BENEFITS ENROLLMENT

Open Enrollment 2026

BENEFITS

ENROLL | ONLINE AT **WORKDAY.GFS.COM** OR VIA THE WORKDAY MOBILE APP

NOVEMBER 17 - DECEMBER 1, 2025

OPEN ENROLLMENT SUMMARY

This is your opportunity to review and update your benefits for the 2026 calendar year.

Must Re-Enroll Each Year	Make Changes or Enroll Current Elections Roll-Over	Enrollment Not Required
HSA Weekly Contributions	Medical/Prescription	Company Paid Life Insurance
Healthcare FSA	Dental	Employee Assistance Program (EAP)
Limited Purpose FSA	Vision	
Dependent Care FSA	Supplemental Life	
	Long-Term Disability	
	Short-Term Disability	
	Identity Protection	
	Accident, Critical Illness, Hospitalization	

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HALPERNS' PURVEYORS OF STEAK & SEAFOOD

102025/SPECIALTY

Open Enrollment 2026
BENEFITS

ENROLL | ONLINE AT **WORKDAY.GFS.COM**
OR VIA THE WORKDAY MOBILE APP
NOVEMBER 17 - DECEMBER 1, 2025

BENEFIT RESOURCES

1	**Total Rewards website** Open Enrollment Information & Video ***gfssctotalrewards.com***
2	**Alex** Interactive Plan Decision Support ***start.myalex.com/gfs/ussc***
3	**Gordon Food Service Benefit Team** (616) 717-6800 ***HRBenefits@gfs.com***

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BENEFITS ENROLLMENT

Open Enrollment 2026

BENEFITS

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NOVEMBER 17 - DECEMBER 1, 2025

TIMELINE

Don't delay!	Visit the Specialty Companies Website at ***gfssctotalrewards.com*** for details about 2026 plans
November 7	Open Enrollment begins
December 1	Open Enrollment ends
December 9	Deadline to email dependent verification documents to ***HRBenefits@gfs.com*** only if you **added** a child or spouse to the medical, dental or vision plans
January 1	The new plan year begins
January 16	Monthly HSA company contributions will be deposited

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HALPERNS' PURVEYORS OF STEAK & SEAFOOD

2026 BENEFITS

HEALTH PLAN WEEKLY PREMIUMS

Weekly Insurance Premiums

	EMP	EMP/SP	EMP/CH	EMP/SP/CH(REN)
CORE PPO PLAN *Medical/Prescription*	$11.99	$50.57	$44.50	$68.48
HEALTH INVESTMENT PLAN *Medical/Prescription*	$41.96	$101.14	$89.00	$136.97
DENTAL	$8.15	$17.11	$15.48	$24.44
VISION	$1.16	$2.21	$2.32	$3.41

102025/SPECIALTY

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HALPERNS' PURVEYORS OF STEAK & SEAFOOD

BENEFITS, HEALTH + WELLNESS

2026 BENEFITS

HEALTH PLAN COMPARISON

	CORE PPO PLAN				HEALTH INVESTMENT PLAN			
Weekly Premiums	EMP	EMP/SP	EMP/CH	EMP/SP/CH	EMP	EMP/SP	EMP/CH	EMP/SP/CH
Medical/Rx	$11.99	$50.57	$44.50	$68.48	$41.96	$101.14	$89.00	$136.97
Deductible	**In-Network**				**In-Network**			
Individual	$4,000				$2,000			
2 Individuals	$8,000				$3,400			
3+ Individuals	$8,000				$4,000			
Out-of-Pocket Max (includes deductible)								
Individual	$7,000				$4,000			
2 Individuals	$14,000				$7,000			
3+ Individuals	$14,000				$8,000			
Office Visits & Specialist								
Preventive-Care Visit	Covered 100%				Covered 100%			
PCP Office Visit	$40 copay				80% after deductible			
Virtual PCP Office Visit	Covered 100%				Covered 100%			
Specialists Office Visit	$60 copay				80% after deductible			
Emergency & Hospitalization								
Inpatient Hospital	70% after deductible				80% after deductible			
Emergency Room	70% after deductible				80% after deductible			
Urgent Care	$75 copay				80% after deductible			
Prescriptions								
Preventive Medications (Blood Pressure and Cholesterol Lowering)	Subject to copay below				Covered 100%			
Generic	$10 copay				$10 copay after deductible			
Preferred	30% - $25/$75				30% - $25/$75 after deductible			
Non-Preferred	50% - $50/$100				50% - $50/$100 after deductible			
Specialty Medications	50% to $250 copay				50% to $250 copay after deductible			
Retail 90-Day Supply and Mail Order 90-Day Supply								
Preventive Medications (Blood Pressure and Cholesterol Lowering)	Subject to copay below				Covered 100%			
Generic	$25 copay				$25 copay after deductible			
Preferred	30% - $62.50 min/$187.50 max				30% - $62.50 min/$187.50 max after deductible			
Non-Preferred	50% - $125 min/$250 max				50% - $125 min/$250 max after deductible			

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HALPERNS' PURVEYORS OF STEAK & SEAFOOD

2026 BENEFITS

PRE-TAX SAVINGS ACCOUNTS

HEALTH PLAN	CORE PPO	HEALTH INVESTMENT PLAN (HIP)	
ACCOUNT TYPE	FSA	LIMITED PURPOSE FSA	HSA
Contribution	$3,400	$3,400	S - $4,400 F - $8,750
Eligible Expenses	Medical	Dental	Medical
	Prescription	Vision	Prescription
	Dental		Dental
	Vision		Vision

HEALTH INVESTMENT PLAN (HIP)			
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	$8,550
Age 55+	Additional $1,000 catch-up contributions allowed		

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HALPERNS' PURVEYORS OF STEAK & SEAFOOD

2026 BENEFITS

DENTAL & ORTHODONTIA PLAN

DELTA DENTAL®

The Gordon Food Service Dental Plan is administered by Delta Dental of Michigan. This Plan is purchased separately from the medical coverage. To locate an in-network dentist, visit ***deltadentalmi.com*** and click on "Find a Dentist".

Dental Coverage

ANNUAL DENTAL MAXIMUM
$1,700 all dental services

PREVENTIVE DENTAL SERVICES
- 100% coverage
- Cleanings/exams and bitewing x-rays
- Twice per year

ANNUAL DEDUCTIBLE (Minor & Major Restorative Procedures)
$50 per person per year

MINOR RESTORATIVE DENTAL PROCEDURES
- 20% Co-Insurance (Plan covers 80%)
- Fillings, crowns, root canals, extractions, etc.

MAJOR RESTORATIVE DENTAL PROCEDURES
50% Co-Insurance (Plan covers 50%) Bridges, dentures, etc.

EMP	EMP/SP	EMP/CH	EMP/SP/CH
$8.15	$17.11	$15.48	$24.44

Orthodontic Coverage

ORTHODONTIA MAXIMUM
$1,500 per course of treatment

COURSE OF TREATMENT
24 month lapse between services for new treatment to be payable (benefit renews)

COVERAGE DETAILS
- Services covered at 50%
- Includes initial banding and periodic visits
- No age limit

DELTA DENTAL ID CARDS PROVIDED BUT NOT REQUIRED TO ACCESS COVERAGE

When you seek services from an in-network Delta Dental provider, they can verify coverage with the following information:
- Employee Social Security Number
- Plan 1800
- (800) 524-0149

Benefits of Using In-network Dentists

To maximize the benefits available under the plan, Gordon Food Service has partnered with Delta Dental of Michigan to offer services for a reduced fee if an in-network dentist is used. The dental network consists of Delta Dental PPO and the Delta Dental Premier networks. Dentists outside the network may be used with the same dental benefit coverage; however, you will not receive a reduced rate for those services and may be billed for services over what the plan covers.

2026
BENEFITS

VISION PLAN

The Vision Plan is administered by EyeMed. To locate a provider near you, visit ***eyemedvisioncare.com***.
This plan is purchased separately from the medical and dental plans.

	MEMBER COST	REIMBURSEMENT
Annual Exam	**In-Network**	**Out-of-Network**
	Covered 100%	Covered 100%
Contact Lens Fit		
Standard	Up to $40	N/A
Premium	10% off retail price	N/A
Frames		
	$150 allowance 80% off balance over $150	Up to $80
Standard Plastic Lenses		
Single Vision	$15	Up to $70
Bifocal	$15	Up to $80
Trifocal	$15	Up to $90
Standard Progressive Lens	$50	Up to $80
Premium Progressive Lens	$50	Up to $80
	$120 allowance is combined for standard and contact lenses	
Lens Options		
Tint (Solic and Gradient)	$15	N/A
UV Coating	$15	N/A
Standard Scratch-Resistance	$15	N/A
Standard Polycarbonate	$40	N/A
Standard Polycarbonate <19	Covered 100%	N/A
Standard Anti-Reflective	$45	N/A
Contact Lenses		
Conventional	$120 allowance 15% off balance over $120	Up to $120
Disposables	$120 allowance	Up to $120
	$120 allowance is combined for standard and contact lenses	
Frequency		
Exam	Once every calendar year	
Frames	Once every calendar year	
Standard Plastic Lenses OR Contact Lenses	Once every calendar year	
Additional Discounts & Secondary Purchase:		
Once you have used all of your vision benefits based on the chart above, you can continue to receive a discount on additional purchases.		

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

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2026 BENEFITS

AETNA VOLUNTARY PLANS

Aetna Voluntary plans can help offset out-of-pocket medical or household expenses. Receive direct cash payments to help pay copays or deductibles. Or use the cash payment for everyday expenses. Review plan details for the Accident, Critical Illness and Hospital plans to decide if any are right for you.

ACCIDENT PLAN	CRITICAL ILLNESS PLAN	HOSPITAL INDEMNITY PLAN
The Accident Plan pays cash benefits directly to you for a covered accident. Benefits payable for accidental injuries include initial and follow-up treatment; ambulance trips for concussions, dislocations, fractures, burns and more.	The Critical Illness Plan provides peace of mind for the unexpected. This plan pays cash benefits to you when you are diagnosed with a covered condition such as heart attack, stroke, or major organ failure. As an added bonus, you can receive $100 just for having an annual covered health screening with your doctor.	The Hospital Indemnity Plan pays cash benefits to you for a covered inpatient hospital stay. This provides payouts for hospital admission, daily stays and ICU care.

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HALPERNS' PURVEYORS OF STEAK & SEAFOOD

2026
BENEFITS

ALLSTATE IDENTITY PROTECTION

Allstate Identity Protection includes enhanced features in 2026 to help protect you and your family from increased Scam and Fraud attempts. Enroll in Comprehensive Identity, Scam and Cyber Protection for an affordable weekly premium. Already enrolled? Your plan will be automatically upgraded at no additional cost.

Comprehensive Identity, Scam, and Cyber Protection.

- **2026 Benefit Enhancements Include:**
  - NEW Allstate Scam Protection
  - NEW Family protection features
  - NEW Identity restoration support
  - NEW Data removal

2026 WEEKLY PREMIUMS	
EMP	EMP/SP
$1.83	$3.22