

# 2025 BENEFITS GUIDE



HEALTHIER. BETTER. TOGETHER.



GET STARTED

# Healthier. Better. Together.

At GPC, we know the success of our Company depends on the wellbeing of our team members. That in turn reflects the strength of our commitment to provide plans and programs that help you live a healthy lifestyle.

During benefits enrollment, take time to consider all of the available options so you can choose what best fits your individual health needs and budget. When each of us makes physically and financially healthy choices every day, in every situation, we all stand to gain. That's why we're focused on being **Healthier. Better. Together.**

## CHOOSING YOUR BENEFITS FOR 2025



### Learn

This Guide offers a comprehensive review of benefit plans and programs to help you make informed decisions.



### Consider

Consider your needs and all the benefit options offered to you. What fits best with your personal and family situation?



### Enroll

Once you've decided what benefit options are best for you, access the **GPC Benefit Plan Services website** one of two ways to enroll:

- Connect directly via single sign-on through **gpcconnect.com**.
- Go to **gpcbenefitsconnect.ehr.com**. If logging into the website for the first time, you will be prompted to create a unique user ID and password.

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# When You Can Enroll

## As a new hire



**If you are a full-time employee,** you are eligible for coverage on your 61<sup>st</sup> day of continuous employment. You must enroll by your 60<sup>th</sup> day of employment in order to have coverage.



**If you are a part-time benefits eligible employee,** you are eligible for coverage on the first day of the month after 13 months of continuous employment, provided that you have worked a minimum average of 30 hours per week (at least 1,560 hours annually) during your first 12 months of employment.

## As a current employee who experiences a qualifying life event



You may change your benefit elections during the year if you have a qualifying life event. Examples of qualifying life events include a change in marital status or a change in the number of eligible dependents for reasons such as birth or adoption.



If you experience a qualifying life event, you must notify GPC Benefit Plan Services at **844-305-9663**, and complete all necessary enrollment elections within 31 days of the event. Any change request you make in benefits coverage must be consistent with your qualifying life event.



Benefit changes are effective the date of the qualifying life event with the submission of **required form(s) or documentation.**

## During Benefits Annual Enrollment



Benefits Annual Enrollment, held in November each year, is your once-a-year opportunity to review and choose your benefits that will **become effective January 1 of an upcoming plan year.**



During Benefits Annual Enrollment, you can enroll, add dependents not previously covered, disenroll dependents or cancel coverage. Once you enroll, you may not cancel or change your elections until the next Benefits Annual Enrollment period unless you experience a qualifying life event.

# Who Can Be Covered

## YOU

You are eligible for the GPC Medical, Dental, Vision, Life and Accidental Death & Dismemberment (AD&D) Insurance and Voluntary Benefit Plans if you're a full-time employee or a part-time employee, provided that you have worked a minimum average of 30 hours per week (1,560 hours annually) during the applicable measurement period. Flexible Spending Account (FSA) coverage is available to full-time employees only.

## YOUR DEPENDENTS

**If you are a full-time employee,** you may enroll your eligible dependents in the GPC Medical, Dental, Vision, Optional Life and AD&D Insurance Plans and Voluntary Benefits.

Your eligible dependents include:

- Your legal spouse
  - ▶ To be covered under the GPC Medical Plan, your spouse cannot have access to coverage under the medical plan of another employer
- Your children as defined below

**If you are a part-time benefits-eligible employee,** you may enroll your children as defined below in the GPC Medical, Dental, Vision, Optional Life and AD&D Insurance Plans and Voluntary Benefits.

**Eligible children for both full-time and part-time benefits-eligible employees may be covered from birth to age 26 (meaning until their 26th birthday) regardless of marital, student or tax dependent status and include:**

- Natural children
- Stepchildren
- Children you have legally adopted
- Children for whom you are a legal guardian or have legal custody
- Children who are considered to be "alternate recipients" under a Qualified Medical Child Support Order (QMCSO).

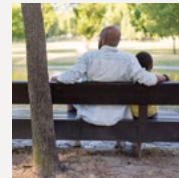
If you have a mentally or physically handicapped child, benefits coverage may be continued after age 26 if the child is incapable of earning a living and totally dependent on you for support and maintenance. You will be asked to provide proof of the child's incapacity beyond age 26.

## SPOUSE ELIGIBILITY FOR GPC MEDICAL COVERAGE

**To be eligible for GPC medical coverage, a GPC employee's spouse may not have access to medical coverage under another employer's plan.** To be covered under the GPC Medical Plan, your spouse must be either:

- Not employed
- Employed but not eligible for medical coverage with his/her current employer
- Self-employed with no group medical coverage available
- Also a GPC employee
- Eligible for Medicare or Medicaid

To enroll your spouse in a GPC Medical Plan, during the online enrollment process, you will need to attest that your spouse does not have access to medical coverage under another employer's plan.



## Consequences of Misrepresentation

Any misrepresentations made about your spouse's access to medical coverage under another employer's plan or any other dependent you choose to cover could result in loss of coverage and other penalties, including potential disciplinary action up to and including termination.

## VERIFYING YOUR DEPENDENTS

As a condition of enrolling an eligible dependent in GPC's Medical, Dental and/or Vision Plans, GPC requires proof of dependent status at the time of enrollment. In addition, proof of dependent status may be required periodically.

**You will need to provide specific documentation as proof of eligibility when you enroll for benefits.** If you do not provide satisfactory proof, your dependent will not be enrolled in benefits coverage for 2025.

Type of Dependent		Acceptable documentation to submit	
<b>ONE OF THE FOLLOWING — AND — ANY ONE OF THE FOLLOWING</b>			
<b>SPOUSE</b>	<ul style="list-style-type: none"> <li>Government-issued marriage certificate</li> <li>Page 1 of jointly filed federal or state tax return (1040, 4506, 4506-T, 8879 or M8453) from the prior year</li> </ul>	<ul style="list-style-type: none"> <li>Driver's licenses or other state-issued identification of employee and spouse with matching addresses</li> <li>Driver's license of spouse only if the address matches that on file</li> <li>Current mortgage statement<sup>1</sup></li> <li>Current rent/lease agreement<sup>1</sup></li> <li>Auto/homeowner insurance currently in effect<sup>1</sup></li> <li>Immigration papers (if marital status is listed)</li> <li>Utility bills, with same address currently in effect<sup>1</sup></li> <li>Joint checking account, or joint credit account statement (both names)</li> </ul>	
<b>ONE OF THE FOLLOWING</b>			
<b>CHILD</b> • Biological	<ul style="list-style-type: none"> <li>Long-form birth certificate (copy of original)<sup>2</sup></li> <li>If child is under 6 months old, hospital record of birth is acceptable as sole proof</li> <li>Paternity/maternity test (notarized)</li> <li>Report of Birth Abroad of a U.S. Citizen</li> </ul>	<ul style="list-style-type: none"> <li>Court-approved child support order</li> <li>Divorce decree showing children born to the marriage</li> <li>Qualified Medical Child Support Order for the employee</li> <li>Baptismal or other religious certificate</li> </ul>	
<b>CHILD</b> • Adopted • Legal Guardianship	<ul style="list-style-type: none"> <li>Reissued birth certificate (listing adoptive parent names)</li> <li>Court-issued Adoption papers (Adoption Decree, Placement Form)</li> </ul>	<ul style="list-style-type: none"> <li>Court-approved child support order</li> <li>Court-approved guardianship order</li> <li>Qualified Medical Child Support Order for the employee</li> </ul>	
<b>ONE OF THE FOLLOWING — AND — THE FOLLOWING</b>			
<b>CHILD</b> • Stepchild	<ul style="list-style-type: none"> <li>Long-form birth certificate (copy of original)<sup>2</sup></li> <li>Reissued birth certificate (listing adoptive parent names)</li> <li>Paternity/maternity test (notarized)</li> <li>Adoption papers</li> <li>Report of Birth Abroad of a U.S. Citizen</li> <li>Divorce decree showing children born to the marriage</li> <li>Court-approved child support order</li> <li>Court-approved guardianship papers</li> <li>Baptismal or other religious certificate</li> </ul>	<ul style="list-style-type: none"> <li>Marriage certificate of parents</li> </ul>	

<sup>1</sup> You may submit one document displaying both names or one in the employee's name and one in the spouse's name with matching addresses.

<sup>2</sup> A long-form birth certificate includes the name of one parent covered under GPC's benefit plans.



# Medical Plan Coverage

GPC offers you three Medical Plan options so you can choose the one that's best for you—the Value Plan, the Savings Plan and the Traditional Plan. Administered by Aetna, BlueCross and BlueShield of Alabama or UnitedHealthcare, the Medical Plan options have some similarities, but they also have important differences. Your Medical Plan carrier will be determined by your home ZIP code. **To view the Medical Carrier Assignment by State List, go to [gpconnect.com](http://gpconnect.com).** Take the time to compare the options carefully so you can choose the one that's right for you.

	Value Plan	Savings Plan	Traditional Plan
<b>Premiums</b>	\$	\$\$	\$\$\$
<b>Preventive Care</b>	<b>In-network covered at 100%</b>	<b>In-network covered at 100%</b>	<b>In-network covered at 100%</b>
<b>Health Savings Account (HSA)</b>	<b>Eligible</b> You and GPC can contribute up to IRS limits.	<b>Eligible</b> You and GPC can contribute up to IRS limits.	<b>Not eligible</b>
<b>Copays</b>	<b>Not applicable*</b>	<b>Not applicable*</b>	<b>Copays</b> Apply to office, urgent care and emergency care visits and Tier 1 and Tier 4 prescription drugs.
<b>Deductible</b>	<b>\$\$\$</b> You must meet your deductible before the plan pays for health care services, including prescription drugs. HSA funds can be used for these costs.	<b>\$\$</b> You must meet your deductible before the plan pays for health care services, including prescription drugs. HSA funds can be used for these costs.	<b>\$</b> You do not have to meet your deductible before paying the copays for office, urgent care and emergency care visits or prescription drugs. You must meet your deductible before the plan pays for inpatient and outpatient services.
<b>Coinsurance</b>	<b>80% in-network</b> Applies to all eligible health care services, except in-network preventive care which is covered at 100%. HSA funds can be used for these costs.	<b>80% in-network</b> Applies to all eligible health care services, except in-network preventive care which is covered at 100%. HSA funds can be used for these costs.	<b>80% in-network</b> Applies to all eligible health care services, except in-network preventive care which is covered at 100%, office, urgent care and emergency care visits, outpatient non-office visits for treatment of mental health or substance abuse, and Tier 1 and Tier 4 prescription drugs.
<b>Out-of-Pocket Maximum</b>	<b>\$\$\$</b> Deductibles and coinsurance count toward satisfying the out-of-pocket maximum. Plan pays 100% of all eligible health care services once maximum is met.	<b>\$\$</b> Deductibles and coinsurance count toward satisfying the out-of-pocket maximum. Plan pays 100% of all eligible health care services once maximum is met.	<b>\$</b> Deductibles, copays and coinsurance count toward satisfying the out-of-pocket maximum. Plan pays 100% of all eligible health care services once maximum is met.

\*An additional \$500 copay plus any applicable deductible and/or coinsurance will apply for individuals with three or more emergency room (ER) visits in a plan year. If admitted to the hospital from the ER, the additional \$500 copay will be waived.

## PRESCRIPTION DRUG BENEFITS FOR ALL THREE MEDICAL PLAN OPTIONS

All three Medical Plan options include prescription drug benefits through **Express Scripts**. Prescription drug coverage works differently under each Medical Plan option, but the following guidelines apply to all three plans.

### Retail and Mail Order Pharmacy

You can purchase prescription medications at a participating retail pharmacy or through Express Scripts' mail order pharmacy.

#### Retail Pharmacy

- Up to a 30-day supply
- Participating pharmacies located across the U.S.
- Non-specialty drugs only

#### Mail Order Pharmacy

- Up to a 90-day supply
- Costs less than you would pay for the same quantity at a retail pharmacy, plus free shipping
- Convenient process, particularly for maintenance medications you take every day

### Retail Refill Allowance for Maintenance Medications

If you take a non-specialty prescription drug on an ongoing, long-term basis (i.e., three months or more), it is considered a **maintenance medication**. **You are required to use the mail order pharmacy if you wish to obtain coverage for a maintenance medication after three fills of a prescription at a retail pharmacy (the original prescription plus two refills).**

If you continue to purchase a maintenance medication at a retail pharmacy after three fills, you will be responsible for paying the entire cost of the medication beginning with the fourth time you purchase it at a retail pharmacy.

### Save More with Mail Order

- **Extend Your Payments:** With the extended payment program, you can spread your prescription payments for a 90-day supply over three credit or debit card installments, so you don't have to pay the cost all at once. Your prescriptions are mailed upon receipt of the first payment.
- **Find \$10 Generic Drugs:** Purchase select generic drugs for only \$10 for a 90-day supply. More than 400 generic drugs are available, including medications for asthma, blood pressure, heart health, allergies and diabetes.

### Clinical Coverage Rules

To receive prescription drug benefits coverage, the following clinical coverage rules apply to certain medications:

- **Prior Authorization.** Certain medications require approval before the prescription is filled to ensure the most cost-effective, appropriate medication is used to treat a condition.
- **Step Therapy.** Through Step Therapy, the safest, lowest cost prescription drug available to treat a condition is required first. Progression to higher-risk medications occurs only if medically necessary.
- **Drug Quantity Management (DQM).** DQM limits the quantity of a particular prescription to ensure it is administered and taken safely. For example, a 30-day supply of a medication that requires one pill, or dose, per day would be 30 pills. The supply would be expected to last until the next 30-day refill.
- **Mail Order Requirement for Specialty Drugs.** To provide personalized care and ensure drug safety monitoring, all specialty drug prescriptions must be filled through Express Scripts' specialty mail order pharmacy to receive benefits coverage. If you purchase a specialty drug at a retail pharmacy, you will be responsible for paying the entire cost of the medication.
- **Clinical Days' Supply.** The Clinical Days' Supply coverage rule limits certain specialty drugs, which are frequently discontinued early due to side effects, to a 30-day supply.



# Health Savings Accounts

If you enroll in the Value Plan or Savings Plan, you have the option to open and contribute to a Health Savings Account (HSA). An HSA is a tax-advantaged personal savings account for qualified medical expenses, but it can also be used as a retirement savings vehicle.

## UNDERSTAND THE BASICS

- **Available only if you elect the Value Plan or Savings Plan.**
- **The Value Plan or Savings Plan and HSA work together.** The Value Plan or Savings Plan provides you with comprehensive medical coverage; the HSA works like a savings account to provide flexibility when you need to pay for your qualified health care expenses.
- **You and GPC may contribute to your HSA** beginning on the first day of the month on or after your enrollment in the Value Plan or Savings Plan.
- **To help you save money on your current health care costs as well as save for your future,** GPC will contribute to HSAs in 2025, in the following amounts:
  - ▶ If you are enrolling during Benefits Annual Enrollment or become newly eligible for medical coverage between January 1 - July 1 of 2025, you will receive **\$500** for employee-only coverage or **\$1,000** for employee + dependent(s) coverage.
  - ▶ If you become eligible for medical coverage between July 2 - December 1 of 2025, you will receive **\$250** for employee-only coverage or **\$500** for employee + dependent(s) coverage.
- **Am I eligible?** You are eligible to contribute to an HSA if you enroll in the Value Plan or Savings Plan and you:
  - ▶ Are not enrolled in another medical plan
  - ▶ Are not enrolled in Medicare Part A or B
  - ▶ Are not enrolled in TRICARE
  - ▶ Are not claimed as a dependent on someone else's tax return

## UNDERSTAND THE BENEFITS

HSAs offer several unique features that promote financial security. These benefits include:

- **Triple tax savings**
  - ▶ Your contributions are tax-deductible.
  - ▶ Withdrawals for qualified health care expenses are tax-free.
  - ▶ If you have an HSA balance of at least \$2,000, you have various options for investing your HSA funds. Any interest and investment earnings are income tax-free.
- **Use the money now**—use HSA funds to cover deductibles, coinsurance and qualified medical, prescription drug, dental or vision expenses.
- **No “use it or lose it”**—your account and any remaining balance roll over from year to year, so you can let funds in your account grow.
- **Save for retirement**—once your account reaches \$2,000, you have the option to invest in a variety of mutual funds and treat the account like a retirement savings account.
- **Portability**—you own your HSA, and the account goes with you when you leave or retire from GPC.

## HOW TO OPEN YOUR HSA

The HSA is offered through **Optum Bank**. **If you enroll in the Value Plan or the Savings Plan for the first time in 2025, you will need to open your HSA during your benefits enrollment.** Once your account is established, Optum Bank will mail you a Welcome Kit, which will include your account number and account disclosures.

You can choose from several account options, so be sure to review your Welcome Kit when it arrives. When you first open your HSA, you will be placed automatically in **Optum Bank's eAccess account**. With this account, your HSA is subject to a monthly maintenance fee of \$1 if your account balance is less than \$500, but there is no monthly maintenance fee if you maintain a minimum account balance of more than \$500. Information regarding fees and the other account options will be included in the Welcome Kit.



## HOW TO FUND YOUR HSA

There are three ways that funds can be deposited into your HSA account:

- **Employer contributions:** In 2025, GPC will contribute to the HSA:
  - ▶ If you are enrolling during Benefits Annual Enrollment or become newly eligible for medical coverage between January 1 - July 1 of 2025, you will receive **\$500** for employee-only coverage or **\$1,000** for employee + dependent(s) coverage.
  - ▶ If you become eligible for medical coverage between July 2 - December 1 of 2025, you will receive **\$250** for employee-only coverage or **\$500** for employee + dependent(s) coverage.
- **Pre-tax contributions:** As part of enrollment, you can choose to contribute to your HSA via pre-tax payroll contributions. You will select an annual amount that will be automatically divided and deducted from each paycheck during the year. You can change your contribution election throughout the year.
- **After-tax contributions:** You can arrange to make a deposit to your HSA from another bank account. These contributions are made on an after-tax basis, but still decrease your gross taxable income and thus lower your tax liability. You will need to note any after-tax contributions to your HSA when you file your tax return.

## CONTRIBUTION LIMITS

The IRS limits the amount you can contribute to your HSA each year. This limit includes the 2025 GPC contribution plus your HSA contributions, as shown below.

2025 HSA Contribution Limits					
COVERAGE LEVEL	WHAT GPC CONTRIBUTES	+	WHAT YOU CAN CONTRIBUTE	=	TOTAL ANNUAL MAXIMUM CONTRIBUTION
Employee-Only	\$500	+	\$3,800	=	\$4,300
Employee + Dependent(s)	\$1,000	+	\$7,550	=	\$8,550
Employee + Child(ren)					
Employee + Spouse					
Employee + Spouse + Child(ren)					

**Note:** If you are age 55 or older and not enrolled in Medicare, you can contribute an additional \$1,000 to the HSA.

## QUALIFIED HEALTH CARE EXPENSES

Understanding what health care expenses are considered qualified is important for making the most of your HSA. You can only use HSA funds to pay for qualified health care expenses for you and your dependent(s). Qualified expenses include:

- Doctor's office visits
- Prescription drugs
- Dental care (including orthodontia)
- Eyeglasses, contacts, LASIK surgery
- Hearing aids (including batteries)
- Long-term care insurance and qualified expenses

There is a tax penalty for withdrawals that do not qualify. If you use HSA funds for non-qualifying expenses, you will owe income taxes on that amount, plus a 20% tax penalty.

However, once you turn age 65, the money in your HSA may be used for any expenses.

Go to [optumbank.com](https://optumbank.com) for a complete list of qualified health care expenses.



### Save Your Receipts

You are responsible for maintaining records related to your HSA. It is recommended that you save all records and receipts for seven years. This protects you in the event that the IRS requests proof that distributions from your HSA were for qualified medical expenses.

# 2025 Medical Plan Coverage Summary

The chart on the following two pages outlines your benefits coverage.

	Value Plan		Savings Plan		Traditional Plan	
<b>HEALTH SAVINGS ACCOUNT (HSA) — GPC CONTRIBUTION</b>	\$500 Employee-Only \$1,000 Employee + Dependent(s)		\$500 Employee-Only \$1,000 Employee + Dependent(s)		HSA not available	
	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*
<b>CALENDAR-YEAR DEDUCTIBLE</b> • Employee-Only • Employee + Dependent(s)	\$2,600 \$5,200	\$6,200 \$12,400	\$1,700 \$3,400	\$4,000 \$8,000	\$950 \$1,900	\$2,200 \$4,400
<b>OUT-OF-POCKET MAXIMUM</b> • Employee-Only • Employee + Dependent(s)	\$5,000 \$6,850 individual/ \$10,000 total	\$10,000 \$16,500	\$4,500 \$6,850 individual/ \$9,000 total	\$9,000 \$15,000	\$4,000 \$6,850 individual/ \$8,000 total	\$8,000 \$13,500
Services	Plan Pays		Plan Pays		Plan Pays	
<b>PREVENTIVE CARE</b>	100%; no deductible	60% after deductible	100%; no deductible	60% after deductible	100%; no deductible	60% after deductible
<b>PRIMARY CARE OFFICE VISIT</b>	80% after deductible	60% after deductible	80% after deductible	60% after deductible	100% after \$30 copay	60% after deductible
<b>VIRTUAL VISIT</b>	80% after deductible	N/A	80% after deductible	N/A	100% after \$30 copay	N/A
<b>MENTAL HEALTH/SUBSTANCE ABUSE OFFICE VISIT</b>	80% after deductible	60% after deductible	80% after deductible	60% after deductible	100% after \$30 copay	60% after deductible
<b>SPECIALIST OFFICE VISIT</b>	80% after deductible	60% after deductible	80% after deductible	60% after deductible	100% after \$55 copay	60% after deductible
<b>CHIROPRACTIC CARE VISIT</b> (maximum 20 visits/year)	80% after deductible	60% after deductible	80% after deductible	60% after deductible	100% after \$55 copay	60% after deductible
<b>PHYSICAL, SPEECH AND OCCUPATIONAL THERAPY OUTPATIENT VISIT</b> (maximum 60 combined visit/year)	80% after deductible	60% after deductible	80% after deductible	60% after deductible	100% after \$55 copay	60% after deductible
<b>DIAGNOSTIC LAB AND X-RAY</b>	80% after deductible	60% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
<b>DURABLE MEDICAL EQUIPMENT</b>	80% after deductible	60% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
<b>HOSPITAL</b> • Inpatient/Outpatient	80% after deductible	60% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
<b>MATERNITY CARE</b> • Prenatal visits • Delivery charge	100%; no deductible 80% after deductible	60% after deductible	100%; no deductible 80% after deductible	60% after deductible	100%; no deductible 80% after deductible	60% after deductible
<b>URGENT CARE VISIT</b>	80% after deductible	60% after deductible	80% after deductible	60% after deductible	100% after \$60 copay per visit	60% after deductible

Services	Plan Pays		Plan Pays		Plan Pays	
	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*
<b>EMERGENCY CARE VISIT</b> • First 2 visits  • Third visit and each visit thereafter in a plan year	80% after deductible	80% after deductible	80% after deductible	80% after deductible	100% after \$250 copay per visit	100% after \$250 copay per visit
	80% after deductible and \$500 copay**	80% after deductible and \$500 copay**	80% after deductible and \$500 copay**	80% after deductible and \$500 copay**	100% after \$750 copay per visit**	100% after \$750 copay per visit**
<b>AMBULANCE</b>	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible
<b>OTHER COVERED MEDICAL CARE</b> • Skilled Nursing Facility (maximum 60 days/year) • Home healthcare (maximum 60 visits/year) • Hospice (180-day maximum)	80% after deductible	60% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
<b>MENTAL HEALTH/SUBSTANCE ABUSE</b> • Inpatient/Outpatient	80% after deductible	60% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
<b>Prescription Drugs</b>	Plan Pays		Plan Pays		You Pay	
Tier 1 – Retail Pharmacy Tier 1 – Mail Order Pharmacy	80% coinsurance after deductible		80% coinsurance after deductible		\$10 copay \$20 copay	
Tier 2 – Retail Pharmacy Tier 2 – Mail Order Pharmacy					20% coinsurance (\$30 min/\$60 max) 20% coinsurance (\$75 min/\$150 max)	
Tier 3 – Retail Pharmacy Tier 3 – Mail Order Pharmacy					40% coinsurance (\$50 min/\$85 max) 40% coinsurance (\$125 min/\$213 max)	
Tier 4 – Retail Pharmacy Tier 4 – Mail Order Pharmacy					\$100 copay \$250 copay	

\* Out-of-network fees are subject to guidelines concerning "Allowable Amounts." Allowable Amounts are determined by the Claims Administrator. You are responsible for any out-of-network fees above the Allowable Amount. Fees paid above the Allowable Amount do not count toward satisfying the out-of-pocket maximum.

\*\* An additional \$500 copay plus any applicable deductible and/or coinsurance will apply for individuals with three or more emergency room (ER) visits in a plan year. If admitted to the hospital from the ER, the additional \$500 copay will be waived.

## Important Notes About Medical Plan Coverage

- Applicable deductibles, copays and coinsurance count toward satisfying the out-of-pocket maximum.
- Preventive care services that are covered without cost sharing are defined as services performed to prevent disease. Some of these services are only covered for people of a particular age, gender and/or risk status.
- An in-network out-of-pocket maximum of \$6,850 applies for each individual enrolled in an employee + dependent(s) coverage tier under any Medical Plan option. Should any family member satisfy the \$6,850 individual out-of-pocket maximum, the plan will pay 100% of eligible expenses for that individual for the remainder of the year. If the total out-of-pocket maximum (\$10,000 Value Plan/\$9,000 Savings Plan/\$8,000 Traditional Plan) is met, the Plan will pay 100% of eligible expenses for all family members for the remainder of the year. Expenses for any combination of family members can satisfy the total out-of-pocket maximum.

### Prescription Drug Tiers

Tier 1: Generic drugs

Tier 2: Preferred brand name drugs

Tier 3: Non-preferred brand-name drugs

Tier 4: Specialty drugs—require special handling, clinical monitoring, and patient education and administration

# 2025 Medical Plan Premiums

If you choose medical coverage for 2025, you'll contribute a premium from your paycheck each pay period.

	Value Plan		Savings Plan		Traditional Plan	
	PER PAY PERIOD*	MONTHLY	PER PAY PERIOD*	MONTHLY	PER PAY PERIOD*	MONTHLY
Employee-Only	\$51.75	\$103.50	\$74.25	\$148.50	\$100.75	\$201.50
Employee + Child(ren)	\$98.00	\$196.00	\$140.00	\$280.00	\$190.00	\$380.00
Employee + Spouse	\$146.00	\$292.00	\$208.75	\$417.50	\$278.75	\$557.50
Employee + Spouse + Child(ren)	\$168.25	\$336.50	\$240.50	\$481.00	\$323.25	\$646.50

\* Per pay period premiums shown are applicable to employees paid bi-weekly or semi-monthly and are deducted from 24 pay periods throughout the year. For employees paid weekly, premiums are deducted from 48 pay periods throughout the year, and to determine the per pay period amount, multiply the monthly premium by 12 and divide by 48.

## MEDICAL PLAN TOBACCO USER SURCHARGE

In addition to the premiums in the chart, tobacco users will pay **\$75 more per month** for medical coverage. The tobacco-user surcharge is shown on paychecks separately from the deduction for the medical coverage premium.

If you or a covered adult dependent is currently a tobacco user, you can still avoid the tobacco-user surcharge by successfully completing a tobacco cessation program that GPC makes available at no cost to you.

## SPOUSE ELIGIBILITY FOR GPC MEDICAL COVERAGE

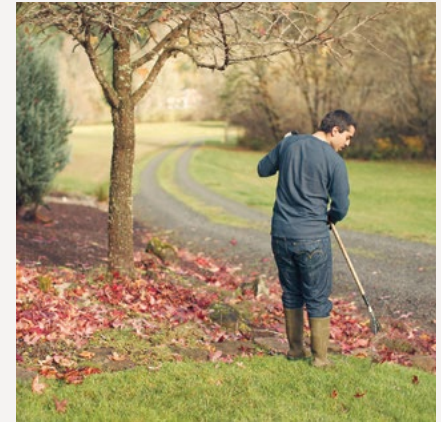
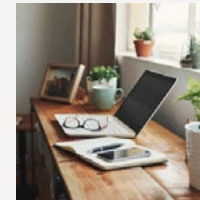
In order for a spouse to be eligible for GPC Medical Plan coverage, he or she cannot have access to medical coverage from another employer. For details, see **Who Can Be Covered** on page 4.

## Medical Plan Decision Tool

As part of the enrollment process, you can use the **Help Me Choose** tool to help you decide which Medical Plan option to select.

- This online tool provides benefit guidance and asks you questions to narrow down the best plan for you based on your needs and preferences.
- Based on your answers, the **Help Me Choose** tool will show you which plan is best based on your spending preferences and which plan offers the lowest cost.

To get started, visit the **GPC Benefit Plan Services** website.



# Tobacco-User Surcharge

## DEFINITION OF TOBACCO-FREE

Tobacco-free is defined as someone who has not used a tobacco or smoking product more than two times per month during the last 180 days prior to their benefits eligibility date. A tobacco or smoking product is defined as all tobacco-derived or tobacco-containing products, nicotine based products, and/or plant based products including, but not limited to cigarettes (e.g., traditional, clove, bidis, kreteks), cigars and cigarillos, hookah-smoked products, vaporizers, oral tobacco (spit and spitless, smokeless, chew, snuff) and electronic cigarettes.

## TOBACCO ATTESTATION

To avoid the monthly tobacco-user surcharge you will need to attest that either:

- You and your covered adult dependents (age 18 years or older) have not used tobacco products of any kind more than two times in the last 180 days.

### OR

- You and/or your covered adult dependents are tobacco users but will enroll in and complete the Quit For Life Tobacco Cessation Program.

This acknowledgment is part of the online benefits enrollment process.



## Consequences of Misrepresentation

Any misrepresentations made about being tobacco-free, when in fact you or your covered adult dependent(s) are not, could result in penalties, such as being charged the tobacco-user surcharge retroactively for months when it should have been applied, or other potential disciplinary action up to and including termination.

## STEPS FOR TOBACCO USERS TO TAKE TO AVOID THE TOBACCO-USER SURCHARGE

If you and/or your covered dependents (age 18 years or older) use tobacco products of any kind and you want to receive the tobacco-free premium, all tobacco users must accomplish the following:

### As a New Hire

- Enroll in the Quit For Life Tobacco Cessation Program **by your benefits eligibility date** (your 61st day of continuous employment).
- Complete the Quit For Life Tobacco Cessation Program requirements listed above **within 90 days of your benefits eligibility date**. If all covered tobacco users in your family successfully complete the program, the tobacco-user surcharge will no longer be charged. You will be refunded the tobacco-user surcharges you paid.

**If the program is not completed within 90 days of your benefits eligibility date**, the tobacco-user surcharge will remain in effect for the remainder of the year. GPC will monitor enrollment and participation in the program.

### During Benefits Annual Enrollment

- Enroll in the Quit For Life Tobacco Cessation Program by **December 31, 2024**; enroll by calling **866-784-8454** or go online to **quitnow.net/gpc**.
- Complete the Quit For Life Tobacco Cessation Program by **April 30, 2025**:
  - ▶ To satisfy completion of the program, all tobacco users must complete four live outreach Quit Coach calls by **April 30, 2025**. If all covered tobacco users in your family successfully complete the program, the tobacco-user surcharge will no longer be charged as of June 1, 2025. You will be refunded the tobacco-user surcharges you paid from January to May.
  - ▶ **If the program is not completed by April 30, 2025**: If any tobacco users enroll in the program but don't successfully complete it by **April 30, 2025**, the tobacco-user surcharge will remain in effect for the remainder of the year. GPC will monitor enrollment and participation in the program.



# Virtual Visits



Offered through Teladoc, Virtual Visits provide on-demand, affordable access to care and allow you to connect with a licensed doctor from your mobile device or computer at any time.

Available to all GPC Medical Plan members and their covered dependents, the out-of-pocket cost for a Virtual Visit depends on your Medical Plan option. See the **2025 Medical Plan Coverage Summary** on page 10 for more details.

Consider a Virtual Visit for non-emergency, minor health conditions such as cold/flu, headaches, stomachache, sinus problems, rashes, pink eye, sore throat, etc.



## HOW IT WORKS

### Before You Get Sick

Visit the App Store or Google Play and search for Teladoc. Click Get or Install. Follow the prompts to set up your account.

Registration in advance is quick and easy, and saves vital time when you're not feeling well.

### When You Get Sick

Log-in and request a visit. Within minutes you will be connected with a doctor who can discuss your symptoms, then provide a diagnosis and treatment plan, as well as prescribe medication such as antibiotics or decongestants if needed.

You can use a credit or debit card to pay for a Virtual Visit, including your HSA Optum Bank debit card or your FSA spending account card.

### After Your Virtual Visit

Any medication prescriptions will be sent electronically to the pharmacy of your choice.

### Other Virtual Visit Partners

UnitedHealthcare also partners with Amwell and Doctor on Demand for Virtual Visits. Call UnitedHealthcare at **888-607-5217** or visit **myuhc.com** to learn more.

# Where You Go for Care Matters

When you need care immediately, there are options other than the emergency room. GPC encourages you to make a careful, informed choice for your place of treatment. The goal is not just for you to choose a treatment setting that is cost-effective, but also care-effective so you can get the right care, from the right source, at the right cost with minimal delay.

REASON FOR CARE	DOCTOR'S OFFICE	VIRTUAL VISIT	RETAIL CLINIC	URGENT CARE CENTER	EMERGENCY ROOM
	This is your first stop when you need care, available during business hours and by phone after hours.	On-demand access to care through your mobile device or computer at any time.	Basic healthcare services for walk-in patients. Located in major pharmacies or retail stores. Offers extended hours.	For care that is needed right away but not as severe as an emergency. Offers extended hours.	Access to care 24/7/365
	\$	\$	\$\$	\$\$\$	\$\$\$\$
Animal bites	Yes	No	No	Yes	Severe shortness of breath or trouble breathing — Uncontrolled bleeding — Head injury, confusion or loss of consciousness — Chest pain, numbness, slurred speech — Broken bones
Back pain	Yes	Yes	Yes	Yes	
Bumps, cuts, scrapes	Yes	No	Yes	Yes	
Coughs, sore throat	Yes	Yes	Yes	Yes	
Ear or sinus pain	Yes	Yes	Yes	Yes	
Eye swelling, irritation	Yes	Yes	Yes	Yes	
Mild asthma	Yes	Yes	Yes	Yes	
Minor allergic reactions	Yes	Yes	Yes	Yes	
Minor fevers, colds	Yes	Yes	Yes	Yes	
Minor headaches	Yes	Yes	Yes	Yes	
Nausea, vomiting, diarrhea	Yes	Yes	Yes	Yes	
Rashes, minor burns	Yes	Yes	Yes	Yes	
Sprains, strains	Yes	No	Yes	Yes	
Stitches	Yes	No	No	Yes	
X-rays	Yes	No	No	Yes	
Vaccinations	Yes	No	Yes	Yes	

# Transcarent Surgery Care Program

If you enroll in a GPC Medical Plan option, you and your covered dependents will have access to the **Transcarent Surgery Care Program**. Through this Program, you will be connected to high-quality, non-emergency surgical care and personalized care coordination. Transcarent Surgery Care will also help you manage your healthcare cost by minimizing your out-of-pocket expenses. So, all you have to do is focus on healing.

## HOW IT WORKS

### 1. Contact Transcarent

- If your doctor recommends a non-emergency surgery, call Transcarent Surgery Care before you schedule the procedure. A Transcarent representative will provide information on covered surgical procedures, help you understand your surgery benefits and answer all your questions.

### 2. Work with a Dedicated Care Coordinator from Start to Finish

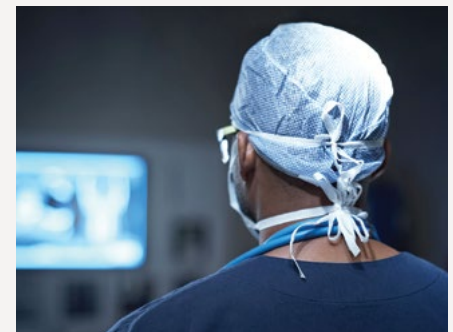
- When you sign up for Transcarent Surgery Care, you will have a dedicated Care Coordinator who will provide personalized service and guide you every step of the way.
- Your Care Coordinator will help you find the right facility and provider—from top-rated facilities and providers who are best qualified to perform your particular surgery—to deliver the best results specific to your needs.
- Your Care Coordinator will also manage all the administrative work from gathering your health records and needed paperwork to scheduling your appointments and arranging all the details for your surgery. If travel is required, they will also coordinate transportation and lodging for you and a companion.

### 3. Receive High-Quality Care

- By using Transcarent to connect to top-rated surgery centers, hospitals and doctors, you will receive high-quality care which lowers your risk for complications, infection and readmission. This means you will receive an improved quality of care leading to a faster recovery for you.

### 4. Prioritizing Your Recovery

- After your surgery, your Care Coordinator will help you focus on your recovery. They will follow up the day after your surgery and 30 days later to make sure you are getting the support you need.



### Why Transcarent?

With Transcarent, patients experience 80% fewer complications than the national average as a result of matching them with the right surgeon specific to their procedure in a top-rated facility.

## PROGRAM BENEFITS

- **Traditional Plan:** Surgery costs are covered at 100%. There is no deductible or coinsurance when you choose to connect to a provider through Transcarent for your surgical care.
- **Savings and Value Plans:** Your surgery cost is covered at 100% after you meet your annual deductible. There is no coinsurance when you choose to connect to a provider through Transcarent for your surgical care.

Covered costs include a preoperative surgical care appointment, surgery (all facility, anesthesia, surgical staff and surgeon charges), inpatient services if a hospital stay is required, and a postoperative surgical appointment.

Medical expenses that occur before the preoperative surgical appointment and after your postoperative appointment are covered by the GPC Medical Plan and are subject to Plan guidelines, deductible and coinsurance.

### Travel Expenses

If a local facility and provider is not an option and travel over 100 miles (one way) from your primary residence is required, Transcarent pays travel expenses for you and a companion, including:

- Airfare
- Lodging
- Meals and incidentals allowance:
  - ▶ \$50 per day for you when not admitted (days 1-14)
  - ▶ \$50 per day for your companion (days 1-14)
  - ▶ \$125 per week per person after 14 days (days 15+)

*To receive the Transcarent travel benefit, airfare and lodging **must be arranged** by your Transcarent Care Coordinator. Any travel companion must be at least 18 years of age.*

## COMMON COVERED SURGICAL PROCEDURES

Covered surgeries through the Transcarent Surgery Care Program include but are not limited to:

### Bariatric

- Gastric sleeve and gastric bypass

### Cardiac

- Coronary artery bypass, aortic valve repair and replacements

### General

- Gallbladder removal, spleen removal and hernia repair

### Orthopedic

- ACL repair, hip and knee replacement, shoulder repair and replacement

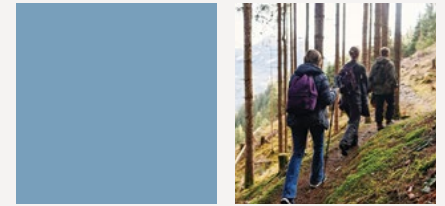
### Spine

- Spinal fusion, artificial disc replacement

### Women's Health

- Hysterectomy, cyst removal

Procedures **not available** through Transcarent include emergency, pediatric (under age 13), cancer, cosmetic, dental, diagnostic, vision and transplant procedures.



### Coverage for Bariatric Surgery

Employees and dependents enrolled in the GPC Medical Plan who pursue certain bariatric surgical procedures will first **be required** to contact Transcarent directly to verify benefits, obtain prior authorization and utilize Transcarent to connect to a facility and provider for their surgical needs. **Otherwise, the bariatric procedure may not be covered under the GPC Medical Plan.**

# Health Management Services

As part of GPC's ongoing commitment to investing in you and your physical wellbeing, the Company is proud to offer resources, **at no cost to you**, designed to help you make the most of your benefits coverage. By investing in your wellbeing, these resources may help you avoid more serious issues and expensive treatments.

## HYPERTENSION MANAGEMENT PROGRAM



- Available to all GPC Medical Plan members and covered dependents
- **Provided at no cost to you**

Hypertension (high blood pressure) rarely has noticeable symptoms, but when ignored it can lead to a heart attack or stroke. However, you can take steps to manage it through exercise, diet and medication when necessary. This program from Livongo Health is here to help.

### How It Works

- You may be contacted directly and confidentially by Livongo and invited to join the program if a confidential review of your claims indicates that you may be eligible to benefit from it.
- You may also request that Livongo review your potential eligibility by calling **800-945-4355** or by visiting **easy.livongo.com**. Registration code: **GPC**
- If you qualify, you'll receive a wireless blood pressure monitor and scale, depending on your health needs. Both devices send readings to the Livongo app, so you can track your blood pressure, weight, and activity all in one place.
- You'll also receive unlimited one-on-one coaching to get advice on healthy eating, fitness, weight loss, and any health questions you have. Plus, you'll be kept on the path to better health management with helpful Health Nudges™ messages.



### Get Your Preventive Screenings

Remember in-network preventive screenings through the GPC Medical Plan are **free for you and your covered dependents**. Examples: annual physical, colonoscopy, mammogram, prostate screening.



## DIABETES MANAGEMENT PROGRAM

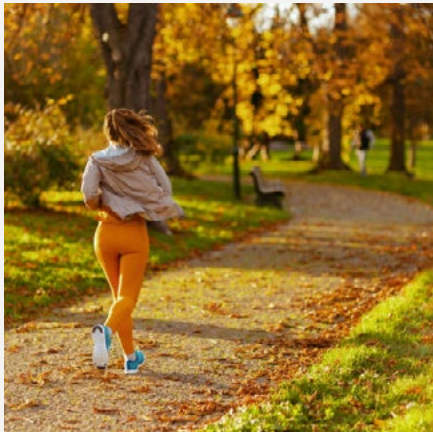


- Available to all GPC Medical Plan members and covered dependents
- **Provided at no cost to you**

Living with diabetes is a significant health challenge, which is why GPC offers a useful resource to help those impacted by this condition better manage it and live well.

### How It Works

- You may be contacted directly and confidentially by Livongo and invited to join the program if a confidential review of your claims indicates that you may be eligible to benefit from it.
- You may also request that Livongo review your potential eligibility by calling **800-945-4355** or by visiting **[join.livongo.com/gpc](https://join.livongo.com/gpc)**.
- If you qualify, within days you'll receive a welcome kit including a glucose meter and other supplies for measuring your blood sugar levels.
- You can connect with a coach anytime through texts, email or scheduled phone appointments.



## DIABETES PREVENTION PROGRAM



- Available to all GPC Medical Plan members and covered dependents
- **Provided at no cost to you**

If you're at risk of diabetes, which can often be due to excess weight, you'll be able to get preventive assistance even before this health condition is diagnosed. GPC is partnering with Omada, a personalized health program, that provides tools and support to help you lose weight and build healthy habits that last.

### How It Works

- You may be contacted directly and confidentially by Omada and invited to join the program if a confidential review of your claims indicates that you may be eligible to benefit from it.
- If you qualify, you'll receive a welcome kit with a wireless, cellular scale that is automatically synced to the Omada app.
- You'll be supported along your health improvement journey through a personalized care plan that includes one-on-one coaching and nutrition guidance. You'll also have access to educational information and an online community to help support you in achieving your health improvement goals.

## EXERCISE THERAPY PROGRAM



- Available to all GPC Medical Plan members and covered dependents
- **Provided at no cost to you**

GPC is partnering with Hinge Health to help you deal with chronic knee, back, neck and other muscle and joint pain. With support ranging from information about your treatment options to coaching and convenient exercise therapy, you may join the many others who now enjoy greatly reduced pain and improved mobility. Best of all it is convenient and fits your schedule — it can be done anywhere, at any time.

### How It Works

- You may be contacted directly and confidentially by Hinge Health or you may also request that Hinge review your potential eligibility by calling **855-902-2777**, emailing Hinge Health at **hello@hingehealth.com** or visiting **hinge.health/GPC**.
- If you qualify, a care team that may include licensed doctors of physical therapy, health coaches, physicians and orthopedists will create a customized care plan for you. Your team will provide you with support and guidance including recommendations for therapeutic exercise as well as information about your treatment options, including alternatives to surgery.
- A program app will help you stay connected with your care team.

## CARE SUPPORT THROUGH YOUR GPC MEDICAL PLAN CARRIER



- Available to all GPC Medical Plan members and covered dependents
- **Provided at no cost to you**

When you face a serious illness or unexpected surgery, you need to make sure your care is coordinated while you make the most of your benefits.

### How It Works

- Clinical teams dedicated to GPC Medical Plan members:
  - ▶ Provide specialty support for conditions such as cancer, high-risk pregnancy, transplant, cardiac care, traumatic injury, and behavioral health.
  - ▶ Assist your medical providers in coordinating services, treatment plans and community resources.
  - ▶ Educate you before and after surgery.

### Aetna Members:

Visit [aetna.com](https://www.aetna.com) or call **833-899-2045**.

### BlueCross and BlueShield of Alabama Members:

Visit [AlabamaBlue.com/ECM](https://www.alabamablue.com/ECM) or call **800-821-7231**.

### UnitedHealthcare Members:

Visit [myuhc.com](https://www.myuhc.com) or call **800-377-5137**.

## EMPLOYEE ASSISTANCE PROGRAM



- Available to all GPC employees and their dependents regardless of benefits eligibility

### ■ Provided at no cost to you

GPC Life Resources, our Employee Assistance Program (EAP), features unlimited telephonic counseling and three in-person sessions per issue each year. It also provides online resources and information that can help you find balance, manage stress and achieve better overall wellbeing.

### How It Works

You can contact a counselor 24/7 for help with topics including:

- Child and elder care issues
- Substance use concerns
- Bouncing back from adversity
- Achieving personal goals
- Marital and family concerns
- Stress management
- Financial planning and legal issues
- Managing feelings of anxiety and depression
- Workplace stress

Visit [gpcliferesources.com](https://gpcliferesources.com) or call **844-472-0080**.

## Talkspace, available through GPC Life Resources

The Talkspace platform is a convenient way to connect with a licensed behavioral counselor—from anywhere, at any time via:

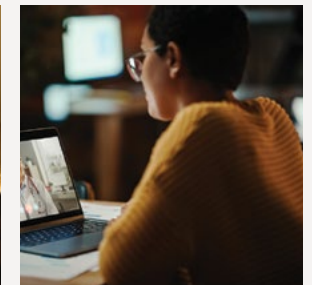
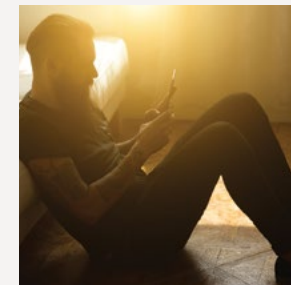
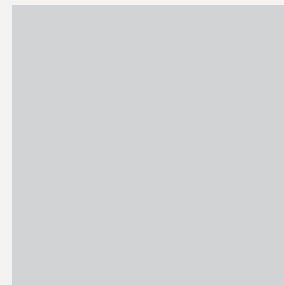
- Video messages
- Audio messages
- Text messages

It's a great alternative to in-person counseling for stress, anxiety, depression, grief and more.

GPC Life Resources offers three Talkspace counseling sessions per issue per year at no cost to you. One video or audio counseling appointment counts as one session. One week of unlimited text messages with your Talkspace counselor also counts as one session.

### How to Get Started

- Visit [gpcliferesources.com](https://gpcliferesources.com).
- Create a Talkspace account and complete the QuickMatch™ questionnaire.
- Select your counselor from recommended provider matches. You'll have an option to schedule a complimentary, 10-minute video session to determine if the counselor is a good fit for you.



# Dental Plan

The Dental Plan, administered by **Delta Dental**, offers free preventive services, plus coverage for minor restorative care, major restorative care and orthodontia. You can visit any dentist you like, but you will pay less when you use a Delta Dental dentist.

## 2025 DENTAL PLAN COVERAGE

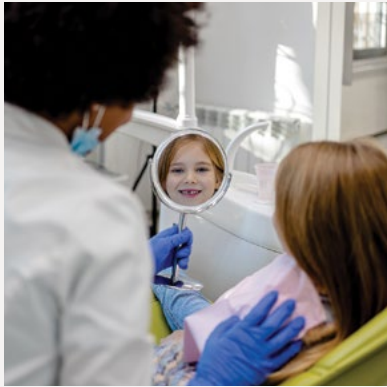
	Plan Pays*
Annual Deductible	\$35 per person/\$105 per family
Preventive Care	100%; no deductible
Minor Restorative Care	80% after deductible
Major Restorative Care	50% after deductible
Orthodontia	50% after deductible
Annual Maximum Benefit**	\$1,500 per person
Lifetime Orthodontia Maximum Benefit	\$1,500 per person

\* Based on reasonable and customary charges.  
 \*\* Does not include lifetime orthodontia maximum benefit.

## 2025 DENTAL PLAN PREMIUMS

	Per Pay Period*	Monthly
Employee-Only	\$6.21	\$12.42
Employee + 1 or more	\$16.59	\$33.18

\* Per pay period premiums shown are applicable to employees paid bi-weekly or semi-monthly and are deducted from 24 pay periods throughout the year. For employees paid weekly, premiums are deducted from 48 pay periods throughout the year, and to determine the per pay period amount, multiply the monthly premium by 12 and divide by 48.



**Dental Plan**

You may participate in the Dental Plan even if you don't enroll in the GPC Medical Plan, as long as you are eligible for benefits.

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**Choose to See a Delta Dental Dentist and Save**

You may see any dentist you like. But, maximize your savings when you visit a dentist in the Delta Dental PPO network. These dentists have agreed to reduced fees. To find a PPO dentist in your area, go to [deltadentalins.com/GPC](http://deltadentalins.com/GPC) or call **800-521-2651**.

# Vision Plan

The GPC Vision Plan, administered by **EyeMed Vision Care**, helps cover the cost of routine services, eyeglasses or contact lenses, and features discounts for other services, as well.

## 2025 VISION PLAN COVERAGE

	Plan Pays
Annual Routine Vision Exam	Covered in full after \$10 copay
Eyeglass Lenses and Frames	<ul style="list-style-type: none"> <li>• Single, bifocal and trifocal lenses covered in full</li> <li>• \$120 allowance for frames per year</li> <li>• Premium progressive lens discounts</li> <li>• Anti-reflective lens coating discounts</li> </ul>
Contact Lenses	\$120 allowance per year (in lieu of frames allowance)

## 2025 VISION PLAN PREMIUMS

	Per Pay Period*	Monthly
Employee-Only	\$2.70	\$5.40
Employee + Child(ren)	\$5.13	\$10.26
Employee + Spouse	\$5.40	\$10.80
Employee + Spouse + Child(ren)	\$7.43	\$14.86

\* Per pay period premiums shown are applicable to employees paid bi-weekly or semi-monthly and are deducted from 24 pay periods throughout the year. For employees paid weekly, premiums are deducted from 48 pay periods throughout the year, and to determine the per pay period amount, multiply the monthly premium by 12 and divide by 48.



## Vision Plan

You may participate in the Vision Plan even if you don't enroll in the GPC Medical Plan, as long as you are eligible for benefits.

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## Find a Provider

Visit [eyemedvisioncare.com](http://eyemedvisioncare.com) or call 800-334-7591.



# Flexible Spending Accounts

Flexible Spending Accounts (FSAs), provide a way for you to set aside pre-tax dollars to pay for eligible health care and dependent care expenses.

GPC offers three FSAs administered by **Via Benefits**:

- General Purpose Health Care FSA
- Limited Purpose Health Care FSA
- Dependent Care FSA

## HOW FSAs WORK

- When you make contributions to an FSA, those dollars are deducted from your pay before taxes.
- The contributions you make reduce your taxable income. Depending on your tax bracket, you could save between 15% and 40%.
- You can use the money contributed to the account to reimburse yourself for eligible health care and dependent care expenses that you normally incur.
- To be reimbursed from the account, your expenses must be incurred by the deadline.



## HEALTH CARE FSAs

GPC offers two Health Care FSA options: the General Purpose Health Care FSA and the Limited Purpose Health Care FSA. Both help you cover certain health care expenses, but they differ in which expenses you are eligible to cover. See the chart below for details.

General Purpose Health Care FSA		
ELIGIBILITY	QUALIFIED EXPENSES	2025 MAXIMUM CONTRIBUTION
Full-time employees NOT enrolled in the Value or Savings Plans	Medical, prescription drug, dental and vision expenses not paid for by a health plan.	\$3,300

Limited Purpose Health Care FSA		
ELIGIBILITY	QUALIFIED EXPENSES	2025 MAXIMUM CONTRIBUTION
Full-time employees enrolled in the Value or Savings Plans	Dental and vision expenses (not medical or pharmacy) not paid for by a health plan. You may use this FSA in addition to any money you may have in a Health Savings Account (HSA).	\$3,300

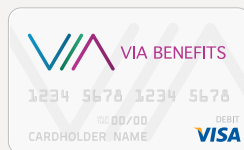
## Carryover Feature

- The Carryover feature allows you to roll over up to \$660 of your remaining Health Care FSA balance (General Purpose or Limited Purpose) from the 2025 Plan Year into the 2026 Plan Year. You have the entire 2026 Plan Year to spend the amount of the Carryover.
- Carryover amounts do not count toward the next year's contribution limits and do not affect the total you can contribute for the following plan year.

## How to Pay for Eligible Expenses: Health Care FSAs

If you enroll in a General Purpose Health Care FSA or Limited Purpose Health Care FSA for 2025, you will use the following system for payments and reimbursements:

- You will receive a Via Benefits Spending Card. You can use your card to pay directly for FSA-eligible health care expenses that you incur during the 2025 plan year.
- You can use the **viabenefitsaccounts.com** site to submit 2025 expenses for reimbursement after you've paid them out of your own pocket. The site will be accessible through single-sign on **GPC Benefit Plan Services**.
- You can download the **Via Benefits Accounts mobile app** available on the Apple Store or Google Play.
- Registration will be required when you access the Via Benefits site or mobile app the first time.
- Through the site and mobile app, you can also submit a request to make direct payments from your account to your health care provider.
- If you have questions, contact the **Via Benefits Service Center** at **800-953-5395**.



## If You Open a Health Savings Account (HSA) for 2025

If you enroll in the Value Plan or Savings Plan for medical coverage and choose to open an HSA, **you are only eligible for the Limited Purpose Health Care FSA.**

- You cannot enroll in a General Purpose Health Care FSA for 2025. Federal regulations do not allow you to have two tax-advantaged savings accounts for medical expenses.

## Dependent Care Expenses

Receipts will not be required with claim submissions if your dependent care provider signs a Provider Affidavit certifying that the expenses were incurred.

## DEPENDENT CARE FSA

The Dependent Care FSA provides the opportunity to save for eligible dependent care expenses such as day care and elder care.

Dependent Care FSA		
ELIGIBILITY	QUALIFIED EXPENSES	2025 MAXIMUM CONTRIBUTION
All full-time employees regardless of medical plan enrollment	Eligible child care (for children up to age 13) and elder care expenses that you incur because you and your spouse work.	\$5,000

## How to Pay for Eligible Expenses: Dependent Care

For the Dependent Care FSA, you pay for eligible expenses out-of-pocket at the time of purchase and then file a claim for reimbursement.

- For 2025 expenses, use the claim forms available at **viabenefitsaccounts.com**. The site will be accessible through single-sign on **GPC Benefit Plan Services**.
- You can download the **Via Benefits Accounts mobile app** available on the Apple Store or Google Play.
- Registration will be required when you access the Via Benefits site or mobile app the first time.
- If you have questions, contact the **Via Benefits Service Center** at **800-953-5395**.

## DEADLINE TO SPEND 2025 FSA DOLLARS

### Health Care FSAs

- **December 31, 2025:** Deadline to spend the money in your account above the maximum carryover limit on eligible expenses.
- **March 31, 2026:** Deadline to file claims for Plan Year reimbursements before forfeiting these funds.

### Dependent Care FSAs

- **December 31, 2025:** Deadline to spend the money in your account on eligible expenses.
- **March 31, 2026:** Deadline to file claims for Plan Year reimbursements before forfeiting these funds.

# 2025 Voluntary Benefits

Here's an overview of the Voluntary Benefits which require an **enrollment decision during benefits enrollment**. If you do not enroll during your benefits enrollment, you will not have benefits coverage unless you experience certain qualifying events such as marriage or the birth of a child.

GPC offers Accident, Critical Illness and Hospital Indemnity Insurance as supplemental benefits to complement your medical coverage and provide extra financial protection. These Plans, available through **Voya Financial**, make payments directly to you and you can use your payment for any purpose you choose. You can pay for these benefits with convenient payroll deductions and take advantage of group discount pricing.

## ACCIDENT INSURANCE

Pays cash benefits directly to you after a covered accident that results in specific injuries and treatments.

- Common treatments and conditions include emergency room treatment, sports injuries, X-rays, stitches, follow-up doctor's treatments and physical therapy.
- Use your payment for any purpose you choose.
- Choose between a High Plan or a Low Plan, which differ in the amounts the Plan pays to you and the cost for coverage.
- You can cover yourself and your dependents.

### Accident, Critical Illness and Hospital Indemnity Insurance

Be sure to review the Benefits Summaries available at [presents.voya.com/EBRC/GPC](https://presents.voya.com/EBRC/GPC) for a complete description of benefits, exclusions, limitations and conditions of coverage.

If you have questions, call Voya Employee Benefits Customer Service at **877-236-7564**.

## Sample Payment Amounts

The cash payment you receive will depend on the Plan you choose and your treatments and injuries.

Treatment	Low Plan	High Plan
Emergency room treatment	\$125	\$200
X-ray	\$100	\$200
Physical or occupational therapy (up to ten per accident)	\$30	\$50
Stitches (for lacerations, up to 2")	\$50	\$90
Follow-up doctor treatment	\$60	\$100
Hospital admission	\$1,000	\$2,000

## What It Costs

Monthly Premiums		
	LOW PLAN	HIGH PLAN
Employee-Only	\$3.10	\$6.37
Employee + Spouse	\$6.19	\$12.73
Employee + Child(ren)	\$6.65	\$13.69
Family	\$9.74	\$20.05

## CRITICAL ILLNESS INSURANCE

Pays a lump-sum cash payment directly to you if you are diagnosed with certain serious illnesses or health conditions.

- Examples include Alzheimer's, cancer, heart attack and stroke.
- Provides an annual \$50 Wellness Benefit when you complete an eligible health screening, such as an annual physical, vision or dental exam.
- Use your payment for any purpose you choose.
- Choose between a High Plan or a Low Plan, which differ in the amount the Plan pays to you and the cost for coverage.
- Premiums depend on the Plan you choose, your age, and whether you use tobacco.
- You can cover yourself and your dependents.

### Sample Payment Amounts

The cash payment you receive is determined based on the Plan you choose and who you cover.

Lump-Sum Amount	
For You	\$10,000 or \$20,000
Your Spouse	100% of Employee Benefit
Your Child(ren)	50% of Employee Benefit



## What It Costs

Premiums are dependent on your age, whether you use tobacco and the amount of coverage selected. **Non-Tobacco User premiums are shown below.**

Low Plan Monthly Premiums				
EMPLOYEE AGE	EMPLOYEE-ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	FAMILY
Under 25	\$2.90	\$5.80	\$3.90	\$6.80
25-29	\$3.50	\$7.00	\$4.50	\$8.00
30-34	\$4.50	\$9.00	\$5.50	\$10.00
35-39	\$5.60	\$11.20	\$6.60	\$12.20
40-44	\$9.70	\$19.40	\$10.70	\$20.40
45-49	\$11.00	\$22.00	\$12.00	\$23.00
50-54	\$12.90	\$25.80	\$13.90	\$26.80
55-59	\$17.50	\$35.00	\$18.50	\$36.00
60-64	\$20.70	\$41.40	\$21.70	\$42.40
65-69	\$26.80	\$53.60	\$27.80	\$54.60
70+	\$39.90	\$79.80	\$40.90	\$80.80

High Plan Monthly Premiums				
EMPLOYEE AGE	EMPLOYEE-ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	FAMILY
Under 25	\$5.80	\$11.60	\$7.80	\$13.60
25-29	\$7.00	\$14.00	\$9.00	\$16.00
30-34	\$9.00	\$18.00	\$11.00	\$20.00
35-39	\$11.20	\$22.40	\$13.20	\$24.40
40-44	\$19.40	\$38.80	\$21.40	\$40.80
45-49	\$22.00	\$44.00	\$24.00	\$46.00
50-54	\$25.80	\$51.60	\$27.80	\$53.60
55-59	\$35.00	\$70.00	\$37.00	\$72.00
60-64	\$41.40	\$82.80	\$43.40	\$84.80
65-69	\$53.60	\$107.20	\$55.60	\$109.20
70+	\$79.80	\$159.60	\$81.80	\$161.60

## HOSPITAL INDEMNITY

Pays a fixed daily cash benefit directly to you when you are hospitalized or have a covered stay in an intensive care unit or rehabilitation facility, including stays for childbirth.

- Benefits paid for a covered stay depend on the type of facility and the number of days of confinement.
- Use your payment for any purpose you choose.
- Choose between a High Plan or a Low Plan, which differ according to the premiums you pay and the amount the Plan pays to you.
- You can cover yourself and your dependents.

### Sample Payment Amounts

The cash payment you receive is determined based on the Plan you choose, the type of facility and the number of days you stay.

Admission Type	Low Plan	High Plan
Hospital admission	\$600	\$1,200
Critical Care Unit (CCU) admission	\$1,200	\$2,400

Facility Type	Low Plan	High Plan
Hospital confinement (up to 365 days maximum per confinement)	\$100 daily benefit	\$200 daily benefit
Critical Care Unit (CCU) confinement (up to 90 days maximum per confinement)	\$200 daily benefit	\$400 daily benefit

### What It Costs

	Monthly Premiums	
	LOW PLAN	HIGH PLAN
Employee-Only	\$9.25	\$17.82
Employee + Spouse	\$19.13	\$36.86
Employee + Child(ren)	\$15.30	\$29.64
Family	\$25.18	\$48.68



### Voluntary Benefits to Supplement Your Medical Plan Coverage

Accident, Critical Illness and Hospital Indemnity Insurance are **no substitute for the comprehensive Medical Plan coverage** that GPC offers. However, when combined with a GPC Medical Plan option, they can provide additional financial protection for when you need it most.

## IDENTITY PROTECTION PROGRAM

The Identity Protection Program can defend you and your family from cyber threats that cause data breaches and financial losses. Industry-leading technology detects fraud at the source to catch theft sooner and minimize damages. Coverage is offered through **Allstate**.

### Services Include:

- Receive alerts for cash withdrawals, balance transfers and large purchases
- Protect yourself and your family
- See and protect your personal data with Allstate Digital Footprint™
- Catch fraud at its earliest sign with tri-bureau monitoring and an annual tri-bureau credit report and score
- Get help disputing errors on your credit report
- See if your IP addresses have been compromised
- Monitor social media accounts
- Military-grade encryption for secure Internet connections
- Protection against viruses and malware
- Enhanced network security to protect your home WiFi and all the devices connected to it
- Password manager for greater convenience and security
- Electronic file “shredder”

### What It Costs

**\$9.45 per month** for employee-only coverage and **\$16.95 per month** for employee + dependent(s) coverage.

## LEGAL SERVICES PLAN

The Legal Services Plan provides you and your family with security and representation on a wide range of legal matters. Coverage is offered through **MetLife Legal**.

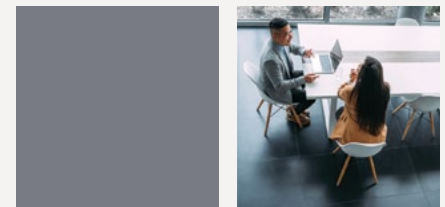
With network attorneys available in person, by phone, or by email and online tools to do-it-yourself—this Plan makes it easy to get legal help. And, you will always have a choice of which attorney to use. You can choose one from the network of prequalified attorneys, or use an attorney outside of the network and be reimbursed some of the cost.

### Services Include:

- Wills for you and your spouse
- Court appearances, including traffic ticket defense
- Document review and preparation (e.g., trusts, affidavits)
- Family matters (e.g., adoption)
- Financial matters
- Home sales, purchasing and refinancing
- Immigration
- Four hours of attorney services for issues not otherwise covered under the Plan, including:
  - ▶ Child custody issues
  - ▶ Misdemeanor offenses
  - ▶ Social Security disability benefits

### What It Costs

**\$15.75 per month** for unlimited access.





# How to Enroll

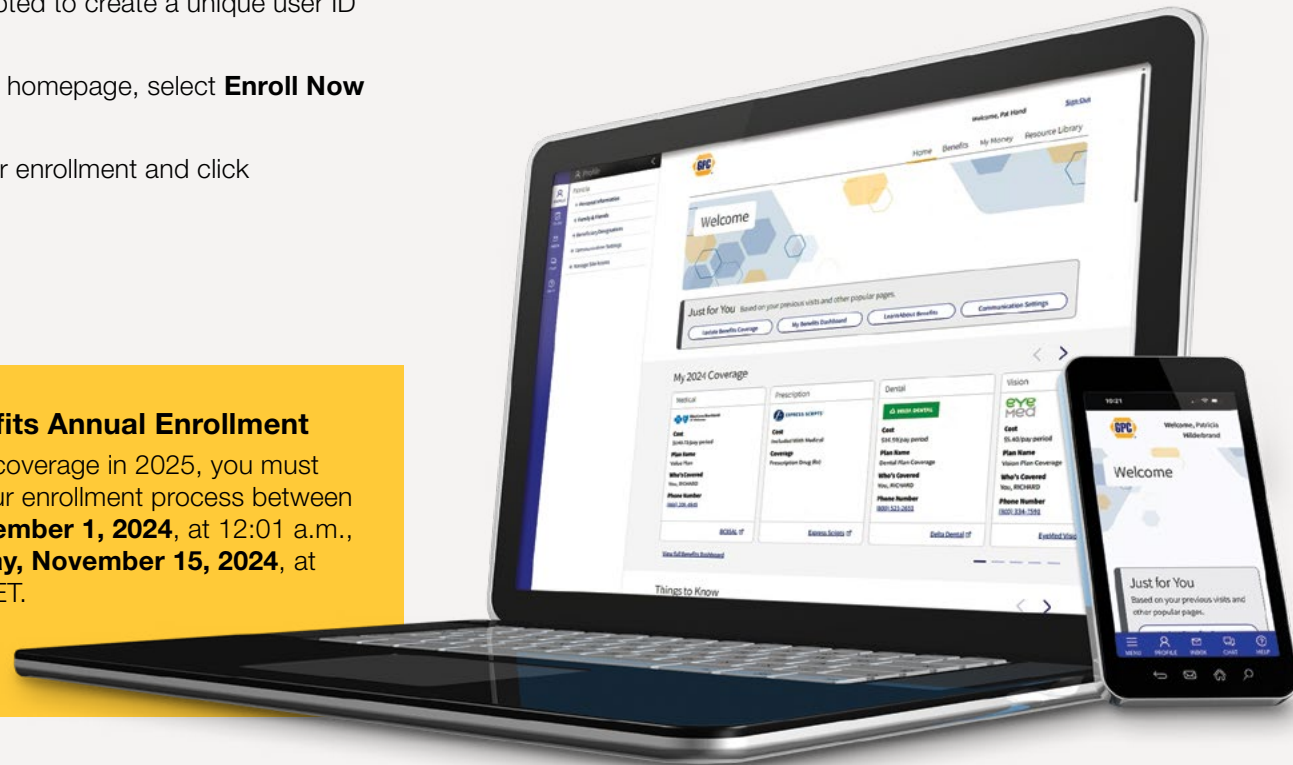
Once you determine the types and levels of protection you will need, you are ready to enroll. You can enroll using your mobile device or any computer with an internet connection.

## HOW TO MAKE YOUR ELECTIONS

- Access the **GPC Benefit Plan Services website** one of two ways to enroll:
  - ▶ Connect directly via single sign-on through **gpcconnect.com**.
  - ▶ Go to **gpcbenefitsconnect.ehr.com**. If logging into the website for the first time, you will be prompted to create a unique user ID and password.
- From the GPC Benefit Plan Services homepage, select **Enroll Now** located at the top of the page.
- Follow the prompts to complete your enrollment and click **Finish Enrollment**.

### 2025 Benefits Annual Enrollment

For benefits coverage in 2025, you must complete your enrollment process between **Friday, November 1, 2024**, at 12:01 a.m., ET and **Friday, November 15, 2024**, at 11:59 p.m., ET.



## WHAT HAPPENS IF I DON'T ENROLL

- **New hires, full-time:** If you do not enroll by your 60<sup>th</sup> day of employment, you will not have benefits coverage for the remainder of the plan year.
- **New hires, part-time:** If you do not enroll within 31 days of your eligibility date, you will not have benefits coverage for the remainder of the plan year.
- **Benefits Annual Enrollment:** If you do not enroll by the Benefits Annual Enrollment deadline, you will not have benefits coverage for the coming plan year.

## VIEW YOUR CONFIRMATION STATEMENT

After you complete your enrollment, you will have the opportunity to view or save your confirmation statement. **GPC Benefit Plan Services will also mail a copy of your confirmation statement to your home address on file.** Review your confirmation statement carefully which specifies your benefit elections, your per pay period costs, dependent information and beneficiary information.

## SUMMARY OF BENEFITS AND COVERAGE (SBC)

As required by the Affordable Care Act, a Summary of Benefits and Coverage (SBC) for the GPC Medical Plan options will be available on the **GPC Benefit Plan Services website**. An SBC is a summary of Medical Plan provisions in a standard format to help you compare Medical Plan options. The SBC does not replace the Summary Plan Descriptions (SPDs), which provide more detailed Plan information. You may request a copy of the SBC or a version in additional languages by contacting GPC Benefit Plan Services at **844-305-9663**.

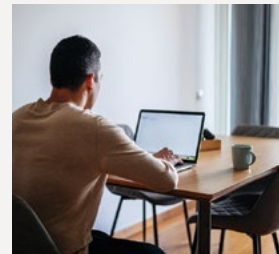
## LEGAL NOTICES AVAILABLE AT GPC BENEFIT PLAN SERVICES

The Prescription Drug Notice of Creditable Coverage and Notice Regarding Wellbeing Program are available on **gpcbenefitsconnect.ehr.com**.

## Active Enrollment Required

You must actively enroll during your benefits enrollment period in order to receive the following benefits in 2025:

- Medical Plan
- Dental Plan
- Vision Plan
- Health Savings Account
- Flexible Spending Accounts
- Voluntary Benefits
  - ▶ Accident Insurance
  - ▶ Critical Illness Insurance
  - ▶ Hospital Indemnity Insurance
  - ▶ Identity Protection Program
  - ▶ Legal Services Plan



# Total Rewards at GPC

Here, you'll find highlights of the many investments GPC makes in you as a valued team member. Take the time to review the comprehensive programs, tools and resources GPC provides to support your total wellbeing goals.

## CAREER & DEVELOPMENT

### Tuition Reimbursement Plan

GPC applauds employees with the ambition to learn, grow and further develop their skills. To support the pursuit of learning related to your employment or opportunity for advancement with the Company, GPC offers the Tuition Reimbursement Plan. It is open to full-time employees with one year of service.

- As long as you earn a passing grade of A, B or C, GPC reimburses 100% of the cost for tuition and textbooks for approved courses, up to \$5,250 per calendar year.
- The Tuition Reimbursement Plan includes courses for professional certifications or licenses that are related to work or advancement at GPC. For these, you must earn a passing grade or certificate of completion, granted by a professional association or state licensing board in areas such as IT, human resources or finance.

**Note:** Courses must be approved by your HR representative and the **GPC Employee Service Center** before you enroll.



#### FOR MORE INFORMATION

Visit the Career and Development section of **GPC Connect**.

## PAY & REWARDS

### Paid Time Off

Enjoying time away from work can boost your wellness. Take advantage of a variety of paid time off benefits, such as vacation, personal days, holidays, sick days and parental leave, offered by GPC.

### Employee Discounts

All employees are eligible to receive negotiated discounts from national retailers on a wide variety of products—from automobiles to electronics to wireless phone providers.

### Service Awards

Our Service Award Program is designed to celebrate anniversaries for all GPC team members and to reward your accomplishments and loyalty.

Features of the program include: a recognition item for three years of service, an anniversary numeral keepsake showcasing your years of service to honor each five year milestone, and awards that increase in value with your length of service.



#### FOR MORE INFORMATION

Visit the Pay section of **GPC Connect**.



## FINANCIAL SECURITY

### Auto and Home Insurance

With Auto and Home Insurance coverage, you have access to a wide range of property and liability protection through **Farmers®**. You can choose to enroll in one or multiple lines of coverage. Coverage options include:

- Auto
- Home
- Renter's
- Boat
- And more

You can pay for these benefits with convenient payroll deductions and take advantage of special group discount pricing. Your premium will be based on your individual circumstances. In addition, you may be eligible for other discount programs, such as New Home, Non-Smoking, Good Student and Payroll Deduction discounts.

You can start, stop or make changes to your coverage at any time during the year. To enroll or change coverage, contact Farmers at **800-438-6381**.

### Pet Insurance

GPC offers Pet Insurance through **MetLife Pet** to help cover your pet's ongoing or unexpected veterinary expenses, allowing you to focus on your pet's health rather than costly vet bills.

- Flexible options include:
  - ▶ A choice of deductibles ranging from \$0 to \$2,500
  - ▶ Coverage that pays for up to 90% of costs
  - ▶ Coverage for preventive care
  - ▶ Telehealth services
- Use any licensed veterinarian and enjoy discounts on pet care services and supplies of up to 30%.

Enroll in Pet Insurance at any time for coverage for 2025. Visit [metlife.com/getpetquote](https://www.metlife.com/getpetquote) or call **1-800-438-6388**.

### Disability Plans

The GPC Disability Plans provide financial protection if you cannot work because of a personal illness, injury, disease or pregnancy.

#### Short-Term Disability (STD) Plan

If you are a full-time employee, you are eligible for the Short-Term Disability (STD) Plan **at no cost to you**. Your enrollment is automatic upon eligibility. Your benefit percentage and duration is based upon your length of employment and may continue for up to 26 weeks.

#### Long-Term Disability (LTD) Plan

If you are a full-time employee, you are also eligible for the Long-Term Disability (LTD) Plan **at no cost to you**. The LTD Plan is administered by **New York Life**.

Eligibility for the Plan begins after one year of service, at which time you will be automatically enrolled. If you are disabled and unable to work for six months or longer, the Plan provides a monthly benefit of 60% of your earnings, subject to the minimum monthly benefit of \$100 and a maximum monthly benefit of \$20,000.



## GPC Employee Stock Purchase Plan

The GPC Employee Stock Purchase Plan makes it easy to become a shareholder of the Company and share in its potential future growth and profitability.

All employees may participate in the Plan, which is administered by **Morgan Stanley**. Here's how it works:

- You decide how much to invest using after-tax payroll deductions.
- Computershare purchases stocks on your behalf each month, and dividends are reinvested in your account.
- GPC pays any account setup fees with Computershare, but you are responsible for other transaction fees, commissions on sales and other applicable charges.

You can enroll or change your elections throughout the year.

## GPC 401(k) Savings Plan

The 401(k) Savings Plan helps you build a secure financial future with tax advantages. We offer all employees who are age 18 or older the opportunity to participate in the GPC 401(k) Savings Plan after 60 days of continuous employment.

You may contribute to the Plan through pre-tax contributions, Roth after-tax contributions or a combination of both.

In addition, GPC provides a Company match of 100% up to the first 5% of pay on employee contributions to the Plan. You can enroll or change your elections throughout the year.

## IonTuition

From choosing a college to paying down your student loan debt, take advantage of the financial tools available through the IonTuition student loan benefit program. This web-based program is available **at no cost** to all GPC employees and their families.

## Purchasing Power®

When making big-ticket purchases, you usually have two payment options: cash or credit. With Purchasing Power, you have a third option.

- Purchasing Power offers a wide range of brand-name products including fitness equipment, computers and electronics, home appliances, furniture, tires, and more!
- When you use the Purchasing Power website to shop, there are no credit checks, no down payments or hidden fees. Your personal spending limit is based on your salary and your length of service with GPC.
- While not a discount program, you'll always know the total product cost upfront. And, unlike layaway programs, you don't have to wait to get your order.
- Pay—directly from your paycheck—with fixed payments up to 12 months.

### What It Costs

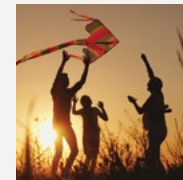
Sign up for **free** at [purchasingpower.com/gpc](https://purchasingpower.com/gpc).

**Note:** Available to all full-time and part-time employees. You must have at least **12 months of service** and an **annual pay of at least \$16,000**.



### FOR MORE INFORMATION

Visit the Financial Security section of **GPC Connect**.



## Life and Accidental Death & Dismemberment (AD&D) Insurance

Life and AD&D Insurance pay your beneficiary a lump-sum benefit in the event of your death or injury based on the amount of coverage you had before the event. This coverage is administered by **Securian Financial**.

### Basic Employee Life and AD&D Insurance

GPC automatically provides Basic Employee Life and AD&D Insurance coverage for all benefits-eligible employees — at **no cost to you**.

### Optional AD&D Insurance

You can elect Optional AD&D Insurance for yourself only or for you and your dependent(s). The levels of coverage you can elect are:

- Employee: Increments of \$10,000, up to a maximum of \$500,000
- Employee and dependent(s):
  - ▶ If you have a spouse only: Your spouse’s coverage equals 50% of the coverage amount elected.
  - ▶ If you have child(ren) only: Each child’s coverage equals 15% of the coverage amount elected to a maximum of \$50,000 per child.
  - ▶ If you have a spouse and child(ren): Your spouse’s coverage equals 40% of the coverage amount elected, and each child’s coverage equals 10% of the coverage amount elected to a maximum of \$50,000 per child.

You can enroll or change your elections throughout the year.

2025 Optional AD&D Insurance Coverage Rates	
	MONTHLY RATES PER \$1,000 OF COVERAGE
Employee	\$0.019
Employee + Dependent(s)	\$0.027

### Optional Life Insurance

You can elect Optional Life Insurance for you, your spouse and/or your children. As with Optional AD&D Insurance, you can enroll or change your elections throughout the year. The levels of coverage you can elect are:

- Employee: Up to eight times your annual earnings, to a maximum of \$1.5 million
- Spouse: Up to \$10,000
- Child(ren): Up to \$5,000

2025 Optional Employee Life Insurance Rates	
EMPLOYEE AGE AS OF JANUARY 1 OF CURRENT YEAR	MONTHLY RATES PER \$1,000 OF COVERAGE
Under 25	\$0.044
25-29	\$0.054
30-34	\$0.072
35-39	\$0.080
40-44	\$0.084
45-49	\$0.130
50-54	\$0.199
55-59	\$0.367
60-64	\$0.588
65-69	\$1.132
70-74	\$2.060
75+	\$2.060

2025 Optional Dependent Life Insurance Rates	
SPOUSE AGE AS OF JANUARY 1 OF CURRENT YEAR	MONTHLY RATES PER \$1,000 OF COVERAGE
Under 25	\$0.050
25-29	\$0.060
30-34	\$0.080
35-39	\$0.090
40-44	\$0.100
45-49	\$0.150
50-54	\$0.230
55-59	\$0.430
60-64	\$0.660
65-69	\$1.270
70-74	\$2.060
75+	\$2.060
<b>CHILD(REN)</b>	
All ages	\$0.052



#### FOR MORE INFORMATION

Visit the Financial Security section of **GPC Connect**.



# Your Benefit Resources

About	Contact	Phone	Online
<b>Benefits Enrollment</b>	GPC Benefit Plan Services	844-305-9663	GPC Benefit Plan Services at <a href="https://gpcbenefitsconnect.ehr.com">gpcbenefitsconnect.ehr.com</a>
<b>Medical Plan</b>	Aetna	833-899-2045	<a href="https://aetna.com">aetna.com</a>
	BlueCross and BlueShield of Alabama	866-208-4945	<a href="https://bcbsal.org/gpc">bcbsal.org/gpc</a>
	UnitedHealthcare	888-607-5217	<a href="https://myuhc.com">myuhc.com</a>
<b>Prescription Drug Program</b>	Express Scripts	800-849-9076	<a href="https://express-scripts.com">express-scripts.com</a>
<b>Health Savings Account (HSA)</b>	Optum Bank	866-234-8913	<a href="https://optumbank.com">optumbank.com</a>
<b>Diabetes Management Program</b>	Livongo	800-945-4355	<a href="https://join.livongo.com/gpc">join.livongo.com/gpc</a>
<b>Transcarent Surgery Care Program</b>	Transcarent	888-895-3374	<a href="https://webapp.transcarent.ai/activate">webapp.transcarent.ai/activate</a>
<b>Hypertension Management Program</b>	Livongo	800-945-4355	<a href="https://easy.livongo.com">easy.livongo.com</a>
<b>Exercise Therapy Program</b>	Hinge Health	855-902-2777	<a href="https://hingehealth.com">hingehealth.com</a>
<b>Employee Assistance Program (EAP)</b>	GPC Life Resources	844-472-0080	<a href="https://gpccliferesources.com">gpccliferesources.com</a>
<b>Dental Plan</b>	Delta Dental	800-521-2651	<a href="https://deltadentalins.com/gpc">deltadentalins.com/gpc</a>
<b>Vision Plan</b>	EyeMed Vision Care	800-334-7591	<a href="https://eyemedvisioncare.com">eyemedvisioncare.com</a>
<b>Flexible Spending Accounts (FSAs)</b>	Via Benefits	800-953-5395	<a href="https://viabenefitsaccounts.com">viabenefitsaccounts.com</a>
<b>Quit For Life Tobacco Cessation Program</b>	Quit For Life	866-784-8454	<a href="https://quitnow.net/gpc">quitnow.net/gpc</a>
<b>Purchasing Program</b>	Purchasing Power	888-923-6236	<a href="https://purchasingpower.com/gpc">purchasingpower.com/gpc</a>
<b>Legal Services Plan</b>	MetLife Legal	800-821-6400	<a href="https://info.legalplans.com">info.legalplans.com</a> Access code: 9400010
<b>Identity Protection Program</b>	Allstate	800-789-2720	<a href="https://infoarmor.com">infoarmor.com</a>
<b>GPC 401(k) Savings Plan</b>	GPC Retirement Plan Services	866-415-3395	<a href="https://gpcretirementplanservices.com">gpcretirementplanservices.com</a> or Financial Security section of GPC Connect
<b>Student Loan Benefit Program</b>	IonTuition	855-456-2656	Financial Security section of GPC Connect
<b>Life And Accidental Death &amp; Dismemberment (AD&amp;D) Insurance</b>	Securian Financial	800-872-2214	<a href="https://lifebenefits.com/GPC">Lifebenefits.com/GPC</a>
<b>Employee Stock Purchase Plan</b>	Morgan Stanley	877-380-7793	<a href="https://shareworks.com">shareworks.com</a>
<b>Auto and Home Insurance</b>	Farmers	800-438-6381	<a href="https://myautohome.farmers.com">myautohome.farmers.com</a>
<b>Pet Insurance</b>	MetLife Pet	800-438-6388	<a href="https://metlife.com/getpetquote">metlife.com/getpetquote</a>
<b>Tuition Reimbursement</b>	GPC Employee Service Center	800-393-1998	Career & Development section of GPC Connect
<b>Accident, Critical Illness and Hospital Indemnity Insurance</b>	Voya Financial	877-236-7564	<a href="https://voya.com/claims">voya.com/claims</a>



*The benefits described are available to GPC employees and their eligible dependents who meet the eligibility requirements of the corresponding benefit plans. Receipt of this information does not guarantee eligibility or benefits coverage. The plan documents provide a full description of the benefits offered and will always govern if there is a discrepancy between this guide and any of the plan documents. To obtain a copy of the Summary Plan Description (SPD) for each plan, contact your Human Resources Department or go to GPC Benefit Plan Services. Employees who are members of a labor union may not be eligible to participate in all of the benefit plans or services described in this guide. Check your current labor contract for details.*

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