

# GRAHAM PACKAGING COMPANY

## 2026 BENEFITS AT A GLANCE

### FULL-TIME SALARIED EMPLOYEES

BENEFIT PLAN	COVERAGE DESCRIPTION	CONTACT INFORMATION
Medical/Prescription Drug*	Choice of three PPO plans including an option with a Healthcare Spending Account (HSA) and an option with a Health Reimbursement Account (HRA). Prescription drug coverage included in each option. Wellness credits available pending your participation in a biometric screening, health assessment, and several other activities to offset medical plan cost. You share the cost of coverage on a pre-tax basis.	Medical: BlueCross Blue Shield of IL Prescription Drug: Prime Therapeutics 855.809.3034 <a href="http://www.bcbsil.com">www.bcbsil.com</a>
Dental	PPO plan that allows you to use any dentist you wish; however, using an in-network dentist reduces your out-of-pocket costs. You share the cost of coverage on a pre-tax basis.	Delta Dental 800.323.1743 <a href="http://www.deltadentalil.com">www.deltadentalil.com</a>
Vision	PPO plan that provides greater savings if you use an in-network eye care professional. You pay the cost of coverage on a pre-tax basis.	VSP 800.877.7195 <a href="http://www.vsp.com">www.vsp.com</a>
Life Insurance/Accidental Death & Dismemberment (AD&D)	You receive <b>company-paid</b> Life and AD&D Insurance equal to 1.5 times your annual base pay to a maximum of \$750,000. You may purchase additional Life and AD&D coverage for yourself and your eligible dependents for an additional cost. You pay the cost of additional coverage on a post-tax basis.	Voya 800.955.7736 <a href="http://www.voya.com">www.voya.com</a>
Short Term Disability (STD)	This <b>company-paid</b> benefit provides you with two weeks (14 days) of Salary Continuation and up to an additional 24 weeks of benefits equal to 60% of your pre-disability earnings (up to \$3,600 per week) for a non-work-related illness or injury. You have the option to buy-up to an 80% benefit. You pay the cost of the buy-up option on a post-tax basis.	New York Life 888.842.4462 <a href="http://www.mynylgbs.com">www.mynylgbs.com</a>
Long Term Disability (LTD)	This <b>company-paid</b> benefit provides you with a benefit equal to 60% of your pre-disability earnings (up to \$15,000 per week) for a non-work-related illness or injury after an elimination period of 180 days. You have the option to buy-up to a 70% benefit. You pay the cost of the buy-up option on a post-tax basis.	New York Life 888.842.4462 <a href="http://www.mynylgbs.com">www.mynylgbs.com</a>
Health Care Flexible Spending Account (HCFSA)	The HCFSA offers you a tax-free way to receive reimbursement for eligible out-of-pocket healthcare expenses you incur throughout the plan year. Account balances between \$50 and the IRS annual maximum can be rolled over to the next Plan Year.	WEX 866.451.3399 <a href="http://www.wexinc.com">www.wexinc.com</a>

\*May be subject to tobacco and/or spouse surcharge.

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Dependent Day Care Flexible Spending Account (DCFSA)	The DCFSA offers you a tax-free way to pay yourself back for eligible dependent day care expenses throughout the year. Account balances can't be rolled over to the next Plan Year.	WEX 866.451.3399 <a href="http://www.wexinc.com">www.wexinc.com</a>
Employee Assistance Program (EAP)	The EAP provides <b>free, confidential</b> support, 24 x 7 counseling and resources to help you and your family members cope with life's challenges such as family and relationship issues, drug and alcohol abuse, anger management and stress. Services for dependent care and eldercare referral are also available. A free Tobacco Cessation program is available through the EAP provider.	ComPsych 866.511.3359 <a href="http://www.guidanceresources.com">www.guidanceresources.com</a>
Adoption Assistance Program	The Company reimburses an eligible employee up to \$7,500 for qualifying adoption-related expenses. The program provides reimbursement for a maximum of two adoptions throughout the duration of an employee's tenure with Graham.	Benefits Department <a href="mailto:gpcbenefits@grahampackaging.com">gpcbenefits@grahampackaging.com</a>
Parental Leave	The Company provides up to two (2) weeks of Paid Parental Leave following the birth of an employee's child (natural birth or through surrogacy) or the placement of a child with an employee in connection with adoption or foster care.	Contact your HR Manager
Advantage Benefit Plans (ABP)	A suite of <b>employee-paid</b> benefits that do not replace your core benefits, but instead complement your core benefits and provide you with additional financial support and income protection to help with expenses not paid by your core benefit plans. These plans include but are not limited to, Accident, Critical Illness, Hospital Indemnity, and Group Universal Life Insurance, Identity Theft Protection and Legal Coverage.	Mercer Benefits 877-345-2232 <a href="http://www.gpcadvantagebenefits.com">www.gpcadvantagebenefits.com</a>
401(k)	The Company matches 100% of the first 6% of the pay you contribute to the plan through salary deferral each pay period. You will be automatically enrolled at a 4% contribution shortly after your hire date, if you take no action to enroll or to opt out.	Principal Financial Group 800.547.7754 <a href="http://www.principal.com">www.principal.com</a>
Education Assistance Program	Assistance in furthering your education is available to eligible employees based on approval from their manager. The Company will reimburse eligible employees and pre-approved courses up to \$5,250 per calendar year (non-taxable income).	Contact your HR Manager

*Continue to the next page to view the 2026 per-pay benefit costs.*

## 2026 PER-PAY BENEFIT COSTS

### MEDICAL/PRESCRIPTION DRUG PLANS

COVERAGE TIER	PPO	PPO + HRA	PPO + HSA
Frequency	Bi-Weekly	Bi-Weekly	Bi-Weekly
Employee Only	\$120.68	\$111.88	\$101.18
Employee & Spouse	\$253.94	\$234.96	\$212.49
Employee & Child(ren)	\$228.70	\$212.51	\$192.17
Employee & Family	\$363.58	\$332.47	\$300.75

### DENTAL PLAN

COVERAGE TIER	
Frequency	Bi-Weekly
Employee Only	\$6.35
Employee & Spouse	\$14.68
Employee & Child(ren)	\$13.24
Employee & Family	\$20.94

### VISION PLAN

COVERAGE TIER	
Frequency	Bi-Weekly
Employee Only	\$2.57
Employee & Spouse	\$5.13
Employee & Child(ren)	\$5.48
Employee & Family	\$8.77