

HEALTH INSURANCE

Medical, dental, prescription drug and vision expense coverage are available to employees and eligible dependents after 30 days of full-time employment. Premiums for coverage are taken weekly pre-tax from your pay check.

MEDICAL

Gordon Food Service offers two medical plans administered Aetna (see detail chart; page 2). Both plans offer:

- Nationwide network of physicians
- Variable weekly contributions
- Variable deductibles and out of pocket maximums
- Pre-tax medical savings tools
- Telehealth services from Teladoc

PRESCRIPTION

Gordon Food Service provides prescription drug coverage for retail and mail-order pharmacies through OptumRX. You can obtain a 30-day supply through a local retail pharmacy. Mail order provides a 90-day supply for medications you take on an ongoing basis.

VISION

Gordon Food Service provides vision coverage through EyeMed. The EyeMed network includes retail providers as well as independent optometrists. This benefit covers your annual eye exam at 100% and includes coverage on glasses and contacts. This benefit is included with enrollment in the medical plan.

DENTAL

Gordon Food Service provides dental coverage through Delta Dental of Michigan. This benefit is purchased separately from the medical plan. Weekly rates below:

Emp \$2.17 Emp/Spouse \$4.56 Emp/Ch(ren) \$4.13 Family \$6.51

The plan pays 100% of preventative dental with no deductible. It also pays 80% of restorative services and 50% of re-constructive services after the annual \$25 deductible per person has been met. Annual maximum coverage of all dental services is \$1,500 per person. Orthodontic services are paid at 50% with a maximum reimbursement of \$1,500 per treatment plan. There is no age limit on the orthodontic plan.

PRE-TAX SAVINGS ACCOUNTS

Gordon Food Service provides access to pre-tax savings accounts such as a Health Savings Account, Medical Flexible Spending Account and a Dependent Care Flexible Spending Account.

SHORT-TERM DISABILITY (STD)

Gordon Food Service provides income protection if you experience a non-work related illness or injury. Short-term disability has a 7 day waiting period and pays 60% of regular weekly wages up to a maximum of \$10,000 per month payable for a maximum of 180 days.

RETIREMENT PLAN

Gordon Food Service partners with The Vanguard Group to offer eligible employees an excellent retirement plan. The Gordon Food Service Profit Sharing Plan is designed to help you reach your retirement savings goals. Eligible employees can make pre-tax 401(k) Payroll Deferral and/or after-tax Roth 401(k) contributions and receive a weekly Company Match of \$1 match for \$1 saved up to a 4% of eligible compensation.

VACATION

Employees will receive 40 hours of vacation in the first year. Vacation hours accrue quarterly starting with the first calendar quarter following the hire date. Beginning the second year, vacation will accrue according to the standard Gordon Food Service vacation benefit schedule. (For example, if a new hire begins on February 15, their first vacation accrual is applied on April 1).

Years of Service	Vacation Hours	Years of Service	Vacation Hours
1	40	11	144
2-4	80	12	148
5	120	13	152
6	124	14	156
7	128	15-24	160
8	132	25	200
9	136	(160+40 bonus hours)	
10	140	26+	160

*Vacation balances are capped at 300 hours

FLEX HOURS

Flex hours are accrued 1 hour for every 30 hours worked up to 56 hours each calendar year. This time can be used for planned or unplanned time away from work.

SICK BANK

Any unused Flex Hours at the end of each calendar year are transferred into the Sick Bank. These hours can accumulate up to 240 hours and can only be used for sick or leave of absence purposes.

LIVEWELL WELLNESS PROGRAM

LiveWell is a voluntary wellness program provided to help employees and their family members lead a healthier lifestyle with programs, initiatives and incentives that inspire, motivate and support steps to optimal health.

ADOPTION ASSISTANCE

After 1 year of full time employment, a reimbursement for the first \$4,400 of expenses involved in the adoption of a child under the age of 18.

TUITION REIMBURSEMENT/EDUCATIONAL ASSISTANCE

Eligibility for this program applies to courses taken at an accredited college or university. Per plan terms and appropriate waiting periods.

CARE PARTNERS

Trained and experienced chaplains – dedicated care-givers who are available 24 hours a day, 365 days a year, at no cost to full time employees.

OTHER BENEFITS

Accident, Hospital & Critical Illness, Identity Protection, Paid Holidays, New Baby Week, Roth Savings Plan, Employee Assistance Program, company sponsored Life Insurance, Supplemental Life and Disability Insurance, Wellness Programs and incentives, etc.

Note: All benefits are subject to Gordon Food Service plan terms and waiting periods. Gordon Food Service reserves the right to alter, amend, modify or terminate any benefit. Benefit programs are evaluated annually.

2017 Full Time Employee Benefit Overview - Base

HEALTH PLANS	Health Investment Plan (HIP)		Healthy Plus Plan (HPP)	
Weekly Cost/Incentive (Med, Rx, & Vision)	Premium	LiveWell Incentive	Premium	LiveWell Incentive
Employee	\$11.33	\$6	\$20.86	\$6
Employee & Spouse	\$26.71	\$6/\$6	\$46.75	\$6/\$6
Employee & Children	\$16.13	\$6	\$34.24	\$6
Employee, Spouse & Child(ren)	\$31.52	\$6/\$6	\$60.14	\$6/\$6
Deductible	In Network	Out of Network	In Network	Out of Network
Individual	\$1,600	\$1,600	\$1,000	\$1,000
2 Individuals	\$2,800	\$2,800	\$2,000	\$2,000
3+ Individuals	\$3,200	\$3,200	\$2,000	\$2,000
Out-of-Pocket Max (includes deductibles)				
Individual	\$3,600	\$6,000	\$4,000	\$6,000
2 Individuals	\$6,300	\$8,000	\$8,000	\$12,000
3+ Individuals	\$7,150	\$10,000	\$8,000	\$12,000
Coinsurance - Covered after Deductible Met	80%	60%	80%	60%
Office Visits & Specialist				
Preventive Care Visits	Covered 100%		Covered 100%	
Physician and Specialist	Covered 80% after deductible	Covered 60% after deductible	Covered 80% after deductible	Covered 60% after deductible
Chiropractic Care (24 visits per year)	Covered 80% after deductible	Covered 60% after deductible	Covered 80% after deductible	Covered 60% after deductible
Occupational & Physical Therapy (60 visits per year - combined)	Covered 80% after deductible	Covered 60% after deductible	Covered 80% after deductible	Covered 60% after deductible
Speech Therapy (30 visits per year)	Covered 80% after deductible	Covered 80% after deductible	Covered 80% after deductible	Covered 80% after deductible
Emergency & Hospitalization				
Urgent Care	Covered 80% after deductible	Covered 60% after deductible	Covered 80% after deductible	Covered 60% after deductible
Emergency Room	Covered 80% after deductible	Covered 60% after deductible	Covered 80% after deductible	Covered 60% after deductible
In-patient Hospital	Covered 80% after deductible	Covered 60% after deductible	Covered 80% after deductible	Covered 60% after deductible
Prescriptions				
Preventive Medications	Deductible Waived; Covered 100%		Subject to Schedule Below	
Other Prescription Medications	Subject to Deductible; then covered in schedule below		Subject to Schedule Below	
Retail 30-day Supply				
Generic	\$10 Co-Pay		\$10 Co-Pay	
Preferred Brand	30% Co-Pay; \$25 min/\$75 max		30% Co-Pay; \$25 min/\$75 max	
Non-Preferred Brand	50% Co-Pay; \$50 min /\$100 max		50% Co-Pay; \$50 min /\$100 max	
Specialty Medications	50% Co-Pay; no min/\$250 max		50% Co-Pay; no min/\$250 max	
Mail Order 90-day Supply				
Generic	\$20 Co-Pay		\$20 Co-Pay	
Preferred Brand Formulary	30% Co-Pay; \$50 min/\$150 max		30% Co-Pay; \$50 min/\$150 max	
Non-Preferred Brand	50% Co-Pay; \$100 min/\$200 max		50% Co-Pay; \$100 min/\$200 max	
Specialty Medications	90-day not available		90-day not available	