Critical Illness Insurance

Group Name: **Love's Travel Stops & Country Stores, Inc.**
Group Number: **706981**
Effective Date: **1/1/2026**



Help minimize the financial stress that may follow the diagnosis of a serious illness

What is it?

Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered illness or condition.

Love's Family of Companies

What conditions does it cover?

Unless noted, your payment will be at 100% of your benefit amount.

- Heart attack*
- Cancer
- Stroke
- Sudden cardiac arrest
- Major organ transplant**
- Coronary artery bypass (50%)
- Carcinoma in situ (50%)
- Type I Diabetes
- Severe Burns
- Benign brain tumor
- Skin cancer (10%)
- Bone marrow transplant (25%)
- Stem cell transplant (25%)
- Permanent paralysis
- Loss of sight
- Loss of hearing
- Loss of speech
- Coma
- Multiple Sclerosis
- Amyotrophic lateral sclerosis (ALS)
- Parkinson's Disease
- Advanced Dementia including Alzheimer's disease
- Huntington's disease
- Muscular dystrophy
- Infectious disease (hospitalization requirement) (25%)***
- Addison's Disease (25%)
- Myasthenia Gravis (25%)
- Systemic Lupus Erythematosus (SLE) (25%)
- Systemic Sclerosis (Scleroderma) (25%)

Covered conditions for your insured children:

Cerebral palsy, Congenital birth defects, Cystic fibrosis, Down syndrome, Gaucher disease - type II or III, Infantile Tay-Sachs, Niemann-Pick disease, Pompe disease, Sickle cell anemia, Type 1 diabetes, Type IV glycogen storage disease, Zellweger syndrome

Why should I consider it?

- Use your paid benefit for any purpose, such as paying out-of-pocket medical expenses, copays, deductibles, groceries, gas, utilities and more – it's up to you.
- Coverage is always guaranteed issue.
- You can choose to take this coverage with you if you leave your employer or retire.

Who can be covered and how much coverage can I get?

You have the option to enroll in supplemental coverage in the amount(s) below:	
You	Choice of $10,000 - $50,000 in $10,000 increments
Your spouse*	50% of the Employee Benefit Amount
Your children*	50% of the Employee Benefit Amount

* Employees must be enrolled in order to elect coverage for eligible spouse and eligible dependent children as defined in the Certificate of Coverage and Riders.

Wellness Benefit

Your coverage includes a Wellness Benefit, which will pay you an annual benefit when you and covered family members complete an eligible health screening test. These screenings may include a mental health screening, flu immunization, a mammogram and a routine eye or dental exam.

$50 for employees, $50 for spouses, $50 per child.

* A sudden cardiac arrest is not in itself considered a heart attack.

** Major organ transplant means the irreversible failure of your heart, lung, pancreas, entire kidney or liver, or any combination thereof, determined by a physician specialized in care of the involved organ.

*** Diagnosis of a severe infectious disease by a Doctor, when a diagnosis occurs on or after the group's coverage effective date; AND Confinement to a Hospital or a transitional facility for 5 or more consecutive days.

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How much does it cost?

The table below shows how much you'll pay for Critical Illness Insurance. The premium is deducted directly from your paycheck. Your rates will depend on your age and how much coverage you select.

4-Tier Rating
Weekly Rates
Employee: $10,000 Spouse: $5,000 Child(ren): $5,000
Includes Wellness Benefit Rider

Attained Age	EE Only	EE+SP	EE+CH	Family
Under 25	$0.58	$0.87	$0.58	$0.87
25-29	$0.58	$0.87	$0.58	$0.87
30-34	$0.92	$1.38	$0.92	$1.38
35-39	$0.92	$1.38	$0.92	$1.38
40-44	$1.73	$2.60	$1.73	$2.60
45-49	$1.73	$2.60	$1.73	$2.60
50-54	$2.91	$4.36	$2.91	$4.36
55-59	$2.91	$4.36	$2.91	$4.36
60-64	$4.50	$6.75	$4.50	$6.75
65-69	$4.50	$6.75	$4.50	$6.75
70+	$6.00	$9.00	$6.00	$9.00

4-Tier Rating
Weekly Rates
Employee: $20,000 Spouse: $10,000 Child(ren): $10,000
Includes Wellness Benefit Rider

Attained Age	EE Only	EE+SP	EE+CH	Family
Under 25	$1.15	$1.73	$1.15	$1.73
25-29	$1.15	$1.73	$1.15	$1.73
30-34	$1.85	$2.77	$1.85	$2.77
35-39	$1.85	$2.77	$1.85	$2.77
40-44	$3.46	$5.19	$3.46	$5.19
45-49	$3.46	$5.19	$3.46	$5.19
50-54	$5.82	$8.72	$5.82	$8.72
55-59	$5.82	$8.72	$5.82	$8.72
60-64	$9.00	$13.50	$9.00	$13.50
65-69	$9.00	$13.50	$9.00	$13.50
70+	$12.00	$18.00	$12.00	$18.00

4-Tier Rating
Weekly Rates
Employee: $30,000 Spouse: $15,000 Child(ren): $15,000
Includes Wellness Benefit Rider

Attained Age	EE Only	EE+SP	EE+CH	Family
Under 25	$1.73	$2.60	$1.73	$2.60
25-29	$1.73	$2.60	$1.73	$2.60
30-34	$2.77	$4.15	$2.77	$4.15
35-39	$2.77	$4.15	$2.77	$4.15
40-44	$5.19	$7.79	$5.19	$7.79
45-49	$5.19	$7.79	$5.19	$7.79
50-54	$8.72	$13.08	$8.72	$13.08
55-59	$8.72	$13.08	$8.72	$13.08
60-64	$13.50	$20.25	$13.50	$20.25
65-69	$13.50	$20.25	$13.50	$20.25
70+	$18.00	$27.00	$18.00	$27.00

4-Tier Rating
Weekly Rates
Employee: $40,000 Spouse: $20,000 Child(ren): $20,000
Includes Wellness Benefit Rider

Attained Age	EE Only	EE+SP	EE+CH	Family
Under 25	$2.31	$3.46	$2.31	$3.46
25-29	$2.31	$3.46	$2.31	$3.46
30-34	$3.69	$5.54	$3.69	$5.54
35-39	$3.69	$5.54	$3.69	$5.54
40-44	$6.92	$10.38	$6.92	$10.38
45-49	$6.92	$10.38	$6.92	$10.38
50-54	$11.63	$17.45	$11.63	$17.45
55-59	$11.63	$17.45	$11.63	$17.45
60-64	$18.00	$27.00	$18.00	$27.00
65-69	$18.00	$27.00	$18.00	$27.00
70+	$24.00	$36.00	$24.00	$36.00

4-Tier Rating
Weekly Rates
Employee: $50,000 Spouse: $25,000 Child(ren): $25,000
Includes Wellness Benefit Rider

Attained Age	EE Only	EE+SP	EE+CH	Family
Under 25	$2.88	$4.33	$2.88	$4.33
25-29	$2.88	$4.33	$2.88	$4.33
30-34	$4.62	$6.92	$4.62	$6.92
35-39	$4.62	$6.92	$4.62	$6.92
40-44	$8.65	$12.98	$8.65	$12.98
45-49	$8.65	$12.98	$8.65	$12.98
50-54	$14.54	$21.81	$14.54	$21.81
55-59	$14.54	$21.81	$14.54	$21.81
60-64	$22.50	$33.75	$22.50	$33.75
65-69	$22.50	$33.75	$22.50	$33.75
70+	$30.00	$45.00	$30.00	$45.00

How many times can I receive this benefit?

The Schedule of Benefits includes a list of covered conditions. There is no total maximum benefit amount or limit to the number of payments you may receive for each covered condition under your plan, except for skin cancer.

You may receive a benefit payment for each different diagnosis of a covered condition shown on your Schedule of Benefits. (a definition of "different diagnosis" is provided in the certificate of coverage).

For skin cancer, the benefit is payable up to 1 per calendar year, 10 times the lifetime maximum limit. Once the maximum for skin cancer has been reached, no further benefits are payable.

What else is included? The benefits below are also included with your coverage. For a complete description of your benefits, along with applicable provisions, conditions on benefit determination, exclusions and limitations, see your certificate of insurance and any riders.

Benefit Enhancement Rider increases the benefit amount of a covered Critical Illness as shown on the base certificate. This benefit applies to you and your covered spouse and children.

Portability If you are in a situation where your eligibility for benefits is changing, such as reduced hours, termination from employment, or a life event such as divorce, you may want to continue your insurance coverage. Portability allows you to continue your coverage under the same group policy by paying your premiums directly to the insurance company.

Continuation of Insurance allows you to maintain your current Critical Illness Insurance coverage for yourself, your spouse and children during an employer-approved leave of absence.

Exclusions and limitations

Exclusions and limitations vary by state and by your employer's plan. Please review your certificate of coverage for details.

Questions?

To enroll go to www.lovesbenefits.com. If you have additional questions before you enroll, please call:

- Voya Employee Benefits Customer Service at (877) 236-7564

Scan the QR code to visit your Employee Benefits Resource Center to learn more about this benefit and review instructions on how to file a claim after your effective date.
https://presents.voya.com/EBRC/Loves.

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Critical Illness Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy form #RL-CI4-POL-16; Certificate form #RL-CI4-CERT2-20; Spouse Rider form #RL-CI4-SPR2-20; Children's Rider form #RL-CI4-CHR2-20; Continuation Rider form #RL-CI4-CNT2-20; Absence from Employment Premium Waiver Rider form #RL-CI4-AEPW-20;Wellness Benefit Rider form #RL-CI4-WELL2-20; Waiver of Premium Rider form #RL-CI4-WOP-16; Infectious Condition Additional Benefit Rider form #RL-CI4-ICBR-22; Specified Condition Benefit Rider form #RL-CI4-SCR-23; Benefit Enhancement Rider form #RL-CI4-BER-23; and Additional Services Rider form #RL-CI4-VAS-20. Form numbers, provisions and availability may vary by state and employer's plan.

CI 2.1 Only

Acct #All, Date Prepared: 09/25/2025

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