



**BENEFITS
ENROLLMENT**

Open Enrollment 2025 **BENEFITS**

ENROLL |

ONLINE AT [WORKDAY.GFS.COM](https://workday.gfs.com)
OR VIA THE WORKDAY MOBILE APP

NOVEMBER 18 - DECEMBER 2, 2024

OPEN ENROLLMENT SUMMARY

This is your opportunity to review and update your benefits for the 2025 calendar year.

Must Actively Enroll	Optional Changes and Enrollment	No Enrollment Required
HSA Weekly Contributions	Medical/Prescription	Employee Assistance Program (EAP)
Healthcare FSA	Dental	Bright Horizons
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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BENEFIT RESOURCES

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



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NOVEMBER 18 - DECEMBER 2, 2024

TIMELINE

Don't delay!	Visit the Total Rewards Website at gfsstoretotalrewards.com for details about 2025 plans
November 18	Open Enrollment begins
December 2	Open Enrollment ends
December 10	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
December 12	Print or view your 2025 confirmation statement in Workday
January 1	The new plan year begins
January 29	HSA company contributions will be deposited



2025 BENEFITS

HEALTH PLAN WEEKLY PREMIUMS

Weekly Insurance Premiums

	EMP	EMP/SP	EMP/CH	EMP/SP/CH(REN)
CORE PPO PLAN <i>Medical/Prescription</i>	\$0.00	\$46.91	\$41.21	\$56.67
HEALTH INVESTMENT PLAN <i>Medical/Prescription</i>	\$14.18	\$93.12	\$81.80	\$112.47
PREMIER PPO PLAN <i>Medical/Prescription</i>	\$30.39	\$150.99	\$131.78	\$206.08
DENTAL	\$2.33	\$4.91	\$4.44	\$7.00
VISION	\$1.13	\$2.14	\$2.25	\$3.31



BENEFITS, HEALTH
+ WELLNESS

2025

BENEFITS

HEALTH PLAN COMPARISON

Weekly Premiums Medical/Prescription	CORE PPO PLAN				HEALTH INVESTMENT PLAN				PREMIER PPO PLAN			
	EMP	EMP/SP	EMP/CH	EMP/SP/CH	EMP	EMP/SP	EMP/CH	EMP/SP/CH	EMP	EMP/SP	EMP/CH	EMP/SP/CH
	\$0.00	\$46.91	\$41.21	\$56.67	\$14.18	\$93.12	\$81.80	\$112.47	\$30.39	\$150.99	\$131.78	\$206.08
Deductible	In-Network				In-Network				In-Network			
Individual	\$4,000				\$2,000				\$1,000			
2 Individuals	\$8,000				\$3,400				\$2,000			
3+ Individuals	\$8,000				\$4,000				\$2,000			
Out-of-Pocket Max (includes deductible)	In-Network				In-Network				In-Network			
Individual	\$7,000				\$4,000				\$4,000			
2 Individuals	\$14,000				\$7,000				\$8,000			
3+ Individuals	\$14,000				\$8,000				\$8,000			
Office Visits & Specialist	In-Network				In-Network				In-Network			
Preventive-Care Visit	Covered 100%				Covered 100%				Covered 100%			
PCP Office Visit	\$40 copay				80% after deductible				\$25 copay			
Virtual PCP Office Visit	\$0 copay				\$144 or less				\$0 copay			
Specialist Office Visit	\$60 copay				80% after deductible				\$40 copay			
Emergency & Hospitalization	In-Network				In-Network				In-Network			
Inpatient Hospital	70% after deductible				80% after deductible				80% after deductible			
Emergency Room	70% after deductible				80% after deductible				80% after deductible			
Urgent Care	\$75 copay				80% after deductible				\$50 copay			
Prescriptions	In-Network				In-Network				In-Network			
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	In-Network				In-Network				In-Network			
Preventive Medications (Blood Pressure and Cholesterol Lowering)	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 max after deductible				30% - \$62.50 min/\$187.50 max			
Non-Preferred	50% - \$125 min/\$250 max				50% - \$125 min/\$250 max after deductible				50% - \$125 min/\$250 max			



2025 BENEFITS

PRE-TAX SAVINGS ACCOUNTS

HEALTH PLAN	PREMIER PPO CORE PPO	HEALTH INVESTMENT PLAN (HIP)	
ACCOUNT TYPE	FSA	LIMITED PURPOSE FSA	HSA
Contribution	\$3,300	\$3,300	S - \$4,300 F - \$8,550
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	\$4,300	\$500	\$3,800
2 Individuals	\$8,550	\$750	\$7,800
3+ Individuals	\$8,550	\$1,000	\$7,550
Age 55+	Additional \$1,000 catch-up contributions allowed		



2025 BENEFITS

DENTAL & ORTHODONTIA PLAN



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)

\$25 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
\$2.33	\$4.91	\$4.44	\$7.00

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.



2025 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 coverage.

		MEMBER COST	REIMBURSEMENT
		In-Network	Out-of-Network
Annual Exam		Covered 100%	Covered 100%
Contact Lens Fit			
	Standard	Up to \$40	N/A
	Premium	10% off retail price	N/A
Frames			
		\$150 allowance	Up to \$80
		80% off balance over \$150	
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	
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	

EMP	EMP/SP	EMP/CH(REN)	FAMILY
\$1.13	\$2.14	\$2.25	\$3.31



2025

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
<p>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.</p>	<p>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.</p>	<p>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.</p>

ACCIDENT PLAN	
Coverage	Cost
Yourself only	\$1.79
Yourself and spouse	\$3.12
Yourself only plus child(ren)	\$3.92
Yourself and family	\$5.09

HOSPITAL INDEMNITY PLAN	
Coverage	Cost
Yourself only	\$2.49
Yourself and spouse	\$5.53
Yourself only plus child(ren)	\$4.30
Yourself and family	\$7.09

CRITICAL ILLNESS

Weekly premiums are based on the benefit amount selected, the employee's age and smoker/non-smoker status.