2027 PART-TIME TEAM MEMBERS
OPEN ENROLLMENT GUIDE



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

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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. Take time to review the changes for the upcoming year 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 only make changes if you experience a qualifying life event. Take time to consider whether your current elections still fit your needs, family situation, and budget.

Important: Your current benefit elections will automatically carry over to 2027 if you do not make changes. Even if your position is part-time, the hours you worked may make you eligible for medical coverage. Visit LovesBenefits.com to see what benefits you are eligible for in 2027.

2027 COST CHANGES

- If you are enrolled in the High Dental Plan, or the Voluntary Short-Term Disability Plan, your premium will change in 2027.

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 important updates without delay.

2027 Open Enrollment Details

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 dental or vision 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 Field Team Member
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 4 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 part-time for a year, but recently accepted a full-time position effective on the 28th. With the change, Carl will become eligible for medical, basic life and AD&D, as well as supplemental life coverage, the first of the following month. He will have 30 days to complete his enrollment. If Carl wants to add his spouse and children to the plans, he must submit dependent verification documentation to make sure they have coverage as well.

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

Virtual Care

Teladoc:
800-835-2362 or **teladochealth.com**

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. Stand-alone Teladoc coverage offers 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.

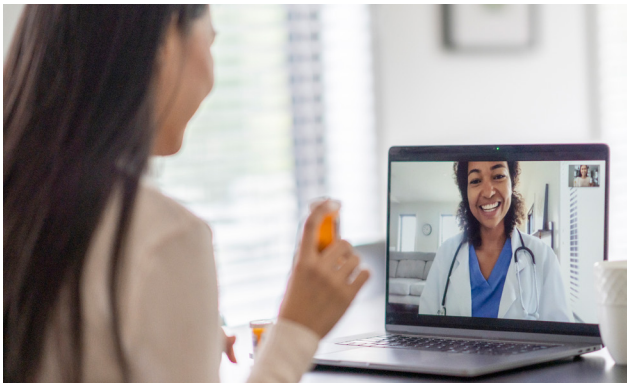
NON-EMERGENCY CARE	PRIMARY AND SPECIALIST CARE	MENTAL HEALTH CARE
Speak to a licensed physician any time via phone or computer for: • Cold and flu symptoms • Allergies • COVID-19 symptoms • Skin and rash concerns **Availability:** Available 24/7; no age restrictions	You can see the same virtual primary 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 or standalone Teladoc, 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.



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

BENEFIT PLAN	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
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

*If you are paid biweekly, multiply the rates shown in the chart by two to find your cost per paycheck.



Log in to LovesBenefits.com or call 888-907-1394 to enroll or make changes.

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. 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.

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

Voluntary Short Term Disability (STD)

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

Team Members can enroll in voluntary coverage through Voya. If you enroll in voluntary STD coverage, it can replace a portion of your income if you temporarily cannot work due to a health condition or injury. If you have a disability within the first year of coverage because of a previous health problem, the plan will still pay benefits, but they will be limited.

To be eligible for voluntary STD benefit payments, it is important to enroll before a disability occurs. Pre-existing conditions, including pregnancy, may limit your benefits. **Click here** to see voluntary STD rates and coverage details.

VOLUNTARY SHORT TERM DISABILITY	
Benefit Amount	60% of your weekly earnings up to $1,000 per week
Benefits Begin After	7 days
Maximum Benefit Duration	13 weeks



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

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. 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 Sarah

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

- *Accident coverage provides her with a cash payment, to help cover an ambulance bill and car repairs.*
- *Hospital indemnity insurance can be used to offset the cost of Sarah's overnight hospital stay. Plus, when she is transferred to a rehabilitation facility, she will receive $50 per day.*

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

CONTACTS

BENEFIT	PROVIDER	PHONE/WEBSITE
Benefits Service Center	Businessolver	888-907-1394 (7 a.m. to 5 p.m. Central) LovesBenefits.com
Virtual Visits	Teladoc	800-835-2362 teladochealth.com
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)
Voluntary STD	Voya	877-236-7564 presents.voya.com/EBRC/loves
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.