



2026 Benefits Guide Maryland Heights PPPWU



Graham
Packaging

This publication contains important information about
your employee benefit program.

Please read thoroughly.



Introduction

Welcome to Graham Packaging Company's (GPC's) Benefits Program. For our valued employees, we offer a comprehensive, flexible, and competitive benefits package designed with your health and well-being in mind. GPC's benefits provide you with choice, plus tools and resources to remain healthy, protect your income, build financial security, and balance your work and personal life.

Please take time to thoroughly read this guide to ensure you understand the benefits, resources, and tools and how they work together to support you and your family in maintaining your health and financial well-being. In addition, information regarding enrolling and making changes to your benefits is included in this guide.

Summary Plan Description and Disclaimer

The Benefits Guide is part of the Graham Packaging Summary Plan Description (SPD). Please read it carefully and keep it for future reference with your copy of the SPD, available online at www.gpcbenefits.com. To request a hard copy of the SPD, please contact the Graham Benefits Center at 877.878.9898.

If there are any differences between this guide and the Plan Document, the Plan Document will govern. The Company may change the level of benefits provided under the Plan at any time without prior notice. If a change is made, benefits for claims incurred after the date the change takes effect will be paid according to the revised plan provision. In other words, once a change is made, there are no rights to benefits based on earlier plan provisions.

Table of Contents

Introduction	1
Enrollment Checklist	4
Eligibility & Enrollment	5
Eligible Dependents	5
Mid-Year Enrollment Changes	5
Qualified Life Events	5
Medical	6
Provider Finder® is BCBSIL's Online Provider Directory	6
Medical Plan Overview & Costs	7
Additional Medical Plan Benefits	8
Medical Plan Surcharges	9
Prescription Drug Coverage Overview	10
Wellness Program – Well4Life	11
Dental Plan	12
Vision Plan	13
Healthcare Spending Accounts	14
Healthcare Flexible Spending Account Overview	14
Combination Flexible Spending Account Overview	14
PPO + Health Reimbursement Arrangement/Healthcare Account (HRA/HCA) Plan	15
PPO High Deductible Health Plan (PPO HDHP)	15
Comparison of Healthcare Spending Accounts	15
Dependent Care Flexible Spending Account (DCFSA)	16
Basic Life & Accidental Death & Dismemberment (AD&D) Insurance	17
Short-Term Disability (STD)	17
Employee Assistance Program (EAP)	18
Advantage Benefit Plans	19
Employee Savings Plan for Graham Packaging 401(k)	21
Additional Services from Principal	21
Appendix	23
Rate Sheet	23
Dependent Verification Documents	25
Benefit Contact Information	26
Enrollment Instructions	27
For the Hearing or Speech Impaired	28
Glossary of Terms to Know	29

Enrollment Checklist

- ☐ Understand the differences between the medical plans and your out-of-pocket costs for each plan.
- ☐ Be prepared to answer questions regarding tobacco and nicotine use for you and your spouse if enrolling in medical coverage.
- ☐ Confirm whether your spouse has access to other employer-sponsored coverage.
- ☐ Learn how contributing to a Flexible Spending Account (FSA) can be tax advantageous.
- ☐ Review how the Well4Life wellness program works and make plans for you and your spouse, if enrolled in the medical plan, to participate.
- ☐ Understand the company-provided benefits such as life insurance, disability, and the employee assistance program (EAP).
- ☐ Consider enrolling in one or more Advantage Benefit Plans to supplement your core coverage (ex. medical, dental, life) and further customize your benefit coverage to meet the needs of you and your family.
- ☐ Determine your beneficiaries for your Life and AD&D coverage. Beneficiaries can be updated throughout the year.
- ☐ Confirm Social Security numbers and dates of birth for dependents you plan to enroll in your benefits.
- ☐ If you are adding dependents to your coverage, gather the required documentation listed on page 26.
- ☐ Enroll online! Go to www.gpcbenefits.com. Enter your site password, **mdheights**, and click on "New Hire Resources" and then click "Enroll Now" or call the Graham Benefits Center at 877.878.9898. You have 31 days from your hire date to enroll. Another option is to enroll via your mobile device. Download the EmpyreanGO mobile app from your mobile device -- Use the Company Name: Graham.
- ☐ After enrolling, continue through the verification process and review your elections. **Finalize your elections by clicking "Submit My Elections" then click "Accept"**.
- ☐ A confirmation number will be assigned on the next page. Print or save a copy of your confirmation statement.
- ☐ Review your 401(k) participation by accessing www.principal.com or calling Principal at 800.547.7754, to ensure your contribution is set to the percent you want. Be sure you list your beneficiary(ies).

Eligibility & Enrollment

As a full-time Graham Packaging employee who works at least 30 hours a week, you are eligible for benefits upon the satisfaction of at least 30 calendar days of employment for the Company. Once eligible, coverage will begin the 15th of the month following the month in which you attain eligibility status. You have choices to make about:

- ▶ Medical/Prescription Drugs
- ▶ Spouse/Domestic Partner Surcharge
- ▶ Tobacco/Nicotine Pledge
- ▶ Dental
- ▶ Vision
- ▶ Spending Accounts—Flexible Spending Account (healthcare and/or dependent day care)
- ▶ Advantage Benefit Plans

If you do not take action to enroll in benefits, you will receive the following company paid benefits:

- ▶ Basic Life & AD&D
- ▶ Disability
- ▶ Employee Assistance Program (EAP)

Eligible Dependents

You may also enroll your eligible dependents in some benefits, including your:

- ▶ Legal Spouse/Domestic Partner
- ▶ Children Under the Age of 26
 - **Dependent children include:** your biological children, stepchildren, and legally adopted children. Additionally, any child for whom you are responsible under a court order such as a foster child, grandchild, or a child placed in your home for adoption are eligible under the Plan.
- ▶ Disabled Children Over Age 26

If your spouse or adult dependent works for GPC, you cannot enroll them in a GPC benefit plan that they elected. For example, if your spouse enrolled in a GPC medical plan you are not able to enroll them in your GPC medical coverage.

These rules also apply to supplemental life/AD&D, accident insurance, critical illness, hospital indemnity and group universal life. If you have any questions regarding this provision, contact the Graham Benefits Center at 877.878.9898.

Mid-Year Enrollment Changes

When you have a Qualified Life Event (QLE) that may affect your benefit coverage, you have 31 calendar days from the event date to make changes. Changes can be made online, via the mobile app, or by calling the Graham Benefits Center. If you don't make a QLE change within 31 days of the date of the event, you will not be allowed to make a change until the next open enrollment period. The deadline is not flexible. It's an IRS requirement. **You do not have to wait for the Social Security number to be assigned to enroll a newborn.** Newborns must be enrolled within the first 31 days of their date of birth.

Qualified Life Events

- ▶ Marriage, divorce, legal separation, annulment, or termination of domestic partnership; The beginning of a domestic partnership;
- ▶ Birth, adoption or placement for adoption, or foster care of a child;
- ▶ Any event that changes your employment status or the employment status of your spouse, domestic partner, or dependent, such as terminating or commencing employment, the beginning or ending of an unpaid leave, or change of employment classification (for example, part-time to full-time or vice versa);
- ▶ Your spouse or domestic partner acquires or loses coverage through their employer;
- ▶ Your child gains or loses eligibility for your coverage; or
- ▶ Your dependent spouse, domestic partner, or child dies.

The change being made will be effective as of the QLE date once all required documents are received within the allowed time period. The change must be due to, and consistent with, your QLE. Following notification of the QLE, all payroll deduction changes will be made as soon as administratively possible on a prospective basis.

Medical

Medical Plan Provider—BlueCross BlueShield of Illinois (BCBSIL)

Choosing the plan that is best for you begins by evaluating your medical options. All plans offered are Preferred Provider Organizations (PPOs). They allow you to receive services in-network and out-of-network. Covered services are paid at a higher rate if you use an in-network provider. Additionally, the type of reimbursement account you are eligible for will be determined by the medical plan you select. Using a reimbursement account may save you money by providing a tax advantage when using the account to pay for eligible expenses. Available reimbursement accounts include a **Healthcare Flexible Spending Account (HCFSA) or a Health Reimbursement Arrangement/Health Care Account (HRA/HCA)**

Here are how the medical plans are the same. They all:

- ▶ Are PPOs. See column two of this page on how PPOs work.
- ▶ Cover the same services and supplies, including 100% in-network Preventive care coverage.
- ▶ Have the same network of doctors, hospitals, and providers who deliver care at negotiated prices.

Here are how the plans are different:

- ▶ The deductibles, copays, and out-of-pocket expense limits may apply to prescription drugs differently.
- ▶ Employee per-pay contributions vary.
- ▶ When you are in the PPO + HRA/HCA and you incur out-of-pocket costs for medical or prescription drugs, **your HRA/HCA is automatically debited for those costs.** If you elect to participate in the Healthcare FSA, you cannot make the choice to use your Healthcare FSA instead of your HRA/HCA for these costs.
- ▶ When you are in the PPO High Deductible Health Plan (PPO HDHP) you pay first dollar for all medical and Prescription drugs until your deductible is met.

ID Cards

Upon enrolling in the BCBSIL plan, you will receive an ID card.

- ▶ If you are enrolled in Employee Only coverage, you will receive one card.
- ▶ If you are enrolled with one or more dependents, you will receive two cards.

All ID cards will show the enrolled employee's name. You may request ID cards from BCBSIL or you may download a new card at bcbsil.com

How a Preferred Provider Organization (PPO) Works

Each time you need medical care, you have a choice to:

- ▶ **Go to a participating network provider and receive higher levels of benefits.** When you choose a provider who participates in the plan's network, also called a "preferred provider", the plan pays a higher percentage of the cost after your deductible, copay, and coinsurance. When you reach your out-of-pocket limit, the plan pays 100% of the cost for all eligible charges until the end of the Plan Year.
- ▶ **Go to an out-of-network provider and receive lower benefits.** You have the flexibility to choose a provider outside the plan's network. When you use a provider outside the network, you pay a higher deductible, and the plan pays a lower percentage of the reasonable and customary (R&C) cost for eligible charges until you reach the annual out-of-pocket expense limit. R&C cost is the amount considered to be reasonable in your geographic area for the same service, as determined by BCBSIL. After you've reached the plan's out of pocket limit, the plan then pays 100% of the R&C charges for all eligible charges through the end of the Plan Year. Additionally, you may be responsible for paying the cost for all services up-front and submitting claim forms to be reimbursed.

Provider Finder ® is BCBSIL's Online Provider Directory

You can find a physician by logging on to Blue Access for Members www.BCBSIL.com. Use Provider Finder ® to locate a network doctor, hospital, or other healthcare provider and get driving directions. You can also find a doctor by calling BCBSIL at 855.809.3034.

Medical Plan Overview & Costs

	PPO	PPO + HRA/HCA	PPO HDHP
Deductible (Single/Family) In-Network	\$1,500/\$3,000	\$3,000/\$6,000	\$3,500/\$7,000
Deductible (Single/Family) Out-of-Network	\$3,000/\$6,000	\$6,000/\$12,000	\$7,000/\$14,000
Account Funding (Single/Family)*	N/A	\$400/\$800	\$N/A**
Medical Out-of-Pocket Maximum (Single/Family) In-Network	\$4,500/\$9,000	\$5,000/\$10,000	\$7,000/\$14,000
Medical Out-of-Pocket Maximum (Single/Family) Out-of-Network	\$9,000/18,000	\$10,000/\$20,000	\$14,000/\$28,000
Coinsurance You Pay (In/Out)	20%/40%	20%/40%	20%/40%
Office Copay (PCP/Specialist)	\$25/\$50	Deductible then coinsurance	Deductible then coinsurance
ER Copay	Deductible then coinsurance	Deductible then coinsurance	Deductible then coinsurance
Inpatient Hospital Copay	\$250 Copay and deductible then coinsurance	\$250 Copay and deductible then coinsurance	Deductible then coinsurance
Diagnostic Test	Deductible then coinsurance	Deductible then coinsurance	Deductible then coinsurance
Imaging (CT/PET Scans, MRIs)	Deductible then coinsurance	Deductible then coinsurance	Deductible then coinsurance
Facility/Physician/Surgeon Fees	Deductible then coinsurance	Deductible then coinsurance	Deductible then coinsurance
Emergency Transportation	Deductible then coinsurance	Deductible then coinsurance	Deductible then coinsurance
Urgent Care	Deductible then coinsurance	Deductible then coinsurance	Deductible then coinsurance
Mental/Behavioral Health/Substance Abuse Outpatient Services	Deductible then coinsurance	Deductible then coinsurance	Deductible then coinsurance
Mental/Behavioral Health/Substance Abuse Inpatient Services	Copay, then deductible and coinsurance	Copay, then deductible and coinsurance	Deductible then coinsurance
Prenatal and Postnatal Care	Deductible then coinsurance	Deductible then coinsurance	Deductible then coinsurance
Delivery and all Inpatient Services	Copay, then deductible and coinsurance	Copay, then deductible and coinsurance	Deductible then coinsurance
Durable Medical Equipment	Deductible then coinsurance	Deductible then coinsurance	Deductible then coinsurance
Hospice Services	Deductible then coinsurance	Deductible then coinsurance	Deductible then coinsurance
Preventive Services	Covered 100%	Covered 100%	Covered 100%

2026 Weekly Contributions

Coverage Tier	PPO	PPO + HRA/HCA	PPO HDHP
Employee Only	\$60.34	\$55.94	\$50.59
Employee + Spouse	\$126.97	\$117.48	\$106.24
Employee + Child(ren)	\$114.35	\$106.26	\$96.08
Employee + Family	\$181.79	\$166.23	\$150.37

* Company funding for the HRA is reduced by 50% for coverage effective July 1 and after.

** The PPPWU group is not eligible for a Health Savings Account because it has access to a Health Reimbursement Account through the Union.

If there are any differences between this enrollment guide and the Plan Document, the Plan Document will govern. The company may change the level of benefits provided under the Plan at any time. If a change is made, benefits for claims incurred after the date the change takes effect will be paid according to the revised plan provision. In other words, once a change is made, there are no rights to benefits based on earlier plan provisions.

Medical Plan Rules

- For the PPO, the PPO + HRA/HCA and the employee only PPO HDHP you must meet the individual deductible before the Plan pays any non-preventive medical expenses.
- For all other tiers in the PPO HDHP the entire family deductible must be satisfied before any family member receives benefits from the plan (e.g. coinsurance begins).
- Preventive medical services are covered at 100%. For a list of preventive medical services, please visit the GPC Benefits Website at www.gpcbenefits.com. Select **Benefits Details** and then select **Preventive Services**.

Additional Medical Plan Benefits

Telemedicine Provider—MDLIVE

If you are enrolled in one of Graham Packaging's medical plans, you can receive medical care in the privacy of your own home or while traveling for work or on vacation in the U.S.! With Virtual Visits (powered by MDLIVE), you have access to board certified doctors, counselors, and therapists by phone or video conference. MDLIVE is available 24 hours a day, even on the weekends and holidays. MDLIVE doctors can diagnose and prescribe medications for many common ailments. **NOTE: There are some service limitations if traveling to New Mexico or Washington DC.**

Consultations are \$20 for employees and dependents that are enrolled in the Company's PPO and PPO + HRA/HCA medical plans. If you are enrolled in the PPO High Deductible medical plan, you will pay \$48 for each visit until you satisfy the PPO High Deductible medical plan deductible. After that time, you will be charged \$20 per visit.

You do not need to be enrolled in Graham Packaging's medical plans to utilize this benefit, although you will be required to pay the higher retail rates if you choose to use this service. The costs for MDLIVE retail direct services are indicated on its website. To view these rates, activate an account at www.mdlive.com/BCBSIL or call 888.676.4204.

Hinge Health

Pain Management Program

Any member of Graham's medical plan who suffers from chronic back, knee, hip, shoulder or neck pain is eligible to enroll. This program is 100% covered by Graham Packaging for you and your eligible dependents enrolled in a Graham medical plan.

Get access to your own health coach who will tailor the exercise therapy and education to you, your schedule, and your pace. Participants report an average pain reduction of over 60% and it only takes 45 minutes per week! Click [here](#) to learn more and apply or call 855.902.2777.

WondrHealth

Wondr is an online weight loss program that focuses on when and how you eat instead of what you eat, allowing you to still eat the foods you love while losing weight and improving your health. There are no points to count or food groups to avoid. The program is conveniently delivered online, so there are no meetings to schedule – just log on when it's convenient for you and start losing weight.

You'll also have access to their mobile app, where you can watch your lessons, chat with Wondr Health coaches, connect with our online community of other participants, and more, making weight loss and overall health improvements on the go.

Wondr is offered at no cost to employees, spouses and covered dependents age 18 and over enrolled in a Graham medical plan. To enroll, visit www.wondrhealth.com/grahampackaging.

Prenatal Program

Special Beginnings. A prenatal program is available to BCBSIL members. If someone in your family is expecting a baby, the Special Beginnings program will help guide the mother through her pregnancy and will provide access to valuable resources. Enrollment is easy and confidential. Just call the toll-free number on the back of your BCBSIL ID card. Take good care of mom and baby—enroll in Special Beginnings today!

Nurse Line

Call 24 hours a day/7 days a week (24/7) at

800.299.0274. It's hard to know what to do about certain illnesses or injuries, especially at night or on the weekends. Should you call your doctor, go to the emergency room, or treat them yourself?

With Blue Care® Connection, you can call the Nurseline 24/7 and get information when you need it. In a matter of minutes, registered nurses can help you identify some options. Plus, you have the opportunity to learn about more than 1,200 health topics over the phone via an audio library system.

Teladoc Health: Chronic Condition Management Plus

Chronic Condition Management Plus is a one-of-a-kind approach to chronic condition management using virtual care that inspires lasting changes. The program provides you unlimited access to connected health monitoring devices, certified health coaches and support from mental health specialists – all to help manage conditions like diabetes, hypertension and prediabetes.

Teladoc Health is being offered at no cost to you or your covered dependents living with a qualifying chronic condition and coverage through a GPC medical plan. To learn more, click [here](#) or call Teladoc Health Member Support at 800-835-2362 and mention registration code GRAHAM.



Medical Plan Surcharges

Tobacco User

A \$450 per year (\$8.65 per paycheck) surcharge plus an additional \$8.65 per paycheck for your spouse/domestic partner will be added to the cost of your medical coverage if you and/or your spouse/domestic partner use tobacco or nicotine products or e-cigarettes.

If you cannot pledge that you will be tobacco and nicotine free, you can get assistance by enrolling in the ComPsych HealthyGuidance tobacco cessation program. Call ComPsych to enroll in the program. When you or your spouse/domestic partner COMPLETE the program, the surcharge will be removed as soon as administratively possible.

If it is unreasonably difficult due to a medical condition, or if it is medically inadvisable for you or your spouse/domestic partner to achieve the standards to avoid the surcharge under this program, you may be eligible to avoid the surcharge by participating in the tobacco cessation program.

Personalized Assessment, Guidance and Support

The HealthyGuidance Tobacco Cessation Program is designed to help you quit and “stay quit.” The program includes:

- ▶ Personal tobacco use and quit-attempt assessment
- ▶ Customized assistance plan based on your initial level of “readiness-to-quit”
- ▶ Strategies to help you deal with common fears about quitting smoking
- ▶ Guidance regarding the effectiveness and use of medications and over-the counter nicotine dependence products
- ▶ Stress management skills instruction
- ▶ Tips for preventing weight gain
- ▶ One-on-one telephone sessions
- ▶ Ongoing relapse prevention support

The tobacco and nicotine surcharge will apply unless you actively make the tobacco and nicotine free pledge during the enrollment process.

Spouse/Domestic Partner Surcharge

If you are enrolling your spouse/domestic partner in a GPC medical plan, you may be subject to a spouse/domestic partner surcharge. A \$1,300 per year surcharge (\$25.00 per paycheck) will be added to the cost of medical coverage for your spouse/domestic partner if:

- ▶ He/she is employed, AND
- ▶ Has access to medical coverage through his/her employer

The surcharge will not apply if your spouse/domestic partner:

- ▶ Is also a Graham Packaging employee, or
- ▶ Is employed but not eligible for medical coverage, or
- ▶ Is covered by COBRA or Medicare, or
- ▶ Is not employed or is self-employed, or
- ▶ Is covered under Graham Packaging's dental or vision plan, but not the medical plan.

Pledge for Free Today:

Online:
www.guidanceresources.com
Company ID: GRAHAM

Call: 866.511.3359
TDD: 800.697.0353

Prescription Drug Coverage Overview

Automatically included in each Medical Plan offered

	PPO	PPO + HRA/HCA	PPO HDHP
Rx Retail:			
Generic:	\$10 copay	\$25 copay	20% coinsurance with a \$150 max per script after medical deductible is met
Formulary:	\$35 copay	\$87.50 copay	
Non-Formulary:	\$70 copay	\$175 copay	
Rx Mail Order:			
Generic:	\$25 copay	Covered 100%	20% coinsurance with a \$200 max after medical deductible is met
Formulary:	\$87.50 copay		
Non-Formulary:	\$175 copay		
Preventive Drugs*	Covered 100%		Covered 100%

* Certain preventive prescription drug expenses are covered at 100%. For a list of preventive prescription drug expenses, please visit the GPC Benefits Website at www.gpcbenefits.com. The prescription drug formulary can be found under **Benefit Details**. All preventive drugs (as classified by the Affordable Care Act) are listed as "AC" in the formulary document.

Prescription Drug Provider—Prime Therapeutics

When you enroll in a GPC medical plan, you are automatically enrolled in prescription drug coverage. The cost of your prescription will depend on where you get the prescription filled and if it is a generic, preferred brand name or non-preferred brand name drug. Below is additional information on your prescription drug benefit:

- ▶ Prior authorization may be required for some medications.
- ▶ The plan is designed to save you money by substituting a generic drug where available. If you choose to purchase the brand name when a generic is available, you will pay the brand name copay plus the cost difference between the brand name and the generic drug. This penalty will still apply even if your doctor writes the prescription for the brand version of a drug when there is a generic available.
- ▶ If you or your dependents are on a maintenance medication, you can receive the first three 30-day supplies at any retail pharmacy. After three retail fills, you will be required to enroll in the mail order program or use a CVS pharmacy where you will be able to receive a 90-day supply of medication for less than the cost of a 90-day supply at retail!
- ▶ Mail order is administered through Express Scripts Home Delivery. You can create an account at express-scripts.com/rx to manage your mail order prescription drugs.

Weight Loss Management – KeepWell by Vida Health

Graham is committed to supporting your weight-loss journey including providing access to GLP-1 prescriptions for weight loss.

The KeepWell program, through Vida Health, provides comprehensive weight loss management, including telemedicine physician visits, nutrition/health coaching and clinical support.

All access to GLP-1 weight loss medicines is managed through the Vida Health program for employees and covered dependents who are at least 18 years or older who are enrolled in GPC medical plans.

Vaccines

Obtaining vaccines is a great way to protect yourself and your family. For a list of vaccines covered by the Plan for both adults and children visit the GPC Benefits Website at www.gpcbenefits.com. Select **Benefit Details** and then select **Preventive Services**. Most vaccines are no cost to you.

Contact your network pharmacy or Prime Therapeutics at 855-809-3034 to ask about:

- ▶ Vaccine availability
- ▶ Age restrictions
- ▶ Current vaccination schedules

ID Cards

Your prescription drug information is located on your BCBSIL ID card.

Wellness Program – Well4Life

Healthy employees are part of a healthy organization. That's why we provide you with an opportunity to participate in our Well4Life program powered by Asset Health. This program provides you access to a variety of resources and online courses that will help you better understand your overall health and well-being. These resources will assist you in taking a more direct and active role in the successful management of your most important asset — your health!

Program Criteria

Eligibility: Employees and their spouse/domestic partner enrolled in a GPC medical plan.

Wellness Credits: Earn \$575* (\$11.05 per pay period) pro-rated through 12/31/2026. Wellness credits help to offset your cost for medical coverage.

Earning the Credits:

- ▶ **If you enroll in a GPC medical plan between 1/1 – 8/31** you can earn wellness credits for both the 2026 and 2027 plan year:
 - **2026 Incentive:** Participate in a biometric screening and health risk assessment within 60 days of enrollment and earn \$575* in wellness credits (\$11.05 per pay period) for the remaining 2026 pay periods. These credits are applied to your 2027 wellness credit total.
 - If you complete both the biometric screening and health risk assessment within 60 days of enrollment, your wellness credits will begin as soon as administratively possible; otherwise, you will not earn a credit for 2026.
 - **2027 Incentive:** By participating in certain program activities, you will be able to earn between \$500 and \$900* in wellness credits. These credits will be applied towards the annual cost of your 2027 medical coverage.
- ▶ **If you enroll in a GPC medical plan between 9/1 – 12/31:**
 - **2026 Incentive:** Not eligible to receive wellness credits for current year.
 - **2027 Incentive:** Participate in a biometric screening and health risk assessment between January 1, 2026 – March 2, 2027, and earn wellness credits for the remaining 2027 pay periods. If both activities are not completed by 3/2/2027, you will not earn wellness credits for 2027.
- ▶ **For your spouse/domestic partner to earn the credit,** they must complete the same activities by logging into the wellness portal using their personal information.

Getting Started: Once you enroll in a GPC medical plan, visit www.gpcbenefits.com, enter your site password – **mdheights**. From the left side menu select "Well-Being". This will direct you to the wellness portal. Access the portal through a web browser via a laptop, desktop or mobile device to get started on earning your 2026 and 2027 incentive.

Login Information

- ▶ **Username:** first initial + last name + last four digits of SSN (jsmith1234)
- ▶ **Password:** date of birth (mmdyyy)

First-time users: You will be asked to change your username and password after logging in.

Questions? Contact Asset Health customer support at support@assethealth.com or 855.444.1255.

Note for Spouses: They must log in using their own information (name, last four digits of SSN, and date of birth). If your spouse has issues logging in, verify that their date of birth is correct by logging into your benefits account accessible through a link found on www.gpcbenefits.com, enter your site password - **mdheights**, click on the Graham Benefits Portal in the top right corner of the website to access the enrollment site. You will need to login. Once logged in, click on "Main Menu" then "My Profile". Scroll down on this page under the "dependent" tab to verify their date of birth is correct, if not call the Graham Benefits Center at 877-878-9898 to update your spouse's date of birth.

Once you login through a web browser, you can follow the instructions to download the mobile app through the Asset Health portal by clicking the "Mobile App" icon in the upper right corner.

* The wellness credit is considered taxable income.

Dental Plan

Dental Provider—Delta Dental of Illinois

Your dental plan covers:

- ▶ Diagnostic and preventive care, such as exams, cleanings, and x-rays
- ▶ Basic restorative and major services, such as fillings, crowns, and dentures
- ▶ Orthodontia

How the Plan Works:

You and your family members can go to any dentist. If you elect to receive treatment from a Delta Dental participating dentist, the dentist will generally submit claims for you and your out-of-pocket costs will be lower.

If you choose a dentist from within Delta Dental's network, you will save the most due to larger discounts.

When you visit an out-of-network dentist, the plan's reimbursement is based on reasonable and customary (R&C) charges. Any charges above R&C are your responsibility. R&C cost is the amount considered to be reasonable in your geographic area for the same service, as determined by Delta Dental.

Dental Plan Overview & Costs

PPO	
Deductible (Single/Family)	\$50/\$100
Preventive Care	100%
Basic Services	80%
Major Services	50%
Orthodontia	50%
Orthodontia Eligibility	Dependents to age 19*
Ortho Lifetime Maximum	\$1,500
Annual Maximum	\$1,500
2026 Contributions	
Coverage Tier	Weekly
Employee Only	\$3.17
Employee + Spouse	\$7.34
Employee + Child(ren)	\$6.62
Employee + Family	\$10.47

* If you are over age 19 and are receiving orthodontia services that have been covered by the company, you may continue treatment to the earlier treatment completion or age 26.



ID Cards

- ▶ Employee Only - Members will receive one card.
- ▶ Employee +1 or more dependents – Members will receive two cards.

Members can request additional cards by contacting Delta Dental at 800.323.1743. Members may also download a card via the mobile app or member portal at www.deltadentalill.com

Did You Know?

Children and adults are at risk for eye strain due to the growing use of digital devices. Computer Vision Strain and/or digital eye strain, are medical issues with serious symptoms that can affect learning and work productivity. It is now the number one computer-related complaint in the US—ahead of carpal tunnel syndrome.

To help protect individuals' eyes against overuse of digital devices, you should get eye exams regularly.

ID Cards

You will not receive an ID card. At your appointment, simply tell your provider you are enrolled with VSP. There are no claim forms to complete when you see a VSP participating doctor or participating retail chain.

If you do want an ID Card, once enrolled you can print one from www.vsp.com.

Vision Plan

Vision Provider—Vision Service Plan (VSP)

With VSP, you will receive a great value on your eye care and eyewear. VSP offers personalized care, great eyewear, and a choice of providers.

You'll Like What You See with VSP

- ▶ **High Quality Vision Care.** You'll get the best care from a VSP provider, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions.
- ▶ **Choice of Providers.** The decision is yours to make—choose a VSP doctor, a participating retail chain or any out-of-network provider. If you choose an eye care professional from within VSP's network, you will save the most due to larger discounts, versus going to an out-of-network eye care professional.
- ▶ **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.
- ▶ **Featured Frame Brands.** Offers expanded coverage options with an additional \$50 to spend on Featured Frame Brands at VSP network locations or on ANY frame at Visionworks.* Visit vsp50foryou.com to find your nearest VSP network or Visionworks location and start saving today!

Using Your VSP Benefit Is Easy

Create an account at www.vsp.com. When your plan is effective, review your benefit information.

Find an eye care provider who's right for you. To find a VSP provider, visit www.vsp.com or call 800.877.7195.

Vision Plan Overview & Costs

PPO	
Exam Copay	\$10
Frequency	Once/calendar year
Materials Copay	\$25
Lenses Frequency	Once/calendar year
Frames Frequency**	Once every other calendar year**
Frame Allowance	\$175
Contacts Allowance**	\$175**
2026 Contributions	
Coverage Tier	Weekly
Employee Only	\$1.28
Employee + Spouse	\$2.57
Employee + Child(ren)	\$2.74
Employee + Family	\$4.38

*Additional \$50 to spend is in addition to employee's base allowance and can't be used in conjunction with other promotional offers.

** Contact lenses are provided in lieu of all other lens and frame benefits per calendar year.

Healthcare Spending Accounts

The company offers multiple options that may save you money on your health expenses and may provide a tax advantage depending on the medical plan you select. Healthcare Flexible Spending Account (HCFSA), Combination Flexible Spending Account (CFSA) and Health Reimbursement Arrangements/Health Care Account (HRA/HCA,) offer different benefits and work differently. The medical plan you select determines which of these accounts are available to you. Take the time to choose well by learning more about each of these accounts.

HCFSA, CFSA, HRA/HCA Eligibility

- ▶ Some plans are designed to work with an HCFSA or CFSA while others provide options for an HRA/HCA. Not all spending accounts are available with each medical plan.

Healthcare Flexible Spending Account Overview

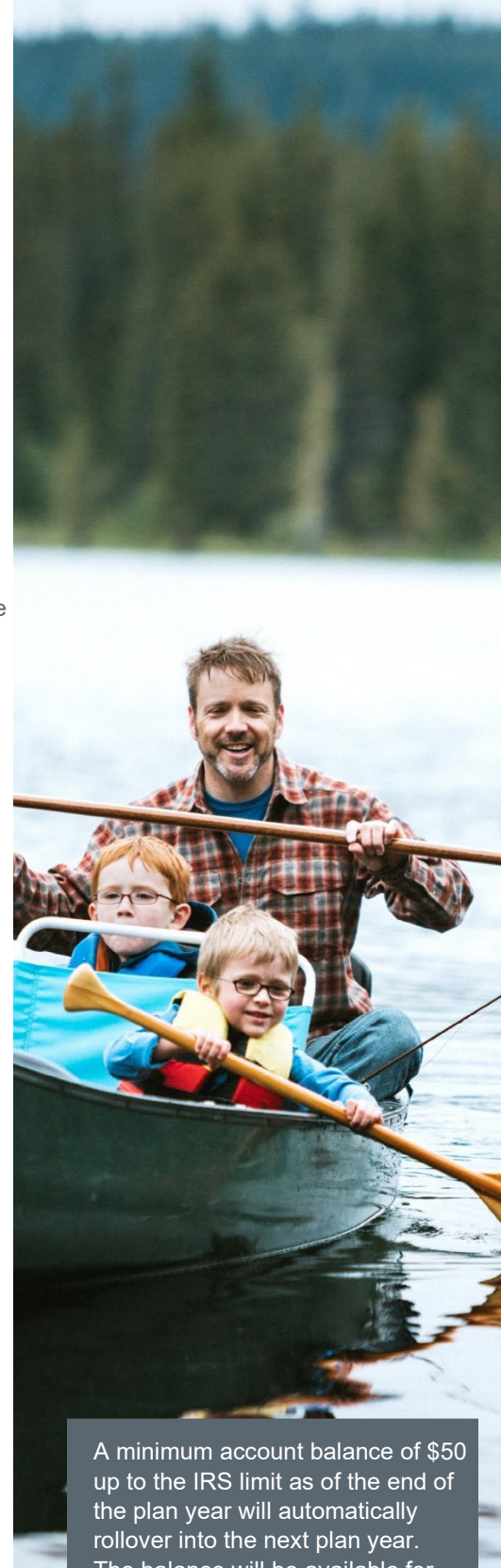
- ▶ You can elect to contribute pre-tax dollars up to the *IRS limit to use for qualified medical, dental, and vision expenses **when enrolled in the PPO or PPO + HRA medical plans.**
- ▶ Funds can be used for many eligible out-of-pocket expenses related to medical, prescription drug, dental and vision.

Combination Flexible Spending Account Overview

- ▶ You can elect to contribute pre-tax dollars up to the *IRS limit to use for qualified medical, dental, and vision expenses **when enrolled in the PPO High Deductible (HDHP) medical plan.**
- ▶ Combination FSA can be used only for dental and vision expenses until you meet the *IRS medical plan deductible (For 2026 this is \$1,700 Individual/\$3400 Family). Once this deductible is met, you must complete the **FSA Deductible Verification form** on gpcbenefits.com under "Benefit Details". Once you submit this form to WEX, the plan administrator, your account will transition to a Healthcare FSA and you may then use the funds for eligible medical and prescription drug expenses, in addition to dental and vision expenses.

Benefits of both HCFSA & CFSA Overview

- ▶ When you enroll, you will receive a "debit card" from WEX, the plan administrator. You will use this card to pay for your qualified expenses.
- ▶ **You may be asked to substantiate (validate) expenses you use the Card for, so save your receipts! Per IRS rules, failure to substantiate claims will result in your debit card being suspended and you may be taxed on the dollar amount you did not verify.**



A minimum account balance of \$50 up to the IRS limit as of the end of the plan year will automatically rollover into the next plan year. The balance will be available for use in April of next year.

For questions, call WEX at 866.451.3399.

PPO + Health Reimbursement Arrangement/Healthcare Account (HRA/HCA) Plan

- ▶ The company contributes tax-free money into a participant's account: \$400 for an individual and \$800 for a family of two or more.
- ▶ If you are hired on or after July 1st, the company will contribute \$200 for Employee only or \$400 for all other tiers of coverage.
- ▶ These funds will be used to offset your medical deductible, copay, and your prescription expenses. **Claims are automatically debited from your HRA/HCA.**
- ▶ **Save your receipts!** The IRS may request that you submit documentation to validate healthcare expenses for each of the above accounts.

With the HRA/HCA option, only the company contributes to your account; employees may not contribute funds to the HRA/HCA.

- ▶ If you do not use all the funds in your HRA/HCA, the balance will be rolled over into the new plan year as long as you remain enrolled in this plan; the maximum annual balance allowed is \$3,000, which includes an employer contribution for the new plan year.
- ▶ You can view your HRA balance by logging into your account on www.BCBSIL.com.

Comparison of Healthcare Spending Accounts

Medical Plan Elected	PPO	PPO + HRA/HCA	PPO HDHP
Account Type	Healthcare Flexible Spending Account* (HCFSAs)	Health Reimbursement Account (HRA/HCA)	Combination Flexible Spending Account (CFSA)
Enrollment	You enroll	Automatic	You enroll
Contributions Made By	You	GPC	You
Employee Annual Contribution	\$3,400	You may not contribute to the HRA	\$3,400
Employer Annual Contribution Limits	N/A	\$400 single/\$800 family	N/A
Eligible Expenses Covered	Medical, prescription drug, dental, and vision	Medical and prescription drug ONLY	Vision and dental (funds can be used for medical and drug after IRS medical deductible is met)
Debit Card Usage	Yes	No**	Yes
Funds Availability	Your entire annual contribution amount is available at the beginning of the year	GPCs contribution amount is available at the beginning of the year	Your entire annual contribution amount
Unused Funds	Min. of \$50 up to \$680 will roll over automatically***	Unused funds will rollover automatically. The max. account balance in the next plan year may not exceed \$3000 including employer annual contribution***	Min. of \$50 up to \$680 will roll over automatically***
Portability	None	None	None

* You may participate even if you waive participation in a GPC medical plan. Additionally, you cannot contribute to a HCFSAs if your spouse is making or receiving tax favored HSA contributions.

** Funds will automatically be deducted from your HRA/HCA to offset your medical deductible and prescription drug expenses.

*** If you do not participate in the plan during the next plan year, you will still have access to any rollover funds in April.



Dependent Care Flexible Spending Account (DCFSA) FSA Provider—WEX

The Company offers Healthcare and Dependent Care Flexible Savings Accounts (FSA) through WEX. If you know you are going to incur out-of-pocket expenses for healthcare and/or dependent daycare (childcare and/or eldercare) during the year, you may want to enroll in the Dependent Care Flexible Spending Account plan options.

You can use a Dependent Care FSA for eligible child and/or adult eldercare expenses while you and your spouse/domestic partner work and/or go to school full-time. Your eligible dependents include:

- ▶ Children under age 13 who you claim as dependents on your tax return, and
- ▶ Anyone age 13 or older who lives with you at least eight hours a day and needs supervised care, such as an elderly parent, disabled spouse/domestic partner, or dependent.
- ▶ You cannot change your contribution during the year unless you experience a Qualified Life Event.
- ▶ Expenses are only reimbursed for the calendar year you participate in the FSA. You have until March 31 to submit any claims that applies to the previous Plan Year.
- ▶ For dependent care, you should use all the funds in your account each calendar year. Any money left in your account after the claim deadline—March 31 for expenses from the previous calendar year—will be forfeited.

Treatment of Dependent Care FSA is based on your tax status	
Status	You can set aside...
If single or married filing jointly →	Up to \$7,500 (\$120 minimum)
If married filing jointly and your spouse/ domestic partner's employer offers a dependent care account →	Up to \$7,500 in total to the two accounts (\$120 minimum)
If your spouse/domestic partner earns less than \$5,000 per year →	Up to the amount of your spouse/domestic partner's earned income
If married filing separate returns →	Up to \$3,750



Basic Life & Accidental Death & Dismemberment (AD&D) Insurance

Life and AD&D Insurance Provider—New York Life

It is important to plan for your family's financial security in case the unexpected happens. Life insurance and accidental death and dismemberment insurance offer you and your family financial support and peace of mind in the face of unforeseen events.

Be sure to list your beneficiaries when you enroll. As personal circumstances change, be sure to keep your beneficiary information up to date.

Company Paid Basic Life & AD&D Insurance – New York Life

The Company will provide basic life insurance and AD&D insurance in the amount of \$30,000. The company also provides \$5,000 in coverage for spouse/domestic partners and \$2,500 in coverage for children. **In order for the dependent coverage to be applied, your spouse, and/or child (under age 26) must be listed in the Graham Benefits portal as your dependent.**

Age Reduction Schedule

Life and AD&D coverage amounts reduce to 65% of original amount at age 70, to 45% at age 75, and to 30% at age 80.

Short-Term Disability (STD)

Short-Term Disability Provider—New York Life

Disability insurance is designed to pay a benefit for a period of time in the event you cannot work because of an illness, surgery, or injury. This benefit replaces a portion of your income to help you meet your financial commitments. The company provides short-term disability insurance to you at no cost.

STD	
Accident	0 days
Illness	3 days
Maximum Weekly Benefit Amount	\$400
Maximum Benefit Duration	26 weeks

Employee Assistance Program (EAP)

EAP provider—ComPsych

Your emotional and physical well-being is important and because of this, the Company offers the Employee Assistance Program (EAP) **free to all employees and eligible dependents regardless of any other benefit plan participation.**

The Employee Assistance Program provides confidential resources to receive clinical counseling 24 hours a day, 7 days a week. The EAP is staffed with trained professionals who can handle a variety of counseling needs related to work or personal issues. Contact the EAP at 866.511.3359. **All information is confidential and is not shared with the Company.**

The program can provide you with a wealth of information in many areas of your life, such as family and relationships issues, including parenting skills, marriage, divorce, and communicating effectively. Emotional health services are also offered and include things such as alcohol and drug abuse assistance, anger management, stress, and grief and loss counseling. Additionally, you can receive support for financial services such as help with budgeting, debt management, and tax issues.

Services provided include:

- ▶ Up to 6 free counseling sessions per presenting issue
- ▶ Unlimited telephone financial counseling and planning
 - Budgeting
 - Debt
 - Credit
 - Tax issues
 - Retirement planning
 - Saving for college
- ▶ Unlimited telephone legal guidance
 - Family law
 - ID theft
 - Custody
 - Real estate
 - Tax questions
- ▶ 24-hour access to Master's-level clinicians
- ▶ Dependent care and eldercare referrals
- ▶ Personal and professional development workshops



Get Started Today.

Online:

www.guidanceresources.com

Company ID: GRAHAM

Call: 866.511.3359

TDD: 800.697.0353

Advantage Benefit Plans

The Advantage Benefit Plans will help you be your best and protect what matters—no matter what stage you are in with your career or life. Whether you are buying a home for the first time or looking for coverage for your four-legged friend, there's something here for everyone! You have multiple options to choose from based on your needs and the needs of those you love most.

You can enroll in Accident Insurance, Hospital Indemnity Insurance, Critical Illness Insurance, Identity Theft Protection and Legal Coverage as a new hire, during certain qualified life events and during Open Enrollment.

Enrollment

You can enroll in the following plans through the Graham Benefits Portal. For more information and to enroll, visit www.gpcbenefits.com.

Accident Insurance

Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident that occurs while you are not at work, on or after your coverage effective date. The benefit amount depends on the type of injury and care received, but includes emergency room treatment, x-rays, burns, dislocations and fractures.

Critical Illness Insurance

Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered illness or condition on or after your coverage effective date. Covered illnesses/conditions include things like diagnosis of cancer, stroke, coronary artery bypass and heart attack.

Another advantage of Critical Illness Insurance is the plan provides an annual benefit payment if you and/or your spouse/child(ren) complete a health screening test - \$100 for employee, \$100 for spouse, 50% of your benefits for each child with an annual maximum of \$200 for all children.

You have two options to choose from: Low Option and High Option. The high option provides a higher lump sum benefit and costs more.

Hospital Indemnity Insurance

Hospital Indemnity Insurance provides a fixed daily benefit payment if you have a covered stay in a hospital, critical care unit or rehabilitation facility beginning on or after your coverage effective date. Some of the benefits provided by Hospital Indemnity Insurance include a daily benefit amount for hospital admission, confinement in a critical care unit and rehabilitation facilities.

Like Critical Illness Insurance, Hospital Indemnity Insurance also provides an annual benefit payment if you and/or your spouse/child(ren) complete a health screening test - \$50 for employee, \$50 for spouse, and \$50 for each child. **NOTE: This is not health insurance and should not be selected as a replacement for health coverage.**

Group Universal Life (GUL) Insurance

What would happen to your family if you were no longer there to provide for them? Group Universal Life Insurance from Prudential helps provide the financial resources they may need to carry on. One of the advantages of Group Universal Life Insurance is that you can choose to contribute cash into a special interest-bearing, tax-deferred account. Withdrawals are often paid out tax-free, and you can access the money whenever you want and for whatever you want.¹

¹Withdrawals and unpaid loans generally reduce death benefits. In general, loans are not taxable, but withdrawals are taxable to the extent they exceed cost basis in the Certificate. Loans outstanding at certificate lapse or surrender prior to the death of the insured will cause immediate taxation to the extent of gain in the Certificate.

Identity Theft Protection

Your identity is made up of more than your Social Security number and credit score. That's why Allstate Identity Protection does more than monitor your credit reports. This benefit looks after your online activity, from financial transactions to what you share on social media—so you can protect the trail of data you leave behind.

Legal Coverage

Life events can lead to unexpected legal concerns that are difficult to handle alone. Enrolling in a legal benefits plan reduces the stress of finding and paying for an attorney when it matters most. LegalEASE offers a legal benefits plan that provides support and protection for unexpected personal legal issues. You get access to an attorney with expertise specific to your legal matter,

in- and out-of-network coverage and help from a concierge to navigate common legal issues. Pricing automatically covers the employee's spouse and unmarried dependent children.

Important things to note about the above plans:

- ▶ It is your responsibility to ensure your covered dependents are listed accurately in the enrollment system.
- ▶ Refer to the plan summaries on the GPC Benefits website under "Advantage Benefit Plans" for information on:
 - Coverage effective date
 - Eligibility and dependent age limits
 - EOI requirements
 - Coverage options
 - Coverage details

To view your weekly rates for the above plans, reference the rate table starting on page 24.

Additional Advantage Benefit Plans

Auto Insurance, Home & Renters Insurance, and Pet Insurance are also available to you and can be enrolled in/applied for year-round. For more information and to enroll, visit gpcadvantagebenefits.com.

Auto, Home & Renters Insurance

You could save on your auto, home and renters insurance by comparison-shopping coverages, prices and discounts from up to four of the top-rated auto and home insurance companies in the nation.²³ Most experts suggest you review your coverage annually to make sure you're getting the best coverage at the best price. Call the quote line at 877-345-2232, and if one of these companies offers a better value, you can switch—even if your policies haven't expired—on the same call.

Pet Insurance

You work hard to provide your family with everything they need. So, whether your family includes kids with two feet or kids with four paws, you know what responsibility looks like. Nationwide® pet insurance helps you cover veterinary expenses so you can provide your pets

with the best care possible—without worrying about the cost.⁴ My Pet Protection® is available in two reimbursement options (50% and 70%) with optional \$500 wellness coverage so you can find a plan that fits your budget.⁵

Purchasing Power

Purchasing Power is an employee purchasing program that helps you buy items you need now from our online store and pay for them over time—right from your paycheck. No credit checks. No hidden fees. Fixed payments. While Purchasing Power is not a discount program, it can save you money and stress compared to high-interest credit cards or rent-to-own stores. You will be eligible to purchase if your annual Graham Packaging Company compensation is at least \$20,000 and you have been an active employee for at least 12 months.

Employee Loan Program

BeneMoney offers you an easy way to borrow money and a responsible plan to pay it back through payroll deductions. Depending on the loan amount you're looking for, apply for a personal loan online with either the no credit check⁵ or credit check program. Funds will be deposited directly to your bank account within no more than 24 hours. You are eligible to apply for a personal loan, through the no-credit check program, if you have completed 12 months of service and earn more than \$15,000. In addition, borrowers receive 7 free financial counseling sessions, and all repayments are reported to three credit bureaus which can help you improve your credit ratings. Learn more about the program by contacting BeneMoney at 561.270.5981 or gpcadvantagebenefits.com.

²³Home insurance may not be part of the benefit offering in FL and MA.

³Employee discounts are not available from all carriers and only available to those who qualify. Coverages, discounts and billing options are subject to state availability, individual qualification, and/or the insuring company's underwriting guidelines. Individual savings may vary and are not guaranteed.

⁴These are examples of general coverage. Please review plan document for specific coverages. Some exclusions may apply. Certain coverages may be subject to pre-existing exclusion. See policy documents for a complete list of exclusions and annual limits.

⁵Please note, the "No Credit Check" option is not currently available to NJ residents.

At few things to note:

- ▶ As a new hire, you will automatically be enrolled in the company's 401(k) plan at 4% of your eligible compensation as soon as administratively possible, unless you elect otherwise. If you don't make an investment election, your contribution will be directed to the Plan's Qualified Default Investment Alternative (QDIA) based on your current age and the Plan's normal retirement date
- ▶ Your contribution will be automatically increased by 1% on January 1 of each year, unless you elect otherwise
- ▶ Graham matches 100% of the first 2% of eligible pay you contribute. Consider saving at least 2% to maximize the match!
- ▶ 50 or older? You can defer up to an additional \$7,500 per year in catchup contributions. Visit irs.gov for current contribution limits
- ▶ You are immediately vested in your own contributions and any contributions made on your behalf by Graham.
- ▶ Verify your beneficiaries often and update as needed. Just log in to principal.com/beneficiary and have your beneficiary's name, birthdate, and address available

Employee Savings Plan for Graham Packaging 401(k)

401(k) Service Provider—Principal

It's never too late to start saving for retirement. Graham Packaging provides you with the opportunity to save for your retirement with pre-tax or Roth after-tax dollars.

If you are not already contributing to your 401(k) account, start today by logging into principal.com and begin deferring 401(k) contributions. You may also contact Principal at 800.547.7754 to begin deferring.

If you are contributing, periodically review your savings strategy by signing into your account at principal.com and take advantage of the interactive Retirement Wellness Planner tool. Add external accounts and household inputs to get a complete picture of your financial health in retirement.

Additional Services from Principal

We know there's a lot to think about when it comes to your finances—both now and later. With the right knowledge, you can live well today and plan well for tomorrow. Principal Milestones can help you prioritize and make more informed decisions with financial resources in one convenient place at no additional cost to you.

To get started, visit www.principal.com/Milestones and check out the holistic financial resources.

You can do all this and more:

- ▶ Create a household budget
- ▶ Learn about managing debt
- ▶ Take a course on understanding your credit report

Estate Planning & Financial Resources

Planning for you and your family includes preparing for the unexpected. Along with designating beneficiaries for your retirement accounts, it's a good idea to have legal documents in place to ensure your wishes for the future are carried out.

Take some time to plan for your assets, for the care of minor children, and plan who will make financial and medical decisions for you in the event you are unable to do for yourself. Principal has partnered with ARAG to help you get started preparing your plan today with the Will & Legal Document Center.

Resources for help with legal documents

Having the proper documents in place can help ensure you're still in control in case something happens to you. With access to ARAG's free online resources, you and/or your spouse/domestic partner can prepare these documents:

- ▶ Will Preparation
- ▶ Healthcare Power of Attorney
- ▶ HIPAA Authorization (Health Insurance Portability and Accountability Act of 1996)
- ▶ Durable Power of Attorney
- ▶ Living Will, and
- ▶ Medical Treatment Authorization for Minors

Plus, you can also access:

- ▶ Personal Information Organizer, and
- ▶ Estate Planning and Education Tools

It's easy to get started

Follow these simple steps to start using these resources today at no cost.

- ▶ Visit www.principal.com/willprep
- ▶ Set up your account
- ▶ You're in! Complete the forms or download the materials you need

Need help with registration? Call ARAG Customer Care at 800.546.3718. Or, if you have questions about your Principal account, call Principal at 800.547.7754.

Disclaimer: This value-added resource is not a part of any insurance products and plan administrative services provided through Principal Life Insurance Co or affiliated with any company of the Principal Financial Group®. The resource may be changed or canceled at any time. The use of resources provided by ARAG® Services, LLC should not be considered a substitute for consultation with an attorney. Principal ® is not responsible for any loss, injury, claim, liability, or damages related to the use of the ARAG Will & Legal Document Center.

Please remember that the ARAG legal documents are accurate and useful in many situations. Whether or not the document is right for you and your situation depends on your circumstances. If you want specific advice regarding your situation, consult an attorney.

Appendix Rate Sheet

2026 Weekly Benefit Contributions

Medical			
Coverage Tier	PPO	PPO + HRA/HCA	PPO HDHP
Employee Only	\$60.34	\$55.94	\$50.59
Employee + Spouse	\$126.97	\$117.48	\$106.24
Employee + Child(ren)	\$114.35	\$106.26	\$96.08
Employee + Family	\$181.79	\$166.23	\$150.37

Dental		Vision	
Coverage Tier	Weekly	Coverage Tier	Weekly
Employee Only	\$3.17	Employee Only	\$1.28
Employee + Spouse	\$7.34	Employee + Spouse	\$2.57
Employee + Child(ren)	\$6.62	Employee + Child(ren)	\$2.74
Employee + Family	\$10.47	Employee + Family	\$4.38

Advantage Benefit Plans	
Identity Theft Protection	
Coverage Tier	Weekly
Employee	\$2.30
Family	\$4.14
Legal Plan	
Coverage Tier	Weekly
Employee	\$3.92
Accident Insurance	
Coverage Tier	Weekly
Employee	\$0.70
Employee + Spouse	\$1.47
Employee + Child(ren)	\$1.43
Family	\$2.20
Hospital Indemnity Insurance	
Coverage Tier	Weekly
Employee	\$3.08
Employee + Spouse	\$7.50
Employee + Child(ren)	\$5.13
Family	\$9.55

Appendix – Rate Sheet

2026 Weekly Benefit Contributions Continued

Critical Illness Insurance Weekly Rates									
Low Option									
Employee: \$10,000, Spouse: \$5,000, Child(ren): \$5,000									
Tobacco User					Non-Tobacco User				
Age Group	EE	EE + SP	EE + CH	Family	Age Group	EE	EE + SP	EE + CH	Family
Under 25	\$1.61	\$2.71	\$2.07	\$3.17	Under 25	\$1.04	\$1.84	\$1.50	\$2.30
25-29	\$1.73	\$2.88	\$2.19	\$3.34	25-29	\$1.27	\$2.19	\$1.73	\$2.65
30-34	\$1.96	\$3.23	\$2.42	\$3.69	30-34	\$1.38	\$2.36	\$1.84	\$2.82
35-39	\$2.31	\$3.75	\$2.77	\$4.21	35-39	\$1.61	\$2.71	\$2.07	\$3.17
40-44	\$3.00	\$4.78	\$3.46	\$5.25	40-44	\$1.73	\$2.88	\$2.19	\$3.34
45-49	\$4.04	\$6.34	\$4.50	\$6.80	45-49	\$2.19	\$3.57	\$2.65	\$4.03
50-54	\$6.92	\$10.67	\$7.38	\$11.13	50-54	\$3.23	\$5.13	\$3.69	\$5.59
55-59	\$10.96	\$16.73	\$11.42	\$17.19	55-59	\$5.77	\$8.94	\$6.23	\$9.40
60-64	\$15.11	\$22.96	\$15.57	\$23.42	60-64	\$9.11	\$13.96	\$9.57	\$14.42
65-69	\$19.50	\$29.53	\$19.96	\$30.00	65-69	\$11.19	\$17.07	\$11.65	\$17.53
Age 70 - 100	\$22.50	\$34.03	\$22.96	\$34.50	Age 70 - 100	\$16.61	\$25.21	\$17.07	\$25.67
High Option									
Employee: \$20,000, Spouse: \$10,000, Child(ren): \$10,000									
Tobacco User					Non-Tobacco User				
Age Group	EE	EE + SP	EE + CH	Family	Age Group	EE	EE + SP	EE + CH	Family
Under 25	\$2.65	\$4.26	\$3.57	\$5.19	Under 25	\$1.50	\$2.53	\$2.42	\$3.46
25-29	\$2.88	\$4.61	\$3.81	\$5.53	25-29	\$1.96	\$3.23	\$2.88	\$4.15
30-34	\$3.34	\$5.30	\$4.27	\$6.23	30-34	\$2.19	\$3.57	\$3.11	\$4.50
35-39	\$4.04	\$6.34	\$4.96	\$7.26	35-39	\$2.65	\$4.26	\$3.57	\$5.19
40-44	\$5.42	\$8.42	\$6.34	\$9.34	40-44	\$2.88	\$4.61	\$3.81	\$5.53
45-49	\$7.50	\$11.53	\$8.42	\$12.46	45-49	\$3.81	\$6.00	\$4.73	\$6.92
50-54	\$13.27	\$20.19	\$14.19	\$21.11	50-54	\$5.88	\$9.11	\$6.81	\$10.03
55-59	\$21.34	\$32.30	\$22.27	\$33.23	55-59	\$10.96	\$16.73	\$11.88	\$17.65
60-64	\$29.65	\$44.76	\$30.57	\$45.69	60-64	\$17.65	\$26.76	\$18.57	\$27.69
65-69	\$38.42	\$57.92	\$39.34	\$58.84	65-69	\$21.81	\$33.00	\$22.73	\$33.92
Age 70 - 100	\$44.42	\$66.92	\$45.34	\$67.84	Age 70 - 100	\$32.65	\$49.26	\$33.57	\$50.19
Group Universal Life (GUL)									
GUL Rate Per \$1,000 of Benefit									
Age Group		Employee* (1x – 8x Annual Pay)		Spouse** (\$10,000 - \$250,000)		Child(ren) (\$10,000)			
Under 25		\$0.019		\$0.012		At any age the flat rate is \$0.18/week			
25-29		\$0.023		\$0.014					
30-34		\$0.031		\$0.018					
35-39		\$0.035		\$0.021					
40-44		\$0.039		\$0.023					
45-49		\$0.058		\$0.035					
50-54		\$0.088		\$0.053					
55-59		\$0.165		\$0.099					
60-64		\$0.254		\$0.152					
65-69		\$0.488		\$0.293					
Age 70 - 100		\$0.792		\$0.475					
GUL Rate Calculation									
Benefit Amount		Divided by 1,000				Multiplied by premium factor			
\$		/1,000				X age-banded rate			
* You must elect Employee coverage if you wish to elect Spouse and/or Child(ren).									
** The amount of coverage you elect for your spouse cannot exceed 50% of the coverage you elect for yourself.									

Appendix - Dependent Verification Documents

Dependent Verification Documents Guide	
Dependent	Documentation Required
Spouse	▶ Option 1—copy of your government issued marriage certificate and a copy of your Federal Tax Return within the past 2 tax years* ▶ Option 2—copy of your government issued marriage certificate AND Proof of Joint Ownership issued within the past 6 months (i.e., Mortgage or Bank statement, Lease agreement, Homeowner's/Renter's insurance, Credit Card statement, Joint ownership of motor vehicle, Property Tax bill/payment, Current-year State tax return or Mortgage insurance) * If married less than 1 year—copy of your government issued marriage certificate only ** If providing your tax return, please redact all financial information and only send page 1 listing you and your spouse as your dependent.
Domestic Partner	Domestic Partner Affidavit plus supporting documentation (see affidavit for options)
Child	Biological Child—copy of government issued birth certificate OR Hospital Certificate. Adopted Child—copy of government issued birth certificate AND copy of the Court's final adoption decree placing the child with you, or petition for adoption. (if Court's documents include the child's DOB, the birth certificate isn't required) Step Child: ▶ Option 1—copy of government issued birth certificate, copy of your government issued marriage certificate, and a copy of your Federal Tax Return within the past 2 tax years* ▶ Option 2—copy of government issued birth certificate AND copy of your government issued marriage certificate (if married less than 1 year) ▶ Option 3—copy of government issued birth certificate, copy of your government issued marriage certificate, and Proof of Joint Ownership issued within the past 6 months ▶ Option 4—copy of government issued birth certificate, copy of your government issued marriage certificate, and Court Order/Decree ▶ Option 5—copy of government issued birth certificate, affidavit of common law marriage, AND a copy of your Federal Tax Return within the past 2 tax years* ▶ Option 6—copy of government issued birth certificate, affidavit of common law marriage, AND Proof of Joint Ownership issued within the past 6 months Foster Child—copy of government issued birth certificate and copy of Court's decree (if Court's decree includes the child's DOB, the birth certificate isn't needed) Child for whom you have legal guardianship—copy of government issued birth certificate AND copy of Court's decree (if Court's decree includes the child's DOB, the birth certificate isn't needed) Disabled Child—for children age 26 and older only: ▶ Biological Child—copy of government issued birth certificate, copy of your government issued marriage certificate, AND a copy of your Federal Tax Return claiming child within the past 2 tax years* ▶ Adopted Child—copy of the Court's final adoption decree placing the child with you, or petition for adoption, AND a copy of your Federal Tax Return claiming child within the past 2 tax years* ▶ Stepchild ○ Option 1—copy of government issued birth certificate, copy of your government issued marriage certificate, AND a copy of your Federal Tax Return listing spouse and claiming child within the past 2 tax years* ○ Option 2—copy of government issued birth certificate, affidavit of your common law marriage, AND a copy of your Federal Tax Return listing spouse and claiming child within the past 2 tax years* (if spouse is not listed on tax return, please provide Proof of Joint Ownership issued within the past 6 months) ▶ Child for whom you have legal guardianship—court decree of legal custody and a copy of your Federal Tax Return claiming child within the past 2 tax years*

Appendix - Benefit Contact Information



Medical & HRA/HCA/Prescription Drug
Blue Cross Blue Shield of IL/Prime
Therapeutics
855.809.3034
www.bcbsil.com
Mobile App – BCBSIL
Google Play Store & Apple iOS App Store



Basic Life & AD&D Insurance
New York Life
800.225-5695
www.mynylgbs.com
Email: GBSCLaimSolutions@newyorklife.com
Mobile App – New York Life
Google Play Store & Apple iOS App Store



Prescription Drug Mail Order
Express Scripts Home Delivery
833.715.0942
www.express-scripts.com/rx
Mobile App – Express Scripts
Google Play Store & Apple iOS App Store



Disability
New York Life
888.842.4462
www.mynylgbs.com
Email: GBSCLaimSolutions@newyorklife.com
Mobile App – New York Life
Google Play Store & Apple iOS App Store



Dental
Delta Dental Illinois
800.323.1743
www.deltadentalil.com
Mobile App – Delta Dental Plans
Association
Google Play Store & Apple iOS App Store



Flexible Spending Accounts
WEX
866.451.3399
www.wexinc.com
Mobile App – Benefits by WEX
Google Play Store & Apple iOS App Store



Vision
VSP
800.877.7195
www.vsp.com
Mobile App – VSP Vision Care
Google Play Store & Apple iOS App Store



Retirement Savings Plan 401(k)
Principal
Contract Number: Graham—529101
800.547.7754
www.principal.com
Mobile App – Principal Mobile
Google Play Store & Apple iOS App Store



Telemedicine
MDLive
888.676.4204
www.mdlive.com/BCBSIL
Mobile App – MDLIVE: Talk to a
Doctor 24/7
Google Play Store & Apple iOS App Store



Employee Assistance Program
ComPsych
866.511.3359
www.guidanceresources.com
Company ID: GRAHAM
Mobile App – GuidanceResources Now
Google Play Store & Apple iOS App Store



Well4Life
Asset Health
855.444.1255
Email: support@assethealth.com
www.assethealth.com/grahampackaging
Mobile App – Asset Health
Google Play Store & Apple iOS App Store

Appendix - Enrollment Instructions

To view all your benefit options in more detail and to enroll, visit www.gpcbenefits.com. Once you review all your options, under “New Hire Resources” click “Enroll Now”. This will take you to Graham Benefits Portal where you are able to enroll and make changes to your benefits during your new hire eligibility period. You may be eligible to change your coverage at other times during the year because of an employment status change or a qualified life event, such as a change in marital status or the birth of a child.

If you don't have online access or are having problems enrolling online, contact the Graham Benefits Center at 877.878.9898.

Reminder: If you plan to enroll dependents under any benefit plan, be sure to enter them into the dependent screen in the beginning of the enrollment process. You must verify their eligibility within 31 days of your date of hire or a qualifying life event or by November 30th (if adding dependents during Open Enrollment) before their coverage is effective.

Benefits Support

The Graham Benefits Center is available to respond to questions regarding your benefits eligibility, qualified life event changes, dependent verification, and enrollment. You can talk with a representative by calling 877.878.9898.

For questions relating to claims, appeals, provider network issues, billing disputes, pre-authorizations, and referrals please contact the benefit plan administrator instead of the Graham Benefits Center. You will find a list of Benefit Plan contacts on page 27 of the Appendix.

New Hire: Steps to Enroll

1. You will receive an email from grahambenefits@goempyrean.com within 3-10 business days of your hire date letting you know you can make your benefit elections.
2. Visit www.gpcbenefits.com and enter your site password: **mdheights**.
3. Click on “New Hire Resources” to review all benefit materials before enrolling.
4. Once you have reviewed all of your options, click “Enroll Now” which will take you to Graham Benefits Portal, GPC’s benefit enrollment system.
5. Click “REGISTER” to create your user ID and password.
6. Enter your:
 - ❖ First and last name (as shown in SuccessFactors)
 - ❖ Date of birth
 - ❖ Social security number
7. Click “NEXT” when all fields are complete.
8. Add a new user ID (your personal email address, for example).
9. Create a new password that contains at least:
 - ❖ Eight characters
 - ❖ One letter
 - ❖ One number
 - ❖ One symbol (e.g., *&+##\$)
10. Set a security question and answer to assist you in the event that you forget your password. Your answer should contain at least six characters.
11. Click “NEXT” when finished.
12. Read and review the Terms of Service Agreement. To agree to the terms of service and complete your account registration, click “I AGREE” at the bottom of the page.

If you have issues registering, contact the Graham Benefit Center at 877.878.9898.

Appendix - For the Hearing or Speech Impaired

Hearing impaired participants will be instructed to use their local area's relay service to contact the Graham Benefits Center. The relay service acts as a translator between the hearing-impaired caller and the customer service representative.

Note: Telecommunications relay services are a way to link telephone conversations between hearing individuals, using a standard (voice) telephone, and individuals with hearing and speech impairments, using a TDD (Telecommunication Device for the Deaf). Relay services allow hearing individuals to call TDD numbers and allow individuals with hearing and speech impairments to call standard (voice) telephone numbers. Calls can be made from a standard (voice) telephone number to a TDD number or from a TDD number to a standard (voice) telephone number.



Glossary of Terms to Know

Health care and income protection plans such as life and disability, can appear to have a language of their own. To help ease your understanding of important aspects regarding your benefits coverage, the following is a list of commonly used employee benefit and insurance terms, along with their definitions.

Accident Insurance

A type of insurance plan that provides a lump-sum cash payment to help cover your out-of-pocket expenses in the event of a covered accident.

Allowable Charge

The maximum amount a health care plan will reimburse a doctor or hospital for a given service.

Balance Billing

This type of billing is typically done with out-of-network providers. It means that the plan member is charged the difference between the provider-billed amount and the insurance-allowable charge. For example, if a primary care physician bills the health care plan \$150, but the allowable charge is only \$90 (60 percent), the physician would charge the patient \$60 (40 percent) under a balance-billing situation.

Base Annual Salary

The gross annual compensation prior to before-tax payroll deductions used to determine benefit amounts and calculate costs for employee contributed benefit coverage.

Beneficiary

The person or entity you name in a Life or AD&D insurance policy to receive the death benefit.

Graham Benefits Portal

Access this website through a link found on www.gpcbenefits.com to enroll in or make changes to your benefit coverage, add or change your dependents or update your beneficiary information for your life and AD&D coverage. You will need a login and password to access this site.

Brand Name Drug

A medication protected by a patent for which a generic drug option is not available. It is generally more expensive than a generic equivalent drug.

COBRA

This stands for Consolidated Omnibus Budget Reconciliation Act of 1985. This federal act requires group health care plans to allow employees and covered dependents to continue their group coverage for a stated period of time following a qualifying event that causes the loss of group health coverage. Qualifying events include reduced work hours, termination of employment, a child becoming an over-aged dependent, Medicare eligibility, death or divorce of a covered employee.

Coinsurance

The percentage of the costs of a covered health care service or prescription drug you pay after you've paid your deductible. You pay 100 percent of the full-allowed amount until you meet your deductible.

Contingent Beneficiary (Secondary Beneficiary)

If you choose to name more than one person to receive a benefit, you can name some to be primary and others to be secondary (also called contingent). Primary beneficiaries are first in line to receive benefits. Secondary beneficiaries receive a benefit if the primary beneficiary for that specific share has already died when the benefit becomes payable.

Conversion Right

If you terminate your employment, you have the option to switch (or convert) your group term life insurance into a permanent life insurance policy regardless of your health. Permanent life insurance policies tend to cost more.

Copayment (Copay)

The set dollar amount you pay for a covered health care service at the time you receive care or when you pick up a prescription drug.

Covered Expenses (Eligible Expenses)

Specified hospital, medical and miscellaneous health care expenses that will be considered in the calculation of benefits due under a health insurance policy.

Critical Illness Insurance

A type of insurance that pays you a lump sum if you are diagnosed with a life-altering illness such as cancer, heart attack, stroke, Multiple Sclerosis or Parkinson's Disease.

Deductible

The amount you pay for most covered services before your health plan starts to pay. When you go to a provider that is in the plan's network, before you meet the deductible you may pay a discounted amount that has been negotiated with the provider. The deductible resets at the beginning of every calendar year or when you enroll in a new plan. The deductible requirement does not apply to preventive services.

Disability

A physical or mental condition that makes an insured person incapable of performing one or more duties of his or her occupation.

Drug Formulary

A list of drugs chosen by a panel of doctors and pharmacists, which are preferred for use by the prescription drug plan. Both brand and generic medications are included on the formulary. This list is subject to periodic review and modification.

Elimination Period

The waiting period an employee must be disabled before disability benefits become payable.

Employee Assistance Plan (EAP)

An employee assistance program is a counseling and consultation service that provides confidential support, customized resources, and referrals, along with practical information on many work and home-life topics. The program provides unlimited telephone and online support as well as a few face-to-face counseling sessions (per individual, per issue, per year).

Evidence of Insurability (EOI)

Also known as proof of good health, is an application process in which you provide information on the condition of your health or your dependent's health to get certain types of insurance coverage.

Explanation of Benefits (EOB)

An EOB is created after a claim payment has been processed by your health care plan. It explains how much the provider billed, how much the plan paid (if any), how much you owe (if any), discounts, reasons for denying payment and the claims appeal process. In general, you should not pay a bill from your provider until you have received and reviewed your EOB (except for copays).

Generic Drug

A prescription drug that is the generic equivalent of a brand name drug, and included in your drug plan formulary, and costs less than the brand name drug.

GPCAdvantageBenefits.com

Find information and details on how to enroll in Auto Insurance, Home & Renters Insurance, Pet Insurance and Employee Loan Program from this website. Details on the other Advantage Benefit Plans can be found on the GPC Benefits website.

GPCBenefits.com

This website provides you with all of the information you need regarding your GPC benefits and provides you with access to the enrollment site, Graham

Benefits Portal. The site can be accessed 24 x 7 via a mobile device, laptop or a desktop computer using a site code that will be provided by your HR representative. If you are unable to find the information you are looking for, contact the Graham Benefits Center and talk to a representative.

Guaranteed Issue (Life Insurance)

The maximum amount of insurance coverage you may elect without answering medical questions (providing Evidence of Insurability).

Group Universal Life (GUL)

GUL is a type of permanent life insurance that features a savings component. Employees may choose to pay only the cost of insurance or to make additional contributions to a cash value account that can be accessed through loans or withdrawals.

Health Insurance

A type of insurance that covers medical, drug, dental and vision expenses.

Hospital Indemnity Insurance

A health insurance benefit that pays a flat amount for each day a covered person is in the hospital. The number of days covered is set and the daily amount paid does not vary, regardless of the medical expenses, the covered person incurs. This benefit is a supplement to a comprehensive medical and should not be used as a replacement of comprehensive medical coverage.

In-Network Provider or Participating Provider

Any physician, hospital, skilled nursing facility, lab, or other individual or entity involved in the delivery of health care or ancillary services which contracts with your health plan to provide covered services to plan participants at negotiated discount rates. You will usually pay less when you use an in-network healthcare provider.

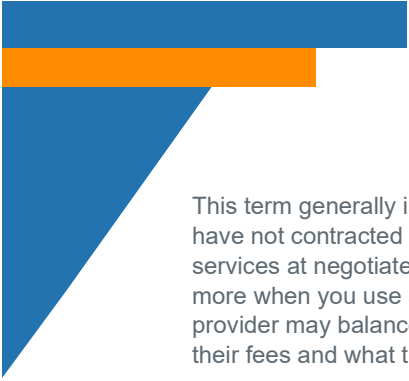
Maintenance Medications

Medications taken on a regular basis for an ongoing condition such as high cholesterol, high blood pressure, asthma, etc.

Medically Necessary

The evaluation of health care services to determine if they are: medically appropriate and necessary to meet basic health needs; consistent with the diagnosis or condition and delivered in a cost-effective manner; and consistent with national medical practice guidelines regarding type, frequency, and duration of treatment.

Out-of-Network Provider



This term generally is used to mean providers who have not contracted with a health plan to provide services at negotiated fees. You will usually pay more when you use an out-of-network provider as the provider may balance bill you for the difference in their fees and what the health plan paid.

Out-of-Pocket Maximum

The maximum amount you pay toward covered medical expenses in a calendar year. Once you reach this maximum, the plan pays 100 percent of your remaining covered expenses for the rest of the year.

Portability

If you decide to terminate your employment, you may continue (or port) your group term life coverage.

Preventive Care

Comprehensive care emphasizing priorities for prevention, early detection, and early treatment of conditions generally including routine physical examination, immunization, and well person care.

Primary Care Physician (PCP)

A physician whose majority of their practice is devoted to internal medical, family/general practice, and pediatrics.

Prior Authorization

The process by which members or their primary care physicians (PCP) notify the health plan in advance of treatment plans, such as a hospital admission or a complex diagnostic test. Also called pre-notification.

Qualifying Life Event (QLE)

QLEs are major events in an enrollee's life that allow them to make specific changes to their insurance policy outside of an annual open enrollment period. This usually means the birth or adoption of a child, marriage, divorce, death of a spouse, or change in the spouse's employment or insurance status. These changes must be made within 31 days of the QLE.

Short-Term Disability (STD)

A benefit plan that pays an employee an income while he or she is unable to work, temporarily, due to a non-work-related illness or injury.

Specialty Drug

A prescription drug used to treat complex health conditions. These drugs are usually given as a shot but may be added to the skin or taken by mouth. Also, they may require following a specific treatment plan; have special handling or storage needs, and not be sold in retail pharmacies. Conditions like hepatitis C, hemophilia, multiple sclerosis and rheumatoid arthritis are treated with specialty drugs.

Well4Life – Wellness Program

Employees and spouses enrolled in a GPC medical plan are eligible to participate in the Well4Life program powered by Asset Health. This program provides you access to a variety of resources and online courses that will help you better understand your overall health and well-being. By completing these activities, you earn wellness credits to offset your medical premiums. Access the wellness portal to start participating through a link found on www.gpcbenefits.com, under "Well-Being".



This Benefit Guide is only intended to highlight some of the major benefit provisions of the Company plan and should not be relied upon as a complete detailed representation of the plan.

Please refer to the plan's Summary Plan Descriptions for further detail. Should this guide differ from the Summary Plan Descriptions, the Summary Plan Descriptions prevail.



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