



Welcome to
Gordon Food Service
2026 Benefit Orientation

More information can be found on gfstotalrewards.com

Gordon[®]

Today's Agenda



Enrollment



GFS
Healthcare



Healthcare
Benefits



Pre-tax
Healthcare
Savings



Healthcare
Planning



Supplemental
Benefits



Wellness
Reimbursement



Additional
Benefits

Important Enrollment Info



Benefits Effective:
1st day of employment*.



Enrollment Timing:
Completing enrollment within the 30-day period determines the number of catch-up deductions.



Two weeks of insurance deductions on your first paycheck.



*Allow at least one week for finalized benefits to reach the insurance carriers' systems (ID cards, member info).



Total Rewards website: gfstotalrewards.com

Enrollment



*Missed weekly premiums will be deducted at one time from the paycheck following your enrollment.



Visit the Total Rewards website gfstotalrewards.com for benefit information



Enroll online at Workday.gfs.com or the Workday mobile app

Health Plan Options

GFS offers three health plan options through 



Core PPO Plan.

Classic, comprehensive coverage.



Health Investment Plan – HDHP.

A qualified High Deductible Health Plan under the IRS with savings potential.



Premier PPO Plan.

Enhanced coverage and lower out-of-pocket costs.

Each plan varies in design:



Weekly Premiums



Annual deductibles and out-of-pocket maximums



Prescription coverage

IMPORTANT: Automobile Insurance is primary to GFS health plans

Health Plan Options

Coverage for All Three Plans



Routine & Preventive Services

100% Covered

Routine/preventive services covered at 100%.



Other Medical Services

-  Labs
-  Inpatient
-  Surgery
-  Therapy
-  Dermatology
-  Chiropractic, etc.

Subject to the deductible

HDHP (HIP plan) prescriptions are also subject to your deductible

After your deductible is met, **coinsurance** begins

Health Plan Options

Virtual Care through  **CVS**Health.



Available when enrolled in a GFS medical plan.



On-demand care subject to applicable copay.



Behavioral Health visits covered 100%



Primary Care visits covered 100%



Second Opinion

Administered by 2nd.MD



Eligible when enrolled in a GFS medical plan.



Expert medical consultations, burden removal, & navigation support.

2nd.MD finds the right specialist, collects records, and navigates the healthcare system so you can focus on getting better.

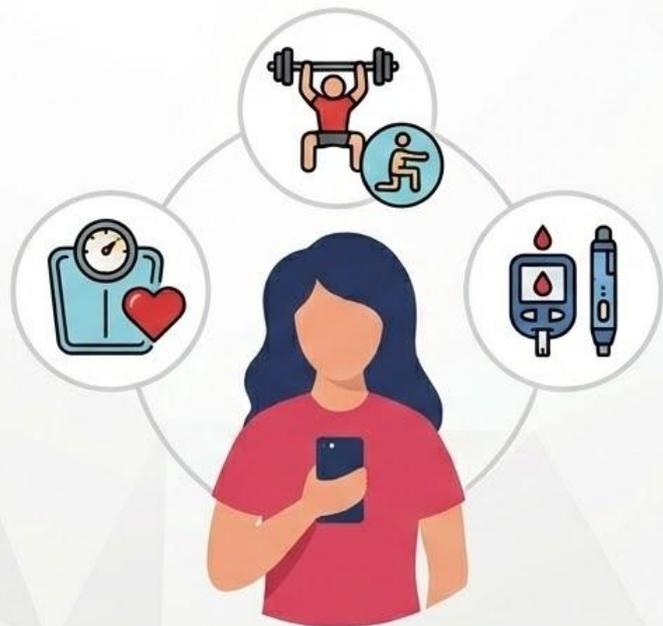


Assistance for thousands of conditions.

The 2nd.MD experts can assist in a wide range of medical situations.

Health Solutions

Administered by Solera Health  Solera



Eligible when enrolled in a GFS medical plan.
Employees & covered family members (18 years+).



Three FREE Programs (2-month waiting period)

- ✔ Weight Loss/Management
- ✔ Fitness & Physical Therapy
- ✔ Diabetes Management



Delivered through mobile apps such as:
WeightWatchers, Transform, Betr Health, Sword, Kaia Health, Dario Health, and more!

Health Plan Options

Annual Deductibles & Out-of-Pocket Maximums

CORE PPO PLAN				
	 EMP	 EMP/SP	 EMP/CH	 EMP/SP/CH
Weekly Premiums	\$0.00	\$23.79	\$15.66	\$29.50
In-Network Deductible				
Individual	\$4,000			
2 Individuals	\$8,000			
3+ Individuals	\$8,000			
Out-of-Pocket Max				
Individual	\$7,000			
2 Individuals	\$14,000			
3+ Individuals	\$14,000			

HEALTH INVESTMENT PLAN				
	 EMP	 EMP/SP	 EMP/CH	 EMP/SP/CH
Weekly Premiums	\$19.79	\$47.16	\$31.03	\$58.48
In-Network Deductible				
Individual	\$2,000			
2 Individuals	\$3,400			
3+ Individuals	\$4,000			
Out-of-Pocket Max				
Individual	\$4,000			
2 Individuals	\$7,000			
3+ Individuals	\$8,000			

PREMIER PPO PLAN				
	 EMP	 EMP/SP	 EMP/CH	 EMP/SP/CH
Weekly Premiums	\$40.01	\$91.10	\$69.41	\$120.55
In-Network Deductible				
Individual	\$1,000			
2 Individuals	\$2,000			
3+ Individuals	\$2,000			
Out-of-Pocket Max				
Individual	\$4,000			
2 Individuals	\$8,000			
3+ Individuals	\$8,000			



Important Note: Different than the Premier PPO Plan and Core PPO Plan, the Health Investment Plan requires you to meet deductible based on your enrollment regardless of the number of individuals contributing to the expense.

Prescription Drug Program

Mandatory Generic



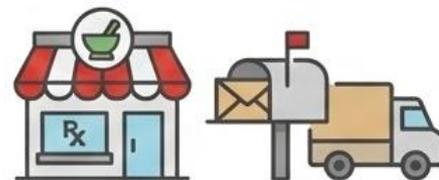
Must use generic when available. If you choose a brand name over the generic, you will be responsible for the difference in cost.

ACA Required Preventive Medications



Covered 100% under all three plans. Medications such as prenatal vitamins, generic birth control and tobacco cessation.

Retail & Mail Order 90-Day



Enjoy the convenience of receiving a 90-day supply of your maintenance medications. 3 month supply for 2.5 month cost when a copay applies.

Prescription Drug Program

	CORE PPO PLAN	HEALTH INVESTMENT PLAN	PREMIER PPO PLAN
Retail 30-Day Supply			
Preventive Medications (Blood Pressure and Cholesterol Lowering)	Subject to copay below	Covered 100%	Subject to copay below
Generic	\$10 copay	\$10 copay after deductible	\$10 copay
Preferred	30% - \$25/\$75	30% - \$25/\$75 after deductible	30% - \$25/\$75
Non-Preferred	50% - \$50/\$100	50% - \$50/\$100 after deductible	50% - \$50/\$100
Specialty Medications	50% to \$250 copay	50% to \$250 copay after deductible	50% to \$250 copay
Retail 90-Day Supply and Mail Order 90-Day Supply			
Preventive Medications	Subject to copay below	Covered 100%	Subject to copay below
Generic	\$25 copay	\$25 copay after deductible	\$25 copay
Preferred	30% - \$62.50 min/\$187.50 max	30% - \$62.50 min/\$187.50 after deductible	30% - \$62.50 min/\$187.50 max
Specialty Medications	50% - \$125 min/\$250 max	50% - \$125 min/\$50 max after deductible	50% - \$125 min/\$250 max

Please Note: Under the HIP plan, all medications are subject to the medical deductible unless it is an eligible preventive medication.

Dental Plan

Administered by Delta Dental of Michigan

Two networks to access:



Delta Dental Premier



Delta Dental PPO

(provides the largest discount, discount, highlighted in red)



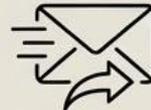
Find a provider at
www.deltadentalmi.com

 DELTA DENTAL

Delta Dental of Michigan

Weekly premiums:

EMP	EMP/SP	EMP/CH	EMP/SP/CH
			
\$2.42	\$5.11	\$4.62	\$7.28



All claims must be submitted to Delta Dental of Michigan

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FOOD SERVICE

Dental Plan

Annual Dental Maximum & Preventive Services



Annual Maximum:
\$1,700 (per person)



Preventive Services:
100% coverage
(Cleanings/exams and bitewing x-rays,
2 per year)

Restorative & Orthodontic Coverage



Minor and Major Restorative:
\$50 Annual Deductible (per person)

- Minor Restorative: 20% Co-Pay (Fillings, crowns, root canals, extractions, etc.)
- Major Restorative: 50% Co-Pay (Bridges, dentures)



Orthodontic Coverage:
Services covered at **50%**

- Includes initial banding and periodic visits
- Maximum amount \$1,500 (Per course of treatment)
- 24 months between treatment plans; No age limit

 **DELTA DENTAL**

Delta Dental of Michigan

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Vision Plan

EyeMed is the administrator

-  Visit www.eyemed.com to find a participating location or optometrist
-  Annual Exams covered 100% in and out-of-network
-  Reimbursement available for out-of-network purchases
-  Additional discounts provided for laser correction, additional pairs, and beyond plan coverage



Frames covered up to \$150 dollars once a calendar year
Standard Plastic Lenses covered with \$15 copay once every 12 months

<OR>



Contact Lenses covered up to \$120 once every 12 months

Weekly premiums:

EMP	EMP/SP	EMP/CH	EMP/SP/CH
\$1.16	\$2.21	\$2.32	\$3.41



Pre-tax Savings Accounts



Flexible Spending Account (FSA)

For eligible expenses.



Limited-Purpose FSA

Dental & Vision only.



Health Savings Account (HSA)

Triple tax advantage.



Dependent Care FSA

For care of dependents.

- Eligible expenses listed at www.irs.gov; search publication 502
- Annual maximums set by the IRS
- Effective on the first of the month following 30 days

Pre-tax Savings Accounts

What accounts are available to me?

PREMIER PPO CORE PPO

FSA


\$3,400
Contribution



Medical



Prescription



Dental



Vision

HEALTH INVESTMENT PLAN (HIP)

LIMITED PURPOSE FSA


\$3,400
Contribution



Medical



Prescription



Dental



Vision

HSA

 
S - \$4,400 F - \$8,750
Contribution



Medical



Prescription



Dental



Vision

Pre-tax Savings Accounts

Healthcare Payment Card



Automatically Issued

-  Limited Purpose FSA
-  Health Savings Account (HSA)
-  Healthcare FSA



One Stackable Card

One card for FSA and HSA
pre-tax savings plans



Mailed to Your Home
Mailed to your home address

Pre-tax Savings Accounts

Healthcare Payment Card



Limited-Purpose FSA

- Most dental and vision transactions will be verified automatically, if enrolled in a GFS plan. Claims not automatically verified will need additional documentation.



Cannot increase/decrease midyear



HSA

- Keep all receipts for transactions made from your account for documentation in the event of a tax audit, ineligible transactions will be subject to tax and a penalty.



Can make changes midyear

Pre-tax Savings Accounts

Healthcare Payment Card



Flexible Spending Account (FSA)



Calendar year election for pre-tax payroll deductions



Cannot increase/decrease midyear



Do not have to be enrolled in GFS health plan to take advantage of FSA



Expenses for dependents are reimbursable up to the end of the month in which they turn age 26



Up to \$500 of unused dollars will roll over into the following year

Pre-tax Savings Accounts

Healthcare Payment Card



Health Savings Account (HSA)



Must be enrolled in the HDHP (HIP) plan



Not eligible if you are enrolled in an FSA, enrolled in Medicare, or are a dependent on someone else's tax return



Pre-tax payroll deductions deposit into your HSA



IRS maximum contribution is based on your enrollment:

- 1 Individual: \$4,400 2+ Individuals: \$8,750
-  An additional \$1,000 contribution allowed if you are age 55+



Unused funds roll over

Pre-tax Savings Accounts

Health Savings Accounts (HSA)



Gordon Food Service will make a monthly contribution to your HSA based on how you are enrolled



Effective the 1st of the month following 30 days of hire



You can contribute to the account with pre-tax dollars



HSA contributions are managed by you in Workday; make changes to your deductions at any time!

 HSA	 IRS LIMIT	 COMPANY CONTRIBUTION	 EMPLOYEE CONTRIBUTION MAXIMUM
1 Individual	\$4,400	\$500 \$41.67 deposited monthly	\$3,900
2 Individuals	\$8,750	\$750 \$62.50 deposited monthly	\$8,000
3+ Individuals	\$8,750	\$1,000 \$83.33 deposited monthly	\$7,750
Age 55+	Additional \$1,000 catch-up contributions allowed		

Pre-Tax Savings Accounts

Dependent Care



GFS Match:
\$1 for \$1 up to \$500
(when hired on/prior to October 1st)



Contribution Limit: Pre-tax payroll deductions up to \$7,000 each calendar year.



Eligible Expenses: Qualified dependent care for dependents under age 13 or disabled spouse/dependent.



Reimbursement Rules: Reimbursement only. Do **not** use Optum Financial debit card. Funds must be in the account.



Important Notes:
Use it or lose it (zero dollars roll over).
No midyear changes unless a life event.

Employee Assistance Program

Administered through ComPsych



WORK, HEALTH, LIFE CONCERNS

Free resource provided by Gordon Food Service for immediate and confidential support.



ELIGIBILITY

Available to all eligible employees, their spouse, dependent children, parents and parents-in-law.



CONFIDENTIAL COUNSELING

Help finding solutions for life's challenges. 8 free counseling sessions available to household members.



guidanceresources.com,
(888) 399-5875,
company ID GFSEAP



24/7 AVAILABILITY

A professional is available over the phone or online 24/7

Voluntary Plans

Three voluntary plans available through Aetna



ACCIDENT

Lump sum payout following a covered accident.



HOSPITALIZATION

Lump sum payout to offset out-of-pocket expenses for covered hospital stays.



CRITICAL ILLNESS

Lump sum payout upon diagnosis with a covered critical illness.

Weekly premiums payroll deductions are post-tax.
Coverage is portable and premiums remain the same.

Identity Protection

Provided by Allstate Identity Protection (AIP)



PREMIUMS

Weekly premiums payroll deductions are post-tax.

Employee Only - \$1.84

Employee + Family - \$3.22.



MONITORING

Comprehensive monitoring and alerts.

Dark web monitoring

High-risk transaction monitoring

Credit monitoring and alerts.



ACCESS

Online access to monitor your account.

Life Insurance

Insured through UNUM



COMPANY-PAID COVERAGE

Effective on the first of the month following 30 days.

Company-paid Group life insurance.



EMPLOYEE COVERAGE

Based on annual salary to \$450,000 maximum.

1x – Hourly.

1.5x – Salaried.

2x – Director and Senior Manager / GM.



DEPENDENT COVERAGE

Spouse coverage - \$10,000.

Child(ren) coverage - \$5,000.

Supplemental Life Insurance

Paid via employee payroll deductions



Enroll now without providing a statement of health up to the guaranteed issue amount



Statement of health will be sent through Workday



Employee must be enrolled in supplemental life for themselves in order to enroll in spouse and/or dependent coverage



If you waive now and enroll during open enrollment, your election will pend approval from UNUM (EOI)

	Minimum	Maximum	Increments	Guarantee Issue
Employee	\$25,000	\$500,000	\$25,000	\$500,000
Spouse	\$10,000	\$200,000	\$10,000	\$100,000
Dependent	\$10,000	\$20,000	\$5,000	\$20,000

Short-Term Disability (STD)

No cost to you - GFS pays premiums

ELIGIBILITY & COST



Full-time employees eligible after 90-days.
No cost to you - GFS pays premiums.

COVERAGE & PROCESS



Covers lost earnings due to a non-work related illness or injury.
Waiting period of 7 consecutive calendar days.
Disability paid through GFS payroll (taxable).

BENEFIT (WEEKS 1-2)



100% of salary for first two weeks of disability (after 7 day elimination period).

BENEFIT (AFTER WEEK 2)



After first two weeks the benefit pays 60% of salary to a maximum of \$10,000 per month for a duration up to 180 days.

MATERNITY LEAVE



Maternity leave is paid at 100% for 12 weeks with no elimination period.

Voluntary Long-Term Disability (LTD)

100% employee paid via payroll deduction

ELIGIBILITY & ENROLLMENT



Full-time employees eligible after 90-days. Enrollment required. Waiving now means future enrollment requires UNUM approval (EOI).

COVERAGE & COST



Starts after STD ends (180-day waiting period). Premiums are after-tax payroll deductions.

BENEFIT DETAILS



Pays 60% of salary (up to \$10,000/mo). Non-taxable benefit paid until retirement age or recovery.



Military Leave & Pay



LEAVE

Employees are eligible for leave under USERRA when called for training or active duty.

- ✓ Job protected leave
- ✓ File claim with UNUM



PAY



INTERMITTENT LEAVE (30 DAYS OR LESS)

Full-time employees eligible after 6 months.
Military Leave Pay for 10 scheduled days missed. 50% of pay.



EXTENDED LEAVE (31 DAYS OR MORE)

Military Leave Pay differential.



Maximum lifetime benefit is \$15,000.



Complete Military Leave Form and return to HR.

Wellness Reimbursement Account

Administered by ThrivePass



PROGRAM DETAILS

\$500 Wellness benefit for full time employees

90-day waiting period for new hires

Quarterly proration

Wellness Reimbursement is paid through payroll and taxable as income.



EXAMPLES OF ELIGIBLE BENEFITS

Fitness/Gym Membership

Exercise equipment

Exercise apps

Mental health apps or programs

Wellness Reimbursement Account

Administered by ThrivePass

New Hires will receive a registration email from ThrivePass after 90-days of employment. The amount is **prorated each quarter** based on your Wellness Reimbursement effective date (90-days from date of hire).



\$500



\$400



\$300



\$200

ADOPTION ASSISTANCE

Full-time employees are eligible after one year of employment.



FINANCIAL SUPPORT:

Financial assistance for the adoption of a child under the age of 18 through a state-licensed agency.

Expenses incurred in connection with the adoption may be reimbursed such as legal fees, court costs, placement fees, etc.



REIMBURSEMENT DETAILS:

Reimbursement of \$10,000 per child.

Reimbursement can be provided once custody of the child is granted.



Tuition Assistance

Full-time, active employees are eligible after six months (employee)/1 year (spouse/dependent)



Program Eligibility & Details



Degree programs, Trade schools and Certificate programs are eligible



Credit must be received for the class to be eligible



Reimbursement does not cover charges paid by scholarships, grants, or financial awards (excluding loans)

Reimbursement Process



Benefit level based on submission date



Submit within 90 days of school year end (Aug 1st to July 31st)



Paid through payroll via direct deposit

Tuition Assistance

Summary of Benefits



Employee - Out of pocket tuition, fees, and books



- 6 months to 2 years:
\$1,500/calendar year



- 2 to 5 years:
\$2,000/calendar year



- 5 + years:
\$2,500/calendar year



Spouse - Out of pocket tuition

- 1 + years: \$1,200/calendar year (\$6,000 lifetime)



Dependent - Out of pocket tuition, fees, on-site room/board

FT Student

\$2,000/child/school year

5 to 9 years:

\$2,500/child/school year

10 + years:

\$3,500/child/school year

PT Student

\$1,000/child/school year

5 to 9 years:

\$1,000/child/school year

10 + years:

\$1,000/child/school year

*Graduate/Master's programs are not eligible for dependent children.

Tuition Assistance

SOAR Program through Cornerstone University



Earn an Associate's, Bachelor's degree in Strategic Business Management or your Master's degree in Organizational Leadership



2.5 years to complete, on average



100% mobile, all on your phone through the app



Set up for microlearning (15 or 30 minutes at a time)



Low-cost and in some cases free!



Available to employees and their family members



Scholarship available through Cornerstone



TIME OFF BENEFITS



Paid Holidays



Baby Week



Flex Hours



Vacation Time



Bereavement

TIME OFF BENEFITS

Holidays



GFS observes 6 holidays



New Year's Day

Memorial Day



Independence Day



Labor Day

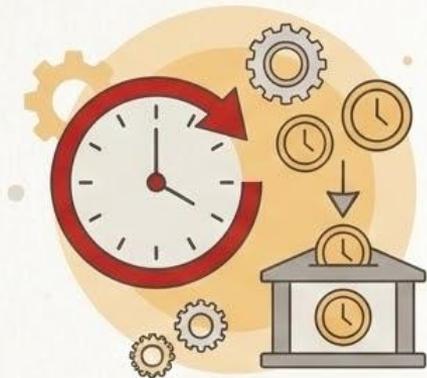
Thanksgiving Day



Christmas Day

TIME OFF BENEFITS

Flex Hours



ACCRUAL

New employees receive 16 flex hours on day one, then accrue 1 hour for every 30 hours worked up to a maximum of 56 or 72 (MI) hours every calendar year.



USE

Flex Hours can be used for planned or unplanned sick and additional time away from work in 1-hour increments.



ROLL OVER

At the end of the calendar year, any unused flex hours will roll over into the new year. Your flex balance will never exceed the maximum of 56 or 72 (MI).

TIME OFF BENEFITS

Vacation Time



ACCRUAL & MAXIMUM

Vacation accrual earned weekly. Maximum accrual is 300 hours.



ROLL OVER

Salaried & commission employees can roll over up to 160 hours.



CASH-IN PROGRAM

120+ hour balance.
Take a week and get paid a week.

TIME OFF BENEFITS

Baby Week



ELIGIBILITY & BENEFIT

Non-birth parent is eligible for **40 hours**.
Hours provided for birth or adoption of a child, to be used within 1 year.



REQUESTING THE BENEFIT

Notify HR & Request via **Google Form** on Gordon Grove.
Required Documentation: Birth record, verification of birth facts, birth certificate, **paternity paperwork**, **affidavit of parentage**.

Note: Cannot accept letters.

TIME OFF BENEFITS

Bereavement

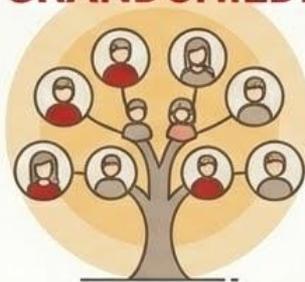
SPOUSE OR CHILD



10 Days

for the loss of your spouse or child.

PARENT, SIBLING, OR GRANDCHILDREN



3 Days

for the loss of a parent, sibling, or grandchildren.

GRANDPARENTS & GREAT-GRANDPARENTS



1 Day

for the loss of grandparents and great-grandparents.

GFS provides time to you for **bereavement** when you lose a family member. Available for the bereavement of biological, half, step, and in-law family members.

COMPANY NOTE PROGRAM

Administered by the Finance Services Team



Available to all employees, spouses, and children.



Loan money to Gordon Food Service and get paid back with interest.



Current interest rate available on Gordon Grove (reset at end of each company quarter).



Payroll deduction or lump sum deposit.



Statements sent at end of each company quarter.



Enrollment forms available on Gordon Grove.



financeservices@gfs.com

RETIREMENT SAVINGS PLAN

Gordon Food Service Profit Sharing Plan - Plan 092054



ENROLLMENT & ADMINISTRATION

401(k) Administered by Finance Services and Vanguard (800-523-1188).

Enrollment packet from Vanguard via email with setup instructions.

Auto Enrollment at 4% after 60 days unless opted out.



COMPANY MATCH & SAVINGS

Save or rollover funds after 1st paycheck.

\$1 match for \$1 saved up to 4% of eligible pay*.

Must save 4% from every paycheck for maximum weekly match.

Vanguard[®]

*Eligible pay definition available in plan documents.

EMPLOYEE DISCOUNTS

Administered by Beneplace



DISCOUNT OVERVIEW & BENEFITS

- Provides a single go-to location to view current GFS divisional and national discounts.
- Additional money-saving opportunities for you to purchase products and services you use every day – all at discounted prices!



ONLINE ACCESS & ENROLLMENT

- <https://gordon.savings.beneplace.com/home>

STORE EMPLOYEE DISCOUNT

Exclusive Savings for You and Your Family



10% DISCOUNT & ELIGIBILITY



- 10% Discount
- Full-time, part-time, retirees and their spouses



USAGE GUIDELINES & EXCLUSIONS

- Discount can be combined with other Gordon Food Service Store coupons
- Available for personal purchases only
- Should not be extended to non-household family members or organizations