic is right for you.

2027 Open Enrollment Details

Ready to Complete Your Open Enrollment?

- **Review your 2027 benefits guide:** Read through this benefits guide and learn more about your benefit plan options.
- **Enroll October 21 through November 6:** Complete your enrollment at **LovesBenefits.com**. (company key: loves).
- **Review and save your enrollment summary.** It shows the benefits you selected and can be a helpful resource if you need to look back at your selections later. After **November 6, 2026**, you cannot make changes until the next Open Enrollment or unless you have a qualifying life event.
- **Verify newly added dependents:** Upload required dependent documentation for newly added dependents by **November 20, 2026**, or your dependents will not have coverage in 2027.
- **Stay connected:** Make sure your contact information is up to date in Talent Stop so you receive your 2027 medical ID cards and other important updates without delay.

Reach Out!

You can navigate on your own through **LovesBenefits.com** and chat with Sofia 24/7 for help, or call the Benefits Service Center at **888-907-1394** to enroll or make changes (available during open enrollment 7 a.m. to 7 p.m. Central).



BENEFITS BASICS

Who Is Eligible?

- **You** – all active, regular Team Members*
  - Full-time: Working 30 or more hours per week
  - Part-time: Working up to 30 hours per 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)

* Temporary and seasonal Team Members are not eligible for benefits, but they have access to the EAP.

Covering Family Members?

If you add new dependents to your coverage, you must submit documentation to verify that they are eligible to participate in Love's plans. You MUST submit your documents by your enrollment deadline using one of these methods:

- Upload the documents on **LovesBenefits.com**.
- Email your documents to **dv@businessolver.com**.*
- Fax documents to **515-273-1545**.

*Include Company (Love's), Team Member name, and employee ID number in subject line.

Know Which Benefits You Are Eligible for?

Benefits	Part-Time Team Member	Full-Time Gemini Corporate Team Member or Driver
LivingWell Support Network EAP, Healthy Hearts, Community Resources	✓	✓
Medical		✓
Virtual Care	✓	✓
Dental	✓	✓
Vision	✓	✓
Health Savings Account (HSA)		✓
Flexible Spending Accounts (FSAs)		✓
Accident	✓	✓
Critical Illness	✓	✓
Hospital Indemnity	✓	✓
401(k)	✓	✓
Basic Life and Accidental Death and Dismemberment (AD&D)		✓
Supplemental Life		✓
Basic Short-Term Disability (STD)		✓
Voluntary STD	✓	
Basic Long-Term Disability (LTD)		✓
Pet Insurance	✓	✓
Emergency Back-Up Care	✓	✓
Paid Maternity Leave	✓	✓
Paid Parental Leave	✓	✓
Adoption Assistance	✓	✓
Tuition Assistance	✓	✓

When to Enroll or Make Changes

- **As a new hire:** You have 30 days to enroll, including your date of hire (hire date counts as day 1)
- **When your employment status changes:** Within 30 days of a change to your employment status
- **After a qualifying life event:** Within 30 days of the event; see qualifying life events on page 5 to learn more
- **During Open Enrollment:** Once a year during the designated enrollment period

Change in Employment Status

Your employment status determines your eligibility for benefits. A change from full-time to part-time, or vice versa, will determine the benefits you are eligible for and when your new benefits, will become effective. If you change from:

- **Part-time to full-time** – You become eligible for additional benefits and they will become effective the first of the month following the employment change. You must make benefit elections within 30 days of the status change.
- **Full-time to part-time** – Because some benefits are no longer available to part-time Team Members, coverage will end on the date of your change in status.

Before making a change to your employment status, be sure to review all coverage to make sure you know how your benefits will be impacted.



Example: Meet Carl

Carl has been working in the corporate office for 10 years, but wants to cut back his hours to spend more time with family. On the 28th, he will step into a part-time role, which means he is no longer eligible for medical, company-provided STD, LTD, and a few other benefits. His full-time benefits will end on the 28th, but he will have 30 days to enroll in voluntary STD coverage. While he will no longer participate in a Love's medical plan, he will have the option of purchasing private health insurance, purchasing health coverage through the Affordable Care Act (ACA) marketplace, or continuing coverage through COBRA.

How to Enroll

The choices you make when you enroll are in effect until December 31, unless you have a **qualifying life event** that allows you to make changes. It is important to review your benefit options and choose the best coverage for you and your family. Here's how to make your elections:

- Visit **LovesBenefits.com**. (Company key: loves)
  - 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 the benefits that work best for you and your family.
  - Choose one or more beneficiaries 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**.
- You can access **LovesBenefits.com** from the Heartbeat or the Pulse app.

Chat with Sofia

When you log in to ***LovesBenefits.com****, you can chat 24/7 with Sofia, a helpful assistant to help you understand the plans available to you, find answers to your questions, and choose the benefits that work for you.*

Qualifying Life Events

Certain events allow you to update your coverage or add new dependents during the plan year. You have 30 days from the date of the event to make changes on **LovesBenefits.com** and provide the required verification documents. If you add a new dependent to coverage, you will also need to provide documentation verifying they are eligible for coverage. Review the chart below to see what documents are required for each qualifying event.

Event Type	Documentation Required
Marriage	Marriage certificate
Divorce or legal separation	Divorce decree or legal separation papers
Birth of a child	State-issued 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
Medicare or Medicaid eligibility change	Proof of eligibility or termination letter
Qualified Medical Child Support Order (QMSCO)	Court order documentation

IMPORTANT: If you have a qualifying life event and you do not make changes to your benefits within 30 days, you will have to wait until the next Open Enrollment to make changes. Elections you make during Open Enrollment are in effect January 1 through December 31 each year.



YOUR PHYSICAL HEALTH

Medical Plans

BCBSTX HSA and Deductible medical plans: **866-803-4973** or **bcbstx.com/loves**

Surest Copay medical plan: **866-683-6440** or **surest.care/lovestravel**

You have three medical plans to choose from through Blue Cross Blue Shield of Texas (BCBSTX) or Surest. Each plan helps cover your health care, but when and how you pay for care varies by plan.

As you compare your options, look at the whole picture – what comes out of your paycheck for coverage, what you pay when you need care, and the type of health care you expect to use. All plans include in-network preventive care at no cost to you. Choose the plan that best fits your health needs and budget.

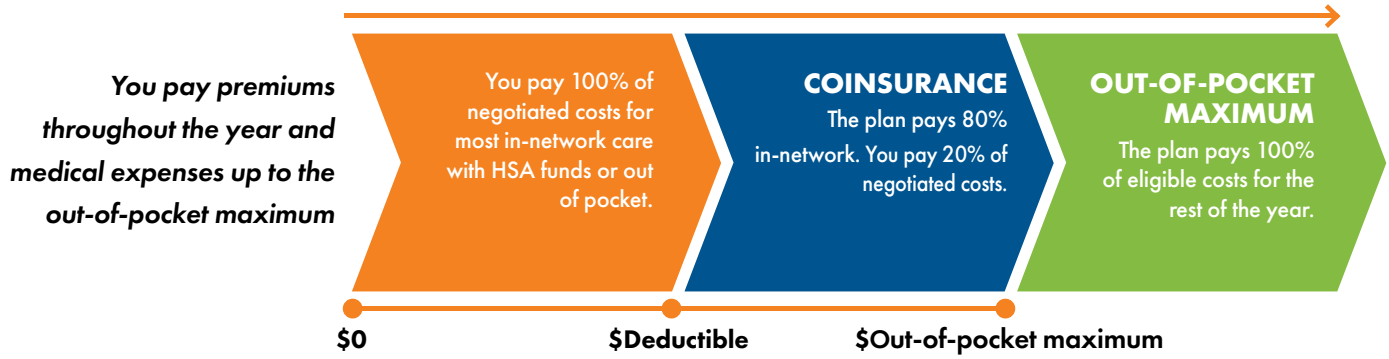
	BCBSTX HSA PLAN	BCBSTX DEDUCTIBLE PLAN	SUREST COPAY PLAN
	In-Network	In-Network	In-Network
Calendar Year Deductible Amount you pay before you and the plan share costs	$2,200 individual $4,400 family	$1,800 individual $5,400 family	None
Calendar Year Out-Of-Pocket Maximum Maximum amount you'll pay before the plan covers 100% of eligible costs for the rest of the year	$4,500 individual $9,000 family	$4,000 individual $12,000 family	$5,500 individual $11,000 family
Office Visits Preventive Care Primary Care Provider (PCP) Specialist	**FREE** to you 20% after deductible 20% after deductible	**FREE** to you $25 copay $40 copay	**FREE** to you Starting at $20 copay Starting at $20 copay
Virtual Care	$65 to $165 copay	$0 to $40 copay	Starting at $10 copay
2nd.MD	**FREE** to you	**FREE** to you	**FREE** to you
Urgent Care	20% after deductible	$25 copay	$60 copay
Emergency Room	20% after deductible	$250 copay + 20% after deductible	$500 copay
Inpatient Hospital	20% after deductible	20% after deductible	$300 to $3,500 copay
Outpatient Hospital	20% after deductible	20% after deductible	$40 to $3,500 copay
Outpatient Mental Health Services	20% after deductible	$25 copay	$20 to $120 copay

* If you use out-of-network providers, deductibles, out-of-pocket maximums and costs for services are higher. To see out-of-network plan features, visit **bcbstx.com/loves** or **surest.care/lovestravel**. You may also receive a balance bill from out-of-network providers and facilities.

Get to Know the Plans

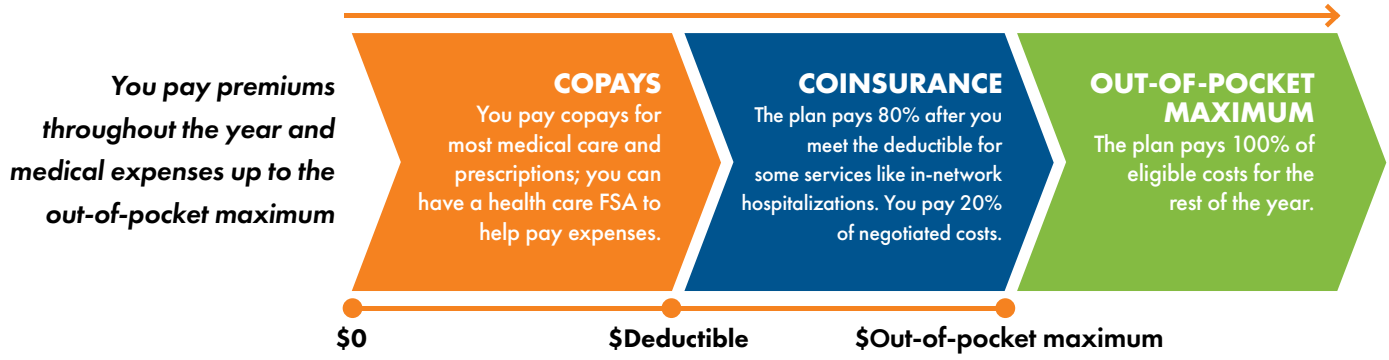
BCBSTX HSA PLAN

The HSA plan may be a good option if you want lower paycheck deductions and the opportunity to save money in a health savings account (HSA). This plan is HSA-eligible. If you enroll in this medical plan and open an HSA, Love's will contribute to your HSA to help pay for current or future health care expenses. You may pay less from each paycheck, but you will pay more of the cost when you receive care until you meet your deductible. After that, the plan helps pay for your care.



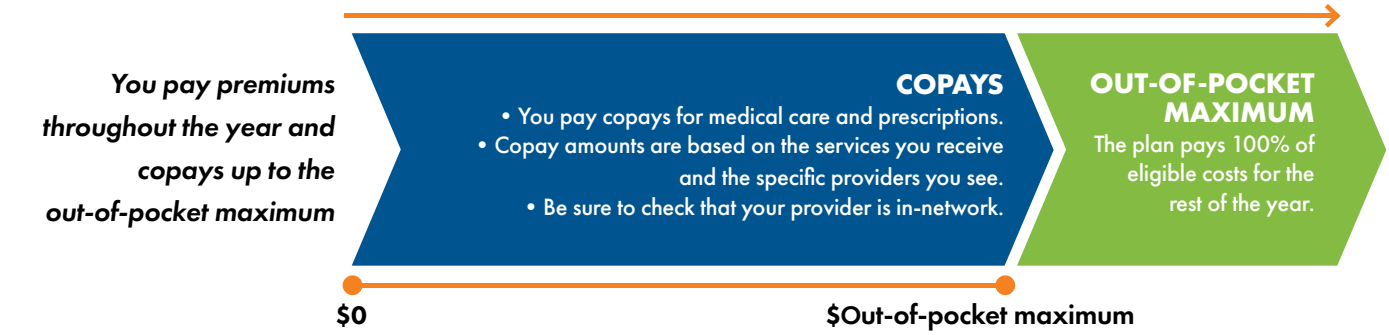
BCBSTX DEDUCTIBLE PLAN

With the Deductible Plan, you may pay more from each paycheck, but your costs are more predictable when you need care. For many services, you will pay a set amount, such as when you visit the doctor or pick up a prescription.



SUREST COPAY PLAN

The Copay plan provides a convenient and cost-effective way to manage your health care expenses. There are no deductibles or coinsurance amounts. You simply pay a copay at the time you receive care. Use the Surest website or mobile app before scheduling care to compare costs, find low-cost providers and see what you'll pay before your appointment.



Know Where to Go

Choosing the right care for your health care needs can help you get better faster, avoid unnecessary costs, and keep emergency rooms available for those who need them most. The closest place for care is not always the best choice for your needs or your wallet. If it is not an emergency, consider a virtual visit or check for urgent care options nearby or in surrounding towns. Traveling a little farther for the right care could save you money. Use the chart below to compare your care options.

WHERE TO GET CARE	WHAT IT IS	WHY TO USE IT	TYPICAL HOURS AND WAIT TIME
2nd.MD	Virtual expert second opinion service that connects you with specialists to review a diagnosis, treatment plan, or surgery recommendation	Getting expert guidance on complex medical conditions, exploring treatment options, and making informed decisions about your care	Consultations scheduled by appointment; care coordinators help arrange a specialist consultation, typically within days
Virtual Visit	Access to a doctor by video or phone on your preferred device **BCBSTX plans:** 800-835-2362, teladochealth.com, or Teladoc app **Surest plan:** Surest app	Speaking to a doctor from anywhere for treatment of non-emergency conditions and prescriptions if needed	Minimal wait time, no appointment necessary for urgent care, available 24/7
Your Doctor	PCP or specialist who knows your medical history	Ongoing and more personalized treatment based on understanding of your medical history, annual check-ups, routine care	Traditional office hours; call ahead for appointments
Urgent Care	A stand-alone facility that usually has urgent care in the name (NOT ER or emergency)	Conditions that need immediate attention but aren't life-threatening, like stitches, sprains, animal bites, and X-rays	Hours include evenings, weekends, and holidays; shorter wait time than ER
Traditional Emergency Room	Emergency department attached to a hospital or stand-alone facility with Emergency in the name	All life-threatening or disabling conditions, trauma care, and major injuries	Open 24 hours; long wait times for non-emergency

2nd.MD

866-841-2575 or **2nd.MD**

Team Members enrolled in a Love's medical plan have access to 2nd.MD at no additional cost. Whether you're facing a complex medical condition, a new diagnosis or an upcoming surgery, 2nd.MD can connect you with a board-certified, leading specialist for an expert second opinion.

Consult with a specialist by phone or video without the need to travel. A dedicated Care Team helps gather your medical records, coordinates your consultation, and connects you with a specialist who has expertise in your condition. You can get more information about your diagnosis, treatment options, and potential next steps so you can make more informed decisions about your care. Visit **2nd.MD** to learn more or activate your account, or call **866-841-2575** to speak to a Care Team member.

NURSE OUTREACH

A BCBSTX or Surest nurse 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.

BCBSTX 24/7 Nurseline

*If you are enrolled in a BCBSTX medical plan, you have a resource to reach a registered nurse at any time. You can get advice on how best to treat your condition or answers to your health questions. You can also access an audio library of health topics. Reach a nurse by calling **844-971-8906**.*

Virtual Care

BCBSTX plans and Teladoc Virtual Diabetes Management Program: **800-835-2362** or **teladochealth.com**

Surest Copay plan: **Surest app**

Virtual care offers a convenient way to connect with doctors and therapists whether you are at home, work, or on the road. Virtual visits make it easier to see a provider without waiting for an in-person appointment. Get help for common illnesses within minutes, a primary care visit within a few days, or a mental health appointment in around 10 days. You and your covered dependents can access care for everyday health concerns, minor illnesses, and mental health support. The following chart highlights some of the virtual care services available to you.

NON-EMERGENCY CARE	PRIMARY AND SPECIALIST CARE	MENTAL HEALTH CARE
Speak to a licensed physician any time via phone or computer for: • Cold and flu symptoms • Allergies • COVID-19 symptoms • Skin and rash concerns **Availability:** Available 24/7; no age restrictions	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 **Availability:** Scheduled appointments; available for individuals age 13 and older	You can speak with a licensed psychologist or psychiatrist via phone or computer for: • Depression • Anxiety • Stress • Grief **Availability:** Scheduled appointments; available for individuals age 18 and older

TELADOC VIRTUAL DIABETES MANAGEMENT

Managing diabetes is a daily responsibility, but you don't have to manage it alone. Teladoc's Virtual Diabetes Management program provides personalized support to help you better understand your condition and build healthy habits that fit your life. The program is available to Team Members and covered family members enrolled in a Love's medical plan who have been diagnosed with type 1 or type 2 diabetes. Through the program, you have access to:

- Personalized coaching: Get guidance and encouragement to help you navigate the everyday challenges of managing diabetes and work toward your health goals.
- Connected devices: Use technology to help you track your health information and better understand your numbers.
- Free supplies: Receive supplies that support your ongoing diabetes management.

Together, these resources can help you take a more active role in managing your diabetes and feel more confident about your daily care.

NOT ENROLLED IN A LOVE'S MEDICAL PLAN?

If you do not enroll in a Love's medical plan, you can still access Teladoc virtual health care. Stand-alone 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. **Click here** to view costs for stand-alone Teladoc.



Health Support Programs

Hello Heart: **800-767-3471** or **support.helloheart.com**

Hinge Health: **855-902-2777** or **hingehealth.com**

HELLO HEART

Take charge of your heart health with Hello Heart. You'll receive a free blood pressure monitor and access to the Hello Heart app, which makes it easy to track your blood pressure and see how your numbers change over time. You'll also get personalized guidance and support to help you understand your numbers, build healthier habits, and take steps toward better heart health.

HINGE HEALTH

Get personalized virtual physical therapy and exercise support to help manage joint and muscle pain, including back, knee, hip, shoulder, pelvic, and neck pain. Hinge Health gives you a convenient way to work on your pain and mobility from home, with guided exercises designed to fit into your day. The program can help you build healthy movement habits and get back to doing the things you enjoy.



Prescription Drug Coverage

OptumRx: **855-856-0541** or **optumrx.com**

Prescription drug coverage through OptumRx is included with your medical plan election. Your costs will be higher if you fill prescriptions at out-of-network pharmacies, or if you choose a brand-name medication when a generic version is available. To see a full summary of plan features, visit **optumrx.com**.

WHAT YOU PAY	BCBSTX HSA PLAN*	BCBSTX DEDUCTIBLE PLAN*	SUREST COPAY PLAN*
In-Network Retail Pharmacy: Up to 30-Day Supply			
Tier 1	20% after deductible	$10 copay	$10 copay
Tier 2	30% after deductible	$65 copay	$65 copay
Tier 3		$100 copay	$100 copay
Mail Order: Up to 90-Day Supply			
Tier 1	20% after deductible	$20 copay	$20 copay
Tier 2	30% after deductible	$130 copay	$130 copay
Tier 3		$200 copay	$200 copay
Specialty: Up to 30-Day Supply			
Specialty Drugs	30% after deductible	$150 copay	$150 copay

* Some preventive medications are available at no cost to you.

Save on Your Medications

If you're looking to save money on your medications, generic drugs are a smart choice. You will pay more if you choose a brand-name prescription when your physician prescribes a generic, or if you fill your prescription at an out-of-network pharmacy. Ask your doctor or pharmacist if a generic drug is right for you.

You can check the cost of your prescriptions in the OptumRx app before you leave the doctor's office! You can also use apps like GoodRx and RxSaver to compare drug prices and find discounts. If you fill a prescription using one of the discount apps, your costs will not count toward your medical plan deductible or out-of-pocket maximum.

Dental Plans

Delta Dental of Oklahoma:
800-522-0188 or **deltadentalok.org**

Our dental plans help you keep a healthy smile through regular preventive care and coverage for dental treatment when needed. Cleanings help catch early signs of gum disease, cavities, and even health conditions like heart disease and diabetes. **You will save money when you visit an in-network dentist**. 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 DENTAL PLAN	LOW DENTAL PLAN
Network	PPO – Plus Premier PPO – Plus Premier Elite	PPO PPO – Preventive Plus
Calendar Year Maximum Maximum plan benefit per calendar year	Plan pays $1,500	Plan pays $750
Orthodontia Lifetime Maximum Maximum plan benefit paid	Plan pays $1,500	Not covered
What You Pay with In-Network Providers*		
Calendar Year Deductible Waived for preventive services	$50 individual $150 family	$100 per person
Diagnostic and Preventive Services X-rays, cleanings, and exams	Covered in full	Covered in full
Basic and Restorative Services Fillings, extractions, root canals	20% after deductible	40% after deductible
Major Services Dentures, crowns, bridges	50% after deductible	50% after deductible

* If you use out-of-network providers, your costs will be higher.

Find a Network Dentist

- ***Delta Dental app:*** *Download the app and search for a provider.*
- ***Online:*** *Visit* **deltadentalok.org** *and click* ***For Members****, select* ***Dentist Search****, then:*
  - ***Low plan:*** *Select the* ***PPO or PPO – Preventive Plus*** *drop-down.*
  - ***High plan:*** *Select the* ***PPO – Plus Premier*** *or* ***PPO – Plus Premier Elite*** *drop-down.*
- **Call your provider** *to verify they participate in the* ***Delta Dental PPO*** *or* ***Premier networks.*** *If you enroll in the Low plan and you visit a provider in a High plan network, you will be billed for any difference in cost not covered by your plan.*

Health through Oral Wellness (HOW) Program

Ask your dentist if they participate in HOW, 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).



Vision Plans

EyeMed: **844-409-3402** or **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.

VISION SERVICES Once per calendar year unless otherwise noted	HIGH VISION PLAN		LOW VISION PLAN	
	In-Network	Out-of-Network Reimbursement	In-Network	Out-of-Network Reimbursement
Exam	$0 copay	Up to $45	$10 copay	Up to $45
Frames	**Frames covered once per calendar year**		**Frames covered once every two calendar years**	
	$300 allowance, 20% discount on balance over $300	Up to $100	$130 allowance, 20% discount on balance over $130	Up to $90
Lenses Single Vision Bifocal Trifocal	 $15 copay $15 copay $15 copay	 Up to $25 Up to $40 Up to $55	 $25 copay $25 copay $25 copay	 Up to $25 Up to $40 Up to $55
Contact Lenses Medically Necessary Elective	 Covered in full $300 allowance, 15% discount on balance over $300	 Up to $210 Up to $160	 Covered in full $120 allowance, 15% discount on balance over $120	 Up to $210 Up to $96
Safety Glasses	Add-on election to either plan available to Team Members only – $130 frame allowance for $0.90 per week.			

Find a Network Vision Provider

- **EyeMed app:** *Download the app and search for a provider.*
- **Online:** *Visit* **eyemed.com** *and under* ***Members & Consumers****, click* ***Find an Eye Doctor****. Select the* ***Insight Network*** *and click* ***Use My Location*** *to find your preferred provider from the list.*
- ***Call your provider*** *to verify they participate in the* ***EyeMed Insight*** *network.*



YOUR WEEKLY COSTS: HEALTH CARE PLANS

If you are paid biweekly, multiply the rates shown in the chart 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 in the chart. If you are paid biweekly, subtract $12 from the biweekly rate you calculated.

BENEFIT PLAN	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
MEDICAL: TOBACCO RATES				
BCBSTX HSA Plan	$46.36	$91.00	$71.00	$121.00
BCBSTX Deductible Plan Gemini Corporate Gemini Drivers	 $75.00 $81.00	 $159.00 $192.00	 $113.00 $122.00	 $214.00 $245.00
Surest Copay Plan	$49.00	$92.00	$77.00	$128.00
MEDICAL: TOBACCO-FREE RATES				
BCBSTX HSA Plan	$31.36	$76.00	$56.00	$106.00
BCBSTX Deductible Plan Gemini Corporate Gemini Drivers	 $60.00 $66.00	 $144.00 $177.00	 $98.00 $107.00	 $199.00 $230.00
Surest Copay Plan	$34.00	$77.00	$62.00	$113.00
DENTAL				
High Dental Plan	$6.41	$12.80	$14.72	$21.12
Low Dental Plan	$3.38	$6.75	$7.76	$11.14
VISION				
High Plan	$1.66	$3.15	$3.31	$4.87
Low Plan	$1.11	$2.12	$2.23	$3.28

Tobacco-Free Premium Discount

To save $15 per week with the tobacco-free premium discount, 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 cessation program is the alternative standard and will make you eligible for the $15 per week discount.*



YOUR WELL-BEING

LivingWell Support Network

833-327-1234 or
Loves.MyWellPortal.com

Your well-being is more than just your physical health. The LivingWell Support Network connects you and your family with resources to support your health, finances, family, fitness, and everyday challenges. Whether you need someone to talk to, help finding community resources, support building healthy habits, or convenient ways to stay active, help is available. Visit **Loves.MyWellPortal.com** to explore these programs and find the support that's right for you.

EMPLOYEE ASSISTANCE PROGRAM (EAP) The EAP provides free, confidential 24/7 support and short-term counseling for a variety of life's challenges. You and your household members can get up to six free online or in-person counseling sessions per issue each year. Additional counseling may also be available through your medical plan or virtual visits. The EAP makes it easy to get support in person, virtually or by text messaging for mental health challenges, financial and legal referrals, coaching, and self-guided resources.

CURACONNECT CuraConnect's Care Advocates will personally work with you to assess your needs and help you contact programs, tools, or resources that can help. For example, if money is tight this month, your Advocate can connect you with local food banks, and the money you save can be used for other expenses. Your Care Advocate will be with you every step of the way.

FINDHELP.ORG You can search for the support you need without calling or waiting on a response. **FindHelp.org** is at your fingertips for instantly finding resources for food, housing, financial aid, child/elder care, transportation and more. **FindHelp.org** matches you with local free or low-cost resources in just a few clicks, providing detailed information in seconds.

HEALTHY HEARTS WELLNESS PROGRAM The Healthy Hearts program supports your health journey. Get your annual physical and attest to having a primary care provider (PCP) in **MyWellPortal** by October 31 to save on medical premiums for the following year.

You'll be connected with a health coach who can help you build healthy habits, stay on top of potential health risks, and improve your overall well-being.

ACTIVE&FIT With Active&Fit, you can access a wide network of gyms, fitness centers, and digital fitness programs all for one flat monthly rate. Whether you work out at the gym, at home, or on the go, you'll have flexible options to help you stay active and support your well-being.

EAP: 24/7 Support and Counseling

*Reach the Employee Assistance Program (EAP) at **833-327-1234** or through **MyWellPortal**.*

Support Resources

Love's is 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 and Substance Abuse Crisis line immediately.

PROGRAM	REACH OUT FOR SUPPORT
988 Suicide and Substance Abuse Crisis	Call **988** to access around-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.
Crisis Text Line	Text HELLO to **741741** anytime, day or night, to receive support and information from a crisis counselor.
Veterans Affairs Vet Call Center	Veterans and their families can call **877-927-8387** to discuss their military experience and transition to civilian life.
LOVE'S RESOURCES	
Mental Health Support	Our Employee Assistance Program (EAP) is here to support your overall well-being, with services for the mental and emotional health of you and your family. Call **833-327-1234**. Mental health resources are available through Love's medical plans.
Love's Risk Line	For employee or customer injuries, accidents, fuel issues, food-related illnesses, or property damage, call **405-847-5300 (option 1)**.
Love's Safety Line	For reporting workplace hazards or safety concerns, call the Love's Safety Line at **405-847-5300 (option 2)**.
Talent Stop	For assistance with HR needs, employee support, or any questions related to talent management and services, call the Talent Stop Line at **405-847-4357 (option 2)**.



Family Resources

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. Policies and forms are available on The Heartbeat.

PAID LEAVE

Love's LOA Department: 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. New moms have access to six weeks of paid maternity leave, and eligible non-birthing parents receive two weeks of paid parental leave.

FERTILITY TREATMENT

Deductible and HSA Plans: 866-803-4973 or **bcbstx.com/loves**
Surest medical plan: 866-683-6440 or **surest.care/lovestravel**

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 of $35,000 (for medical care and medications).

BACKUP CHILD AND ELDER CARE

CorporateCARE: 844-888-2273 or **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. Four days per year 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.

ADOPTION ASSISTANCE

Love's Benefits Department: 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.



Programs to Save You Money

TUITION ASSISTANCE

Guild: loves.guildeducation.com

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

HEARING BENEFITS

Beltone: beltone.com

You and your immediate family members can get complimentary hearing screenings and 20% off the retail price of any Beltone hearing instrument at one of their 1,500 locations – visit **beltone.com** to find a store.
You must show your Love's medical plan ID card at the time of service.
Additional hearing benefits are available, including one hearing aid per ear every 36 months (subject to your plan's deductible and coinsurance).

PET INSURANCE

Nationwide: 877-738-7874 or
partnersolutions.nationwide.com/pet/loves

Your pets are cherished members of your family, and their health matters. With coverage for unexpected veterinary bills and medical expenses, you can ensure your cats, dogs, or even exotic pets receive the care they need without breaking the bank. You have two plan options available so you can get the right coverage at the right price.

DISCOUNT PROGRAM

PerkSpot: 866-606-6057 or
loves.perkspot.com (Access Code: LovesDiscounts)

PerkSpot is your one-stop resource for discounts on items you use every day. Visit the discount portal and browse deals by brand or category, including shopping, dining, wellness, and entertainment. PerkSpot has the products and experiences you want at prices that are lower just because you're a Love's Team Member.



YOUR FINANCIAL HEALTH

Health Savings Account (HSA)

Optum Bank: **866-234-8913** or **optumbank.com**

If you enroll in the HSA medical plan, you may be eligible to **open an HSA to set aside pre-tax money to pay for eligible health care expenses now or save for future health care needs.** Love's will help you get your savings started with a company contribution based on your pay. The IRS maximum contributions and Love's contribution vary depending on whether you only cover yourself (individual) or also cover dependents (family).

YOUR BASE COMPENSATION*	LOVE'S HSA CONTRIBUTION	YOUR MAXIMUM CONTRIBUTION	2027 IRS MAXIMUM CONTRIBUTION (FROM ALL SOURCES)
Up to $59,999	$1,000 individual $2,000 family	$3,500 individual $7,000 family	$4,500 individual $9,000 family $1,000 additional catch-up contribution allowed for age 55+
$60,000 to $99,999	$750 individual $1,500 family	$3,750 individual $7,500 family	
$100,000 or More	$500 individual $1,000 family	$4,000 individual $8,000 family	

* Your base compensation as of October 1, 2026 determines your company contribution amount for 2027.

How the HSA Works

OPEN YOUR HSA. You must first open an HSA to be eligible for Love's contributions. Love's will automatically contribute a prorated amount to your HSA each quarter if you are actively employed and enrolled in the HSA plan. The annual Love's contribution is determined by your base pay as of October 1. If your account is opened after January 1, 2027, the Love's annual contribution will be prorated.

BUILD YOUR ACCOUNT. You can add pre-tax money from your paycheck to your HSA to use for eligible health care expenses now or in the future. There is a yearly IRS limit on how much can go into your account, including any money Love's contributes. It's your responsibility to make sure your total contributions stay within the limit.

USE YOUR FUNDS. When you open your HSA, you will receive an Optum Bank debit card to use for eligible expenses. You also have the option to pay out of pocket and submit a claim to Optum Bank for reimbursement. Refer to **IRS Publication 969** for a full list of eligible expenses and HSA rules.

Advantages of an HSA

- Love's contributes to your account each quarter; the amount is based on your compensation.
- You can set aside tax-free* money for health care expenses now or in the future.
- Funds roll over from year to year and earn tax-free* interest.
- The account is yours to keep, even if you leave the company or change medical plans.

HSA Eligibility

- You must be enrolled in the Love's HSA medical 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 California and New Jersey. Contact your tax advisor for detailed information on how you may be impacted.

Flexible Spending Accounts (FSAs)

Optum Bank: **800-243-5543**
or **optumbank.com**

FSAs allow you to set aside pre-tax funds to pay for eligible health care and dependent care expenses. Each year, you choose the amount you want to contribute to each account. Your contributions are deducted from your paycheck **before taxes, allowing you to pay for eligible expenses with pre-tax money and reduce your taxable income.**

ACCOUNT RULES AND FEATURES	HEALTH CARE FSA	DEPENDENT CARE FSA
Eligibility	Must be a full-time Team Member	Must be a full-time Team Member
Election Restrictions	Must not have an HSA	None
2027 Contribution Limit	**$3,400**	**$5,000** or **$2,500** if married filing separate tax returns
Eligible Expenses	Medical, dental, and vision expenses not paid by your medical plan; see **IRS Publication 502** for a complete list	Daycare expenses for children under age 13, disabled children, and dependent adults; see **IRS Publication 503** for a complete list
Availability of Funds	Full elected amount is available on your plan effective date	Funds become available as you make contributions each pay period
Paying Expenses	Optum Bank debit card or submit claims for reimbursement	Submit claims for reimbursement if Optum Bank debit card is not accepted
Deadline to Use 2027 Funds	March 15, 2028	March 15, 2028
Deadline to Submit Claims for Reimbursement	April 15, 2028	April 15, 2028

IRS Rules for FSAs

- Funds cannot be transferred between FSAs.
- You cannot change your FSA election in the middle of the plan year unless you have 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 discrimination testing. Your contribution amount may need to be changed to meet IRS rules. If this affects you, you'll be notified.
- If you leave the company or step into a part-time role, you may lose any remaining FSA funds.



Comparing the HSA and the Health Care FSA

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 expenses, such as copays and deductibles. You should be aware of the major differences between the accounts. Before you enroll in a medical plan, decide which account is right for you.

WHAT YOU NEED TO KNOW	HSA*	HEALTH CARE FSA**
Which medical plans can I use with this account?	BCBSTX HSA plan	BCBSTX Deductible plan, Surest Copay plan, or no medical plan
Who owns the account?	You own the account, even if you leave the company or change medical plans.	Love's owns the account, and you may forfeit funds if your employment status changes or you leave the company.
Who can make contributions to my account?	You and Love's; see page 19 for contribution amounts and limits.	You
How much can be deposited into my account in 2027?	• **$4,500** if you only cover yourself • **$9,000** if you cover dependents • Catch-up contribution of **$1,000** allowed if you are 55 or older	**$3,400**
When can I access my funds?	You can access funds as contributions are made to the account.	The full elected amount for the year is available on your plan effective date.
What are the tax benefits?	Your contributions, earned interest, and payment of eligible expenses are tax-free.	Your contributions and payment of eligible expenses are tax-free.
Can I invest the funds in my account?	Yes, once your account balance reaches a certain amount.	No
What happens to money I don't use?	The money stays in your account and carries over year to year.	You lose any funds you do not use by the plan deadline, March 15, 2028.
Can I have both an HSA and a health care FSA?	No. You cannot contribute to an HSA while participating in a health care FSA.	No. You cannot contribute to an HSA while participating in a health care FSA.

*You cannot contribute to an HSA if you have a health care FSA.
**You are not required to enroll in a Love's medical plan to be eligible for the health care FSA.





Life and Accidental Death and Dismemberment (AD&D) Coverage

New York Life: **888-842-4462** or **newyorklife.com**

Life and AD&D insurance provide financial security to you and your family.

Basic Life and AD&D Insurance

As an eligible full-time Team Member, you are automatically enrolled in basic life and AD&D insurance even if you waive other coverage. The amount of coverage you have is determined by your employment status. The following chart shows your coverage amounts:

BASIC LIFE AND AD&D INSURANCE COVERAGE AMOUNTS	
GEMINI CORPORATE	**GEMINI DRIVERS**
1x base salary up to $500,000	$100,000

Supplemental Life Insurance

You may elect supplemental life coverage at discounted group rates. If you enroll, you may also cover your eligible spouse and children. To view the costs for supplemental life insurance, **click here**.

SUPPLEMENTAL LIFE INSURANCE*			
PLAN FEATURES	**TEAM MEMBER**	**SPOUSE**	**DEPENDENT CHILD(REN)**
Coverage Increments	$10,000	$5,000	• Age 14 days to 6 months: $500 • Age 6 months to 26 years: $2,500, $5,000, or $10,000
Benefit Maximum	5 times salary up to $500,000	2.5 times salary up to $250,000 (cannot exceed 50% of Team Member amount)	• Age 14 days to 6 months: $500 • Age 6 months to 26 years: $10,000
Guaranteed Issue Amount	$250,000	$50,000	N/A
Guaranteed Issue Period	Within 30 days of benefits eligibility or a qualifying life event		
Election Considerations	When deciding how much supplemental life coverage to elect, you should think about: • **Debt:** How much would your family need to cover mortgages, loans, or credit cards? • **Living costs:** How much would it take to maintain your family's 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?		

* Evidence of insurability (EOI) or proof of good health 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 New York Life, and you must be approved before coverage takes effect. You will be notified of the insurance company's decision directly.

Choose a Beneficiary

It is important to select the beneficiary for your life and AD&D policy in the event of your death. Review your beneficiary designation periodically to be sure it reflects your wishes. You may change your beneficiary any time online at **LovesBenefits.com**.

Disability Coverage

New York Life: **888-842-4462** or **newyorklife.com**

BASIC SHORT-TERM DISABILITY (STD) AND LONG-TERM DISABILITY (LTD)

Basic STD is available for Corporate Team Members and Gemini Drivers. STD coverage replaces 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 state-mandated disability plans.

Basic LTD is available for Corporate Team Members and Gemini Drivers. LTD coverage replaces 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.

BASIC STD	
Benefit Amount	60% of your weekly earnings up to $1,500 per week
Benefits Begin After	7 days
Maximum Benefit Duration	26 weeks

BASIC LTD	
Benefit Amount	60% of your monthly earnings up to $10,000 per month
Benefits Begin After	180 days
Maximum Benefit Duration	Up to Social Security normal retirement age or no longer disabled



401(k) Retirement Plan

Fidelity: **800-835-5095** or **netbenefits.com/atwork**

Saving for retirement is an important part of building your financial future. Starting now, contributing regularly, and taking advantage of the Love's company match can help your savings grow over time. The 401(k) plan also offers a variety of investment options to help you save in a way that works for you.

Eligibility and Enrollment

Eligible Team Members over age 21 are eligible to participate in the 401(k) plan on the first of the month following 30 days of employment. Once you are eligible, you may enroll in the 401(k) plan, designate beneficiaries, and choose and change your investments at any time throughout the year. To get started, set up your account with Fidelity online at **netbenefits.com/atwork** or call **800-835-5095**.

401(k) Contributions

Love's will match your 401(k) contributions dollar for dollar, up to 5% of your eligible pay each pay period (up to IRS limits). Your contributions can be pre-tax (traditional) or post-tax (Roth). They 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.

The IRS had not yet announced the 2027 401(k) contribution limits at the time this guide was produced. The new limits will be adopted when they are published. The current limits are:

IRS ANNUAL CONTRIBUTION LIMITS		
401(k) CONTRIBUTION	**AGE 50+ CATCH-UP**	**AGE 60–63 CATCH-UP**
$24,500	$32,500	$35,750

Team Members who earned $150,000 or more in FICA wages in 2026 are required to make any catch-up contributions on an after-tax (Roth) basis. If you are making pre-tax catch-up contributions, Love's will automatically transition them to a Roth account.

Pre-Tax and Post-Tax Retirement Account Options

You can contribute funds to your 401(k) on a pre-tax or post-tax basis. To choose the right option for you, it is important to know the difference between the plans. Consult a tax advisor or Fidelity for advice.

WHAT YOU NEED TO KNOW	TRADITIONAL 401(k)	ROTH 401(k)
When are taxes deducted from my contributions?	You contribute through pre-tax payroll deductions, and you pay taxes when you withdraw the funds in retirement.	You contribute to your account after taxes are withheld from your pay. You do not pay taxes on any withdrawals in retirement.
Are there required withdrawals?	You must start taking withdrawals at age 73.	Roth accounts do **not** have required withdrawals.
Why should I consider one option over the other?	The traditional 401(k) may be a smart choice for you if: • You think you'll be in a lower tax bracket when you retire than you are now. • You prefer to make pre-tax contributions that lower your taxable income in the current tax year.	A Roth 401(k) may be the right option for you if: • You expect to be in a higher tax bracket when you retire than you are now. • You want the comfort of knowing any withdrawals you take will not be taxed.

Supplemental Benefits

Voya: **877-236-7564** or
presents.voya.com/EBRC/loves

In the event of an accident, critical illness diagnosis, or hospitalization, supplemental benefits help with cash payments you can use for any purpose. Even if you are not eligible or enrolled in Love's medical coverage, these plans pay a lump-sum benefit that can help ease your mind as you focus on recovery.

Accident Insurance

While health insurance helps cover some medical expenses, supplemental accident insurance offers an extra layer of protection if you or a covered family member is involved in an accident, helping you cover out-of-pocket costs like deductibles, copays, and even expenses like rent or car payments. **Click here** to see your costs for this plan.

Critical Illness Insurance

With critical illness insurance, you have protection against the financial burden of a serious medical diagnosis. If you or a covered family member is diagnosed with a condition like a heart attack, stroke, coma, kidney failure, or cancer, 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 well-being. The critical illness plan also offers a $50 wellness benefit payment for you, your covered spouse, and each covered child if you get an annual wellness exam like a mental health screening, flu shot, mammogram, or a routine vision or dental exam. **Click here** to see your costs for this plan.

Hospital Indemnity Insurance

Even with medical insurance, an unexpected hospital stay can have a significant price tag. Whether or not you have company medical coverage, hospital indemnity insurance can help you be prepared. This plan offers 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. **Click here** to see your costs for this plan.



How Supplemental Benefits Work: Meet Ray

Ray has been with Love's for over 20 years and knows the value of the benefits available from the Company. He has covered his family in the medical plan since the start, but he also knows it's important to plan for the unexpected. One day Ray's wife was injured in a car accident. Because he invested in Supplemental benefits:

- *Accident insurance provided cash payments to help cover the cost of the ambulance and car repairs.*
- *Hospital Indemnity insurance offset the cost of the hospital stay and the rehabilitation facility.*

Ray knows that Love's has his back.

CONTACTS

BENEFIT	PROVIDER	PHONE/WEBSITE
Benefits Service Center	Businessolver	888-907-1394 (7 a.m. to 5 p.m. Central) LovesBenefits.com
Medical	Blue Cross Blue Shield of Texas (BCBSTX) Policy #421156	866-803-4973 bcbstx.com/loves
	Surest Policy #78800365	866-683-6440 surest.care/lovestravel
Prescription Drugs	OptumRx	855-856-0541 optumrx.com
Virtual Visits	Teladoc – BCBSTX plans	800-835-2362 teladochealth.com
	Surest app – Surest plan	Surest app
Wellness Program	Marquee Health	800-882-2109 Loves.MyWellPortal.com
Heart Health	Hello Heart	800-767-3471 support.helloheart.com
Musculoskeletal Treatement and Physical Therapy	Hinge Health	855-902-2777 hingehealth.com
Expert Medical Advice and Second Opinions	2nd.MD	866-841-2575 2nd.MD
Dental	Delta Dental of Oklahoma Policy #0011607	800-522-0188 deltadentalok.org
Vision	EyeMed Low Plan Policy #1030473 1001 High Plan Policy #1030473 1002	844-409-3402 eyemed.com
Well-Being Programs, Employee Assistance Program (EAP), and CuraConnect	Living Well Support Network	833-327-1234 Loves.MyWellPortal.com
Backup Care	CorporateCARE	844-888-2273 corporatecaresolutions.com
Tuition Assistance	Guild Education	loves.guildeducation.com
Discount Program	PerkSpot	866-606-6057 loves.perkspot.com (Access code: LovesDiscounts)
Health Savings Account (HSA)	Optum Bank	866-234-8913 optumbank.com
Flexible Spending Accounts (FSAs)	Optum Bank	800-243-5543 optumbank.com
Life and Accidental Death and Dismemberment (AD&D)	New York Life Life Policy #FLX980513 AD&D Policy #OK980517	888-842-4462 newyorklife.com
Basic Short-Term Disability (STD) and Long-Term Disability (LTD)	New York Life STD Policy #SHD985486 LTD Policy #LK980392	888-842-4462 mynylgbs.com
401(k) Retirement Plan	Fidelity	800-835-5095 netbenefits.com/atwork
Supplemental Benefits: Accident, Critical Illness, Hospital Indemnity	Voya	877-236-7564 presents.voya.com/EBRC/loves
Pet Insurance	Nationwide	877-738-7874 partnersolutions.nationwide.com/pet/loves
COBRA	Businessolver	888-907-1394 LovesBenefits.com
Talent Stop, Benefits, Leave of Absence	Love's P.O. Box 26210 Oklahoma City, OK 73126	405-847-4357 The Heartbeat

REQUIRED NOTICES

Important Notice to Employees from Love's Travel Stops & Country Stores About Creditable Prescription Drug Coverage and Medicare

The purpose of this notice is to advise you that the prescription drug coverage listed below under the Love's Travel Stops & Country Stores medical plan are expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2027. 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 2027 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 Travel Stops & Country Stores 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 Travel Stops & Country Stores 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 2027. 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.

- Copay Plan
- Deductible Plan
- HSA 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 Travel Stops & Country Stores 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 Travel Stops & Country Stores 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 Travel Stops & Country Stores plan mid-year, assuming you remain eligible.

You should know that if you waive or leave coverage with Love's Travel Stops & Country Stores 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 Travel Stops & Country Stores 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 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 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 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.

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 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 877-KIDS NOW or 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 askebsa.dol.gov or call 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, 2026. Contact your state for more information on eligibility.

ALABAMA – Medicaid
Website: http://myalhipp.com/
Phone: 855-692-5447

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: http://myakhipp.com/
Phone: 866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx

ARKANSAS – Medicaid
Website: http://myarhipp.com/
Phone: 855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program Website:
https://www.dhcs.ca.gov/services/health-insurance-premium-payment-program-cost-avoidance/
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center: 800-221-3943/State Relay 711
CHP+: https://hcpf.colorado.gov/child-health-plan-plus
CHP+ Customer Service: 800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/
HIBI Customer Service: 855-692-6442

FLORIDA – Medicaid
Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
Phone: 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

ILLINOIS – Medicaid
Illinois Medicaid Premium Assistance Information
Medicaid application website: https://abe.illinois.gov
HIPP Hotline Number: 217-524-8268
HIPP Email: hfs.boc.hipp@illinois.gov

INDIANA – Medicaid
Health Insurance Premium Payment Program
All other Medicaid
Website: https://www.in.gov/medicaid/
http://www.in.gov/fssa/dfr/
Family and Social Services Administration
Phone: 800-403-0864
Member Services Phone: 800-457-4584

IOWA – Medicaid and CHIP (Hawki)
Medicaid Website:
Iowa Medicaid | Health & Human Services
Medicaid Phone: 800-338-8366
Hawki Website:
Hawki - Healthy and Well Kids in Iowa | Health & Human Services
Hawki Phone: 800-257-8563
HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov)
HIPP Phone: 888-346-9562

KANSAS – Medicaid
Website: https://www.kancare.ks.gov/
Phone: 800-792-4884
HIPP Phone: 800-967-4660

KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
Website:
https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kynect.ky.gov
Phone: 877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms

LOUISIANA – Medicaid
Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana
Medicaid Customer Service Line: 888-342-6207
Louisiana Medicaid email: healthy@la.gov
Louisiana Health Insurance Premium Program (LaHIPP) Website:
https://www.ldh.la.gov/lahipp
LaHIPP phone: 877-697-6703
LaHIPP email: La.HIPP@la.gov
LaHIPP fax: 888-716-9787
LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084

MAINE – Medicaid
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 800-442-6003 TTY: Maine relay 711
Private Health Insurance Premium Webpage:
https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 800-977-6740 TTY: Maine relay 711

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

MASSACHUSETTS – Medicaid and CHIP
Website: https://www.mass.gov/masshealth/pa
Phone: 800-862-4840 TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – Medicaid
Website: https://mn.gov/dhs/health-care-coverage/
Phone: 800-657-3672

MISSOURI – Medicaid
Website: https://dss.mo.gov/healthcare/apply
Phone: 573-751-2005

MONTANA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 800-694-3084
Email: HHSHIPPProgram@mt.gov

NEBRASKA – Medicaid
Website: https://dhhs.ne.gov/pages/accessnebraska.aspx
Phone: 855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid
Medicaid Website: http://dhcfp.nv.gov
Medicaid Phone: 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 number for the HIPP program: 800-852-3345, ext. 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP
Medicaid Website:
https://www.nj.gov/humanservices/dmahs/individuals-families/familycare/
Phone: 800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 800-701-0710 (TTY: 711)

NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 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: 844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org
Phone: 888-365-3742

OREGON – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx
Phone: 800-699-9075

PENNSYLVANIA – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html
Phone: 800-692-7462
CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov)
CHIP Phone: 800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/
Phone: 855-697-4347, or 401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid
Website: https://www.scdhhs.gov
Phone: 888-549-0820

SOUTH DAKOTA – Medicaid
Website: http://dss.sd.gov
Phone: 888-828-0059

TEXAS – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services
Phone: 800-440-0493

UTAH – Medicaid and CHIP
Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/
Email: upp@utah.gov
Phone: 888-222-2542
Adult Expansion Website: https://medicaid.utah.gov/expansion/
Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/
CHIP Website: https://chip.utah.gov/

VERMONT – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access
Phone: 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/CHIP Phone: 800-432-5924

WASHINGTON – Medicaid
Website: https://www.hca.wa.gov/
Phone: 800-562-3022

WEST VIRGINIA – Medicaid and CHIP
Website: https://bms.wv.gov/
http://www.mywvhipp.com/
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 855-MyWVHIPP (855-699-8447)

WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 800-362-3002

WYOMING – Medicaid
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
Phone: 800-251-1269

To see if any other states have added a premium assistance program since July 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
dol.gov/agencies/ebsa
866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
cms.hhs.gov
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 and reference the OMB Control Number 1210-0137.

Notice of Special Enrollment Rights for Health Plan Coverage

As you know, if you have declined enrollment in Love's Travel Stops & Country Stores' 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 Travel Stops & Country Stores 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 Travel Stops & Country Stores 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.

HIPAA Privacy Notice Reminder

The privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) require the Love's Travel Stops & Country Stores, Inc. 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.

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 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.

Illinois Consumer Coverage Disclosure Act

The Consumer Coverage Disclosure Act requires employers to notify Illinois employees which of the Essential Health Benefits listed below are and are not covered by their employer-provided group health insurance coverage. Refer to the **Access to Care and Treatment Benchmark Plan** and the **Pediatric Dental Plan** to reference the pages listed below.

- **Employer Name:** Love's Travel Stops & Country Stores, Inc.
- **Employer State of Situs:** Oklahoma
- **Name of Issuer:** Surest
- **Plan Marketing Name:** Copay Plan
- **Plan Year:** 2027

Ten (10) Essential Health Benefit (EHB) Categories:

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization (like surgery and overnight stays)
- Laboratory services
- Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy
- Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)
- Pregnancy, maternity, and newborn care (both before and after birth)
- Prescription drugs
- Preventive and wellness services and chronic disease management
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

2020-2026 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)				
Item	**EHB Benefit**	**EHB Category**	**Benchmark Page Number Reference**	**Employer Plan Covered Benefit?**
1	Accidental Injury — Dental	Ambulatory	Pages 10 and 17	Y
2	Allergy Injections and Testing	Ambulatory	Page 11	Y
3	Bone anchored hearing aids	Ambulatory	Pages 17 and 35	Y, partially. Covered for participants with craniofacial anomalies or hearing loss of sufficient severity that wearable hearing aid would not remedy.
4	Durable Medical Equipment	Ambulatory	Page 13	Y
5	Hospice	Ambulatory	Page 28	Y
6	Infertility (Fertility) Treatment	Ambulatory	Pages 23 – 24	Y, partially. Infertility treatment carries a $25,000 lifetime max.
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	Page 21	Y
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Pages 15 – 16	Y
9	Private-Duty Nursing	Ambulatory	Pages 17 and 34	Y
10	Prosthetics/Orthotics	Ambulatory	Page 13	Y
11	Sterilization (vasectomy men)	Ambulatory	Page 10	Y
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	Pages 13 and 24	Y
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	Page 7	Y
14	Emergency Transportation/ Ambulance	Emergency services	Pages 4 and 17	Y
15	Bariatric Surgery (Obesity)	Hospitalization	Page 21	Y
16	Breast Reconstruction After Mastectomy	Hospitalization	Pages 24 – 25	Y
17	Reconstructive Surgery	Hospitalization	Pages 25 – 26, 35	Y

Illinois Consumer Coverage Disclosure Act

18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	Page 15	Y, partially. Private room charge in excess of semiprivate room is only covered if medically necessary.
19	Skilled Nursing Facility	Hospitalization	Page 21	Y, partially. Limited to 45 day max per occurrence.
20	Transplants — Human Organ Transplants (Including transportation and lodging)	Hospitalization	Pages 18 and 31	Y, partially. Travel benefit is limited to $10,000 per occurrence.
21	Diagnostic Services	Laboratory services	Pages 6 and 12	Y
22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	Page 32	Y
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD	Pages 8 – 9, 21	Y
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	Page 21	Y
25	Substance Use Disorders (Including Inpatient Treatment)	MH/SUD	Pages 9 and 21	Y
26	Tele-Psychiatry	MH/SUD	Page 11	Y
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	Page 32	Y
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See AllKids Pediatric Dental Document	Y, partially. Accidental and congenital dental care is covered under medical; routine dental care is covered under a separate dental benefit.
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	Pages 26 – 27	Y, partially. Vision exams are covered under medical; corrective materials are covered under a separate vision benefit.
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pages 8 and 22	Y
31	Outpatient Prescription Drugs	Prescription drugs	Pages 29 – 34	Y, partially. Fertility drugs carry a $10,000 lifetime max.
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pages 12 and 16	Y
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	Pages 13 and 16	Y
34	Diabetes Self-Management Training and Education	Preventive and Wellness Services	Pages 11 and 35	Y
35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	Pages 31 – 32	Y
36	Mammography — Screening	Preventive and Wellness Services	Pages 12, 15, and 24	Y
37	Osteoporosis — Bone Mass Measurement	Preventive and Wellness Services	Pages 12 and 16	Y
38	Pap Tests/Prostate-Specific Antigen Tests/Ovarian Cancer Surveillance Test	Preventive and Wellness Services	Page 16	Y
39	Preventive Care Services	Preventive and Wellness Services	Page 18	Y
40	Sterilization (women)	Preventive and Wellness Services	Pages 10 and 19	Y
41	Chiropractic and Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pages 12 – 13	Y
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	Pages 8, 9, 11, 12, 22, and 35	Y

Special Note: Under Pub. Act 102-0104, eff. July 22, 2021, any EHBs listed above that are clinically appropriate and medically necessary to deliver via telehealth services must be covered in the same manner as when those EHBs are delivered in person.

Illinois Consumer Coverage Disclosure Act

The Consumer Coverage Disclosure Act requires employers to notify Illinois employees which of the Essential Health Benefits listed below are and are not covered by their employer-provided group health insurance coverage. Refer to the **Access to Care and Treatment Benchmark Plan** and the **Pediatric Dental Plan** to reference the pages listed below.

- **Employer Name:** Love's Travel Stops & Country Stores, Inc.
- **Employer State of Situs:** Oklahoma
- **Name of Issuer:** Blue Cross Blue Shield of Texas
- **Plan Marketing Name:** Deductible Plan
- **Plan Year:** 2027

Ten (10) Essential Health Benefit (EHB) Categories:

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization (like surgery and overnight stays)
- Laboratory services
- Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy
- Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)
- Pregnancy, maternity, and newborn care (both before and after birth)
- Prescription drugs
- Preventive and wellness services and chronic disease management
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

2020-2026 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)				
Item	**EHB Benefit**	**EHB Category**	**Benchmark Page Number Reference**	**Employer Plan Covered Benefit?**
1	Accidental Injury — Dental	Ambulatory	Pages 10 and 17	Y
2	Allergy Injections and Testing	Ambulatory	Page 11	N
3	Bone anchored hearing aids	Ambulatory	Pages 17 and 35	Y
4	Durable Medical Equipment	Ambulatory	Page 13	Y
5	Hospice	Ambulatory	Page 28	Y
6	Infertility (Fertility) Treatment	Ambulatory	Pages 23 – 24	Y, partially. Infertility treatment carries a $25,000 lifetime max.
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	Page 21	Y
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Pages 15 – 16	Y
9	Private-Duty Nursing	Ambulatory	Pages 17 and 34	Y, partially. 45 day soft maximum per occurrence.
10	Prosthetics/Orthotics	Ambulatory	Page 13	Y
11	Sterilization (vasectomy men)	Ambulatory	Page 10	Y
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	Pages 13 and 24	Y, partially. Non-surgical and non-diagnostic services for treatment of joint is excluded.
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	Page 7	Y
14	Emergency Transportation/ Ambulance	Emergency services	Pages 4 and 17	Y
15	Bariatric Surgery (Obesity)	Hospitalization	Page 21	Y, partially. Limited to members 18+, once per lifetime for morbid obesity, unless there are complications.
16	Breast Reconstruction After Mastectomy	Hospitalization	Pages 24 – 25	Y
17	Reconstructive Surgery	Hospitalization	Pages 25 – 26, 35	Y

Illinois Consumer Coverage Disclosure Act

18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	Page 15	Y, partially. Private room charge in excess of semiprivate room is not an eligible expense.
19	Skilled Nursing Facility	Hospitalization	Page 21	Y, partially. Limited to 45 day max per occurrence.
20	Transplants — Human Organ Transplants (Including transportation and lodging)	Hospitalization	Pages 18 and 31	Y, partially. Travel benefit is limited to $10,000 per occurrence.
21	Diagnostic Services	Laboratory services	Pages 6 and 12	Y
22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	Page 32	Y
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD	Pages 8 – 9, 21	Y
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	Page 21	Y
25	Substance Use Disorders (Including Inpatient Treatment)	MH/SUD	Pages 9 and 21	Y
26	Tele-Psychiatry	MH/SUD	Page 11	Y
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	Page 32	Y
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See AllKids Pediatric Dental Document	Y, partially. Accidental and congenital dental care is covered under medical; routine dental care is covered under a separate dental benefit.
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	Pages 26 – 27	Y, partially. Vision exams are covered under medical; corrective materials are covered under a separate vision benefit.
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pages 8 and 22	Y
31	Outpatient Prescription Drugs	Prescription drugs	Pages 29 – 34	Y, partially. Fertility drugs carry a $10,000 lifetime max.
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pages 12 and 16	Y
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	Pages 13 and 16	Y
34	Diabetes Self-Management Training and Education	Preventive and Wellness Services	Pages 11 and 35	Y
35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	Pages 31 – 32	Y
36	Mammography — Screening	Preventive and Wellness Services	Pages 12, 15, and 24	Y
37	Osteoporosis — Bone Mass Measurement	Preventive and Wellness Services	Pages 12 and 16	Y
38	Pap Tests/Prostate-Specific Antigen Tests/Ovarian Cancer Surveillance Test	Preventive and Wellness Services	Page 16	Y
39	Preventive Care Services	Preventive and Wellness Services	Page 18	Y
40	Sterilization (women)	Preventive and Wellness Services	Pages 10 and 19	Y
41	Chiropractic and Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pages 12 – 13	Y
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	Pages 8, 9, 11, 12, 22, and 35	Y

Special Note: Under Pub. Act 102-0104, eff. July 22, 2021, any EHBs listed above that are clinically appropriate and medically necessary to deliver via telehealth services must be covered in the same manner as when those EHBs are delivered in person.

Illinois Consumer Coverage Disclosure Act

The Consumer Coverage Disclosure Act requires employers to notify Illinois employees which of the Essential Health Benefits listed below are and are not covered by their employer-provided group health insurance coverage. Refer to the **Access to Care and Treatment Benchmark Plan** and the **Pediatric Dental Plan** to reference the pages listed below.

- **Employer Name:** Love's Travel Stops & Country Stores, Inc.
- **Employer State of Situs:** Oklahoma
- **Name of Issuer:** Blue Cross Blue Shield of Texas
- **Plan Marketing Name:** HSA Plan
- **Plan Year:** 2027

Ten (10) Essential Health Benefit (EHB) Categories:

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization (like surgery and overnight stays)
- Laboratory services
- Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy
- Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)
- Pregnancy, maternity, and newborn care (both before and after birth)
- Prescription drugs
- Preventive and wellness services and chronic disease management
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

2020-2026 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)				
Item	**EHB Benefit**	**EHB Category**	**Benchmark Page Number Reference**	**Employer Plan Covered Benefit?**
1	Accidental Injury — Dental	Ambulatory	Pages 10 and 17	Y
2	Allergy Injections and Testing	Ambulatory	Page 11	N
3	Bone anchored hearing aids	Ambulatory	Pages 17 and 35	Y
4	Durable Medical Equipment	Ambulatory	Page 13	Y
5	Hospice	Ambulatory	Page 28	Y
6	Infertility (Fertility) Treatment	Ambulatory	Pages 23 – 24	Y, partially. Infertility treatment carries a $25,000 lifetime max.
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	Page 21	Y
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Pages 15 – 16	Y
9	Private-Duty Nursing	Ambulatory	Pages 17 and 34	Y, partially. 45 day soft maximum per occurrence.
10	Prosthetics/Orthotics	Ambulatory	Page 13	Y
11	Sterilization (vasectomy men)	Ambulatory	Page 10	Y
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	Pages 13 and 24	Y, partially. Non-surgical and non-diagnostic services for treatment of joint is excluded.
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	Page 7	Y
14	Emergency Transportation/ Ambulance	Emergency services	Pages 4 and 17	Y
15	Bariatric Surgery (Obesity)	Hospitalization	Page 21	Y, partially. Limited to members 18+, once per lifetime for morbid obesity, unless there are complications.
16	Breast Reconstruction After Mastectomy	Hospitalization	Pages 24 – 25	Y
17	Reconstructive Surgery	Hospitalization	Pages 25 – 26, 35	Y

Illinois Consumer Coverage Disclosure Act

18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	Page 15	Y, partially. Private room charge in excess of semiprivate room is not an eligible expense.
19	Skilled Nursing Facility	Hospitalization	Page 21	Y, partially. Limited to 45 day max per occurrence.
20	Transplants — Human Organ Transplants (Including transportation and lodging)	Hospitalization	Pages 18 and 31	Y, partially. Travel benefit is limited to $10,000 per occurrence.
21	Diagnostic Services	Laboratory services	Pages 6 and 12	Y
22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	Page 32	Y
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD	Pages 8 – 9, 21	Y
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	Page 21	Y
25	Substance Use Disorders (Including Inpatient Treatment)	MH/SUD	Pages 9 and 21	Y
26	Tele-Psychiatry	MH/SUD	Page 11	Y
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	Page 32	Y
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See AllKids Pediatric Dental Document	Y, partially. Accidental and congenital dental care is covered under medical; routine dental care is covered under a separate dental benefit.
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	Pages 26 – 27	Y, partially. Vision exams are covered under medical; corrective materials are covered under a separate vision benefit.
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pages 8 and 22	Y
31	Outpatient Prescription Drugs	Prescription drugs	Pages 29 – 34	Y, partially. Fertility drugs carry a $10,000 lifetime max.
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pages 12 and 16	Y
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	Pages 13 and 16	Y
34	Diabetes Self-Management Training and Education	Preventive and Wellness Services	Pages 11 and 35	Y
35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	Pages 31 – 32	Y
36	Mammography — Screening	Preventive and Wellness Services	Pages 12, 15, and 24	Y
37	Osteoporosis — Bone Mass Measurement	Preventive and Wellness Services	Pages 12 and 16	Y
38	Pap Tests/Prostate-Specific Antigen Tests/Ovarian Cancer Surveillance Test	Preventive and Wellness Services	Page 16	Y
39	Preventive Care Services	Preventive and Wellness Services	Page 18	Y
40	Sterilization (women)	Preventive and Wellness Services	Pages 10 and 19	Y
41	Chiropractic and Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pages 12 – 13	Y
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	Pages 8, 9, 11, 12, 22, and 35	Y

Special Note: Under Pub. Act 102-0104, eff. July 22, 2021, any EHBs listed above that are clinically appropriate and medically necessary to deliver via telehealth services must be covered in the same manner as when those EHBs are delivered in person.