



2024 Benefits Enrollment Guide

YOUR BENEFITS, YOUR CHOICE

November 6 – 17, 2023

YOUR BENEFITS, YOUR CHOICE

Life is full of choices, including important choices related to your health and well-being.
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Annual Enrollment is your opportunity to choose your RRD benefits for the year ahead — benefits to support your physical and mental health, your financial well-being, and your life. As always, RRD offers you a wide range of benefits so you can choose the options that best fit your needs and your budget.

This enrollment guide provides an overview of your benefit options. Please review it carefully. To see what you will pay for coverage in 2024, refer to the [enrollment website](#), and use the “Ask Emma” tool to help you compare your options and costs.

Remember, Annual Enrollment is your only chance to choose your 2024 benefits unless you experience a qualifying life event (e.g., marriage, divorce, birth of a child, or other change in life or work status specified in the Plan Administration Information Booklet) during the year (a Qualified Status Change).

What's new for 2024?

Learn about what's new and changing by watching this short video. You can also visit myRRDbenefits.com for all your benefits needs.

Learn the steps you need to take in order to enroll for 2024 benefits. Enrollment is **November 6 – 17, 2023**.
If you're ready to go...

ENROLLING FOR BENEFITS

Before You Enroll

1 Read your enrollment materials

Check out your [2024 Enrollment Highlights Guide](#) for a list of what's new and changing for 2024 and this Enrollment Guide to understand your benefit options.

2 Decide who will be covered by your benefits

Your eligible dependents include:

- Your legal spouse (including your common-law spouse in states that recognize common-law marriages) or domestic partner
- Your children up to age 26
- Your disabled child of any age who is unable to care for himself/herself (see the [Medical SPD – Plan Administration Information Booklet](#) for details)

For more details, refer to the applicable [Summary Plan Description \(SPD\)](#), [any related Summary of Material Modifications \(SMM\)](#) and, in some cases, [the insurance certificate](#) for each benefit.

3 Get help to make informed decisions about your benefits

On the [enrollment website](#), use the "Ask Emma" virtual assistant to view your costs, compare your options, and help you choose the benefits that are right for you and your situation. Emma will guide you through the enrollment process by asking you a few simple questions, and she'll suggest options based on your responses and individual needs. But remember, the choice is yours!

Enroll by November 17, 2023

✓ Enroll Monday, November 6 – Friday, November 17, 2023:

- Online at rrd.bswift.com or
- By phone at **1-877-RRD-4BEN (1-877-773-4236)**
Monday – Friday, 7 a.m. – 7 p.m. CT

✓ Confirm your elections

Review your confirmation statement and verify your elections, covered dependents and per-pay-period costs are correct. Print and keep a copy for your records. You may make changes or corrections until November 17, 2023, on the [enrollment website](#) or by calling the RRD Benefits Center at **1-877-RRD-4BEN (1-877-773-4236)**.

If You Don't Enroll

Your current benefit elections will carry over to 2024 with these exceptions:

✗ Select medical options

If you are currently enrolled in HSA Select or Copay Select and you don't make a new medical election during enrollment, you will automatically default to HSA Value or Copay Value, respectively.

✗ HSA contributions

To contribute up to the new 2024 maximums (see [page 13](#)) or make any contribution changes, you must elect the new amount. You may change your HSA contribution at any time during the year. Current contribution amounts will carry over.

✗ FSA contributions

You must enroll during Annual Enrollment to participate in an FSA in 2024.



YOUR HEALTH

04 Medical & Prescription Drug Benefits

05 2024 National Medical Program Options

09 Supplemental Health Care Benefits

10 Dental Benefits

11 Vision Benefits

Medical & Prescription Drug Benefits

You have four National Medical Program options provided by Blue Cross and Blue Shield of Illinois (BCBSIL): HSA Advantage, Copay Advantage, HSA Value and Copay Value.

All National Medical Program options include:

- ✓ Health Advocacy Solutions, a concierge service from BCBSIL to help you navigate health care decisions and save time and money (watch a short [video](#) to learn more)
- ✓ In-network preventive care covered at 100%, with no deductible
- ✓ Support from Teladoc Health (formerly Livongo for Hypertension), Hinge Health, AccessHope cancer support, Transform Diabetes Care from CVS Health, Twin Health, and Wondr Health weight management program (new in 2024)
- ✓ Fertility treatment coverage
- ✓ Prescription drug coverage through CVS Caremark, reduced specialty drug cost through PrudentRx, and access to Rx Savings Solutions search tool to find lower-priced prescription drugs
- ✓ Telemedicine through MDLIVE
- ✓ 100% coverage for certain generic preventive cholesterol and blood pressure medications
- ✓ 100% coverage for diabetes supplies and insulin listed on the CVS formulary
- ✓ Member Rewards, which provides a cash reward when you compare costs and choose a cost-effective option for your care (watch a short [video](#) to learn more)

Learn more about all these benefits and other resources available to support you at myRRDbenefits.com.

Manage or Reverse Diabetes

You and your covered family members who have or are at risk of developing diabetes have a choice between two programs to help you live a healthier life: **Transform Diabetes Care from CVS Health** or **Twin Health**.

Both programs are completely voluntary and available at no cost to you as part of your coverage under the National Medical Program options. You're encouraged to learn about both and participate in the one that most closely meets your health needs and goals.

Transform Diabetes Care

For help to control your type 1 or type 2 diabetes and stay on track with your prescribed treatment plan, Transform Diabetes Care might be the right choice for you. You get:

- Personalized support to help prevent diabetes-related complications,
- Help to manage your medication and to monitor and control your blood glucose,
- Access to personalized coaching with Certified Diabetes Educators, and more.

Twin Health

If you're ready to reverse your prediabetes or type 2 diabetes, consider participating in Twin Health. Twin Health uses sensors and other technology to build your digital replica, and then delivers precise, individualized guidance on nutrition, activity, sleep and breath techniques to heal your underlying cause of prediabetes or type 2 diabetes.

NEW! GET SUPPORT FOR YOUR FIGHT AGAINST CANCER

Dealing with a cancer diagnosis and subsequent treatment can be overwhelming. Starting January 1, 2024, RRD will offer AccessHope, a new cancer care program, as part of the National Medical Program options to help you before, during and after cancer treatment. AccessHope offers remote second-opinion services by providing access to high-quality oncology expertise and support from some of the nation's top cancer treatment hospitals to ensure optimal health outcomes, regardless of your geographical location. By facilitating remote expert case reviews, AccessHope connects individuals and their treating oncologists with expertise from National Cancer Institute-Designated Comprehensive Cancer Centers, ensuring personalized guidance for the most effective treatment plan. These services can help alleviate distress and minimize avoidable costs. Additionally, AccessHope's remote cancer expertise includes delivering compassionate support through its Cancer Support Team to help navigate the emotional challenges associated with cancer.

As of the date of this Guide, the National Cancer Institute-Designated Comprehensive Cancer Centers include City of Hope, Dana-Farber Cancer Institute, Emory Healthcare, Winship Cancer Institute of Emory University, Fred Hutchinson Cancer Center, Northwestern Medicine, the Robert H. Lurie Comprehensive Cancer Center of Northwestern University, and Johns Hopkins Medicine. AccessHope is available to you at no additional cost.

Live life to the fullest!

Learn about your medical and prescription drug choices, and programs to improve your health. **See how!**

2024 National Medical Program Options

Use the charts to compare your options. You pay the amounts and percentages shown, and the Plan covers the rest. To view premiums for each option, log in to the [enrollment website](#).

This is a high-level summary. For more details, see the full Summary of Benefits and Coverage (SBC) for each National Medical Program option at [myRRDbenefits.com](#). To request paper copies, call **1-877-RRD-4BEN (1-877-773-4236)**.



1. Combined in- and out-of-network.

2. If admitted, inpatient stay applies to deductible and out-of-pocket maximum.

3. Through CVS Caremark.

4. Certain specialty medications may be eligible for additional benefits through the PrudentRx Program so your cost-sharing is reduced to \$0 (after your deductible if you enroll in an HSA-eligible option). **See the list of specialty medications covered under the PrudentRx Program.** If you opt out of the PrudentRx Program, you will pay 30% coinsurance for specialty medications that are covered by the PrudentRx Program. If your specialty medication is not covered by the PrudentRx Program, then you will be responsible for the \$150 copay listed in this chart. The Plan and the PrudentRx Program categorize specialty medications as either "essential health benefits" or "non-essential health benefits." Employee cost-sharing for "essential health benefits" counts toward the Plan out-of-pocket maximum but does not count toward the Plan deductible. On the other hand, employee cost-sharing for "non-essential health benefits" does not count toward either the Plan deductible or out-of-pocket maximum. Also, even if you reach your out-of-pocket maximum, you will still be responsible for your cost-sharing amount for specialty medications that are "non-essential health benefits." Specialty medications that have been deemed "non-essential health benefits" are denoted with a "1" on the list at the hyperlink above. If you have any questions, contact PrudentRx at **1-800-578-4403**.

HSA ADVANTAGE

COPAY ADVANTAGE

Medical	Employee Only		Family		Employee Only		Family	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
GREAT NEWS! Lower Deductibles for ALL Options								
Annual Deductible	\$2,100 (\$2,650 in 2023)		\$4,200 (\$5,300 in 2023)		\$2,000 (\$2,600 in 2023)		\$4,000 (\$5,200 in 2023)	
Annual Out-of-Pocket Maximum ¹	\$7,600		\$15,200; Individual cap of \$7,600		\$7,600		\$15,200; Individual cap of \$7,600	
Office Visit	20% after deductible	40% after deductible	20% after deductible	40% after deductible	\$25 PCP or Mental Health; \$40 Specialist	40% after deductible	\$25 PCP or Mental Health; \$40 Specialist	40% after deductible
Preventive Care	0%	40% after deductible	0%	40% after deductible	0%	40% after deductible	0%	40% after deductible
Emergency Room	20% after deductible	20% if true emergency; otherwise 40% after deductible	20% after deductible	20% if true emergency; otherwise 40% after deductible	\$500 copay + 20% of remaining balance after deductible	\$500 copay + 20% of remaining balance if true emergency; otherwise 50% of remaining balance after deductible ²	\$500 copay + 20% of remaining balance after deductible	\$500 copay + 20% of remaining balance if true emergency; otherwise 50% of remaining balance after deductible ²

Prescription Drug ³	Retail		Mail Order	
	Retail	Mail Order	Retail	Mail Order
Generic	20% after deductible		20% (\$10 min/\$40 max); no deductible	20% (\$25 min/\$100 max); no deductible
Brand Formulary	30% after deductible		30% (\$40 min/\$75 max); no deductible	30% (\$100 min/\$185 max); no deductible
Brand Non-Formulary	40% after deductible		40% (\$55 min/\$125 max); no deductible	40% (\$140 min/\$315 max); no deductible
Specialty	If not covered by PrudentRx: 30% after deductible If covered by PrudentRx: 30% after deductible ⁴		If not covered by PrudentRx: \$150; no deductible ⁴ If covered by PrudentRx: 30%; no deductible ⁴	More than 30-day supply not allowed



HSA VALUE

COPAY VALUE

Medical	Employee Only		Family		Employee Only		Family	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
GREAT NEWS! Lower Deductibles for ALL Options								
Annual Deductible	\$3,000 (\$3,550 in 2023)		\$6,000 (\$7,100 in 2023)		\$2,900 (\$3,500 in 2023)		\$5,800 (\$7,000 in 2023)	
Annual Out-of-Pocket Maximum ¹	\$7,600		\$15,200; Individual cap of \$7,600		\$7,600		\$15,200; Individual cap of \$7,600	
Office Visit	25% after deductible	50% after deductible	25% after deductible	50% after deductible	\$25 PCP or Mental Health; \$50 Specialist	50% after deductible	\$25 PCP or Mental Health; \$50 Specialist	50% after deductible
Preventive Care	0%	50% after deductible	0%	50% after deductible	0%	50% after deductible	0%	50% after deductible
Emergency Room	25% after deductible	25% if true emergency; otherwise 50% after deductible	25% after deductible	25% if true emergency; otherwise 50% after deductible	\$600 copay + 25% of remaining balance after deductible	\$600 copay + 25% of remaining balance if true emergency; otherwise 50% of remaining balance after deductible ²	\$600 copay + 25% of remaining balance after deductible	\$600 copay + 25% of remaining balance if true emergency; otherwise 50% of remaining balance after deductible ²

Prescription Drug ³	Retail	Mail Order	Retail	Mail Order
	Generic	25% after deductible		25% (\$10 min/\$45 max); no deductible
Brand Formulary	40% after deductible		40% (\$40 min/\$100 max); no deductible	40% (\$100 min/\$250 max); no deductible
Brand Non-Formulary	50% after deductible		50% (\$75 min/\$150 max); no deductible	50% (\$185 min/\$375 max); no deductible
Specialty	If not covered by PrudentRx: 30% after deductible If covered by PrudentRx: 30% after deductible ⁴		If not covered by PrudentRx: \$210; no deductible ⁴ If covered by PrudentRx: 30%; no deductible ⁴	More than 30-day supply not allowed

1. Combined in- and out-of-network.

2. If admitted, inpatient stay applies to deductible and out-of-pocket maximum.

3. Through CVS Caremark.

4. Certain specialty medications may be eligible for additional benefits through the PrudentRx Program so your cost-sharing is reduced to \$0 (after your deductible if you enroll in an HSA-eligible option). **See the list of specialty medications covered under the PrudentRx Program.** If you opt out of the PrudentRx Program, you will pay 30% coinsurance for specialty medications that are covered by the PrudentRx Program. If your specialty medication is not covered by the PrudentRx Program, then you will be responsible for the \$150 copay listed in this chart. The Plan and the PrudentRx Program categorize specialty medications as either "essential health benefits" or "non-essential health benefits." Employee cost-sharing for "essential health benefits" counts toward the Plan out-of-pocket maximum but does not count toward the Plan deductible. On the other hand, employee cost-sharing for "non-essential health benefits" does not count toward either the Plan deductible or out-of-pocket maximum. Also, even if you reach your out-of-pocket maximum, you will still be responsible for your cost-sharing amount for specialty medications that are "non-essential health benefits." Specialty medications that have been deemed "non-essential health benefits" are denoted with a "1" on the list at the hyperlink above. If you have any questions, contact PrudentRx at 1-800-578-4403.

How the National Medical Options Differ

	HSA ADVANTAGE	HSA VALUE	COPAY ADVANTAGE	COPAY VALUE
Covers Care Received <i>(In- & Out-of-Network)</i>	✓	✓	✓	✓
Includes PrudentRx Assistance	✓	✓	✓	✓
Eligible for an HSA	✓	✓	✗	✗
Eligible for Paytient	✓	✓	✓	✓
Eligible for Full-Use Health Care FSA	✗	✗	✓	✓
Premiums	\$\$	\$	\$\$	\$
Deductible & Out-of-Pocket Maximum	\$	\$\$	\$	\$\$

Use In-Network Providers

With any of the National Medical Program options, you can use in-network or out-of-network providers, but you will save money when you use in-network providers. Always make sure your providers are in-network by calling the number on the back of your ID card prior to receiving services, or call your physician's office to verify they are participating in the network.

BCBSIL Program Requirements for Cost-Effective Health Care

To help you get the best care at the best price, BCBSIL **requires** you do the following:

- **Contact a health advocate** prior to receiving an MRI or CT scan, or pay a \$200 penalty.* A health advocate will help you compare service locations and costs so you can make an informed decision about your care. You may also go online to [Blue Access for Members](#).
- **Use a “Blue Distinction Specialty Care” facility** for these five surgical specialties: bariatric, cardiac, knee and hip replacement, spine and transplant surgeries. Blue Distinction facilities are recognized for delivering higher-quality care. If you choose not to use a Blue Distinction Specialty Care facility, you will pay higher coinsurance: 40% for the HSA Advantage and Copay Advantage National Medical Program options, and 45% for HSA Value and Copay Value National Medical Program options.
- **Receive prior authorization** for hospitalizations, radiation therapy (proton treatment, radiation treatment, etc.), skilled nursing and rehabilitation, home health care, and other services listed in the SPD that require preauthorization.

For more details about these requirements and the additional costs you'll avoid by following them, contact a health advocate at **1-800-537-9765**.

* The \$200 penalty does not apply to an MRI or CT scan done in an emergency room.

How to Use Your Prescription Drug Benefits

Your prescription drug coverage through CVS Caremark gives you flexibility and opportunities to save money.

- You can fill non-maintenance medication prescriptions at any pharmacy, including pharmacies other than CVS. To find a local pharmacy in your network, register at [caremark.com](#) or download the CVS Caremark app to access the pharmacy search tool.
- You must use the CVS Caremark Maintenance Choice Program or Mail Order Service to fill your maintenance medication prescriptions.* For more information, visit [caremark.com](#) or call **1-866-273-8402**.
- You can access CVS Caremark prescription drug services anytime and anywhere through the CVS Caremark mobile app or [caremark.com](#) to:
 - Save money,
 - Fill new prescriptions and refills,
 - Find a network pharmacy,
 - Monitor your spending,
 - Set up medication reminders,
 - Understand your prescription drug benefits and more.

* Except as otherwise required by state law.



GET YOUR PREVENTIVE CARE

It's 100% covered by your RRD Medical Program option when you see an in-network provider. An annual preventive care visit includes age- and gender-based screenings that can help you manage risk factors and detect any health issues early — before they become more expensive and difficult to treat.

[Learn more.](#)

PrudentRx Program for Specialty Medications — \$0 Copay!

If you enroll in any of the National Medical Program options, you are automatically enrolled in the PrudentRx program as part of your prescription drug coverage through CVS Caremark.

Through this **FREE** program, you pay \$0 for covered specialty medications filled at CVS Specialty Pharmacy. (If you enroll in an HSA National Medical Program option, you must meet your deductible before PrudentRx benefits begin.) The PrudentRx program currently targets specialty medications in the following therapy classes: hepatitis C, autoimmune, oncology and multiple sclerosis.

If you want to opt out of the PrudentRx program, you must call **1-800-578-4403** to disenroll. If you disenroll, you will pay 30% coinsurance for any specialty medications you take that are eligible for the program. **If you are required to pay this 30% coinsurance for a specialty medication, and if the particular medication is considered a “non-essential health benefit,” then you will be required to continue paying this amount even if you’ve otherwise met the Plan’s out-of-pocket maximum.**

See [pages 5-6](#) for more information about the applicable copay or coinsurance for specialty medications under each National Medical Program option.

Save on Prescription Medications with Rx Savings Solutions

When you enroll in an RRD National Medical Program option, you have another way to potentially save money on your prescription medications. Rx Savings Solutions is a confidential online tool that may be able to find lower-cost options for your prescribed medications — and it's **FREE** to you and your enrolled dependents.

Learn more at [myrxss.com](#) or call **1-800-268-4476**.



Supplemental Health Care Benefits

Supplemental health care benefits can complement your RRD medical coverage by providing cash benefits if you or a covered family member gets sick or injured.

You may elect additional insurance protection from MetLife during Annual Enrollment. These benefits are entirely optional and are not sponsored by RRD. You may pay for them through payroll deductions on an after-tax basis.

Accident Insurance

You receive a lump-sum payment when you or a covered family member suffers a covered injury or undergoes covered testing, medical services or treatment. This benefit includes coverage for on- and off-the-job accidents. There are more than 150 covered conditions associated with an accident that could trigger benefits, including various injuries, hospitalization, nursing care, medical services and treatments. Payments are made directly to you and can be used any way you see fit.

Critical Illness Insurance

You receive a lump-sum payment of \$10,000, \$20,000 or \$30,000 if you or a covered family member is diagnosed with a serious illness such as cancer, heart attack, stroke, benign brain tumor, coma, paralysis of two or more limbs, ALS, multiple sclerosis, muscular dystrophy, advanced Parkinson's disease, childhood cerebral palsy, cystic fibrosis, type 1 diabetes, and more. The total benefit amount available to you is five times the initial benefit amount (\$50,000, \$100,000 or \$150,000) if you or a covered family member suffers more than one covered condition.

NEW! SKIN CANCER BENEFIT

Skin cancer was previously excluded from the cancer benefit under the Critical Illness Insurance. The policy now provides benefits for skin cancer. Skin cancer means any malignant growth that arises on the surface of the skin that is any of the following: basal cell carcinoma, squamous cell carcinoma, or malignant melanoma that remains confined to the epidermis.

Hospital Indemnity Insurance

If you or a covered family member is hospitalized due to a covered event, you receive a flat amount when you are admitted and a per-day amount for up to a 30-day hospital stay for each covered event. Payment can be used to help pay out-of-pocket costs, such as health insurance deductibles and copays, or any way you see fit.



FOR MORE INFORMATION:

Visit myRRDbenefits.com, review the [Supplemental & Voluntary Benefits Guide](#) and watch your mail for additional details from MetLife.



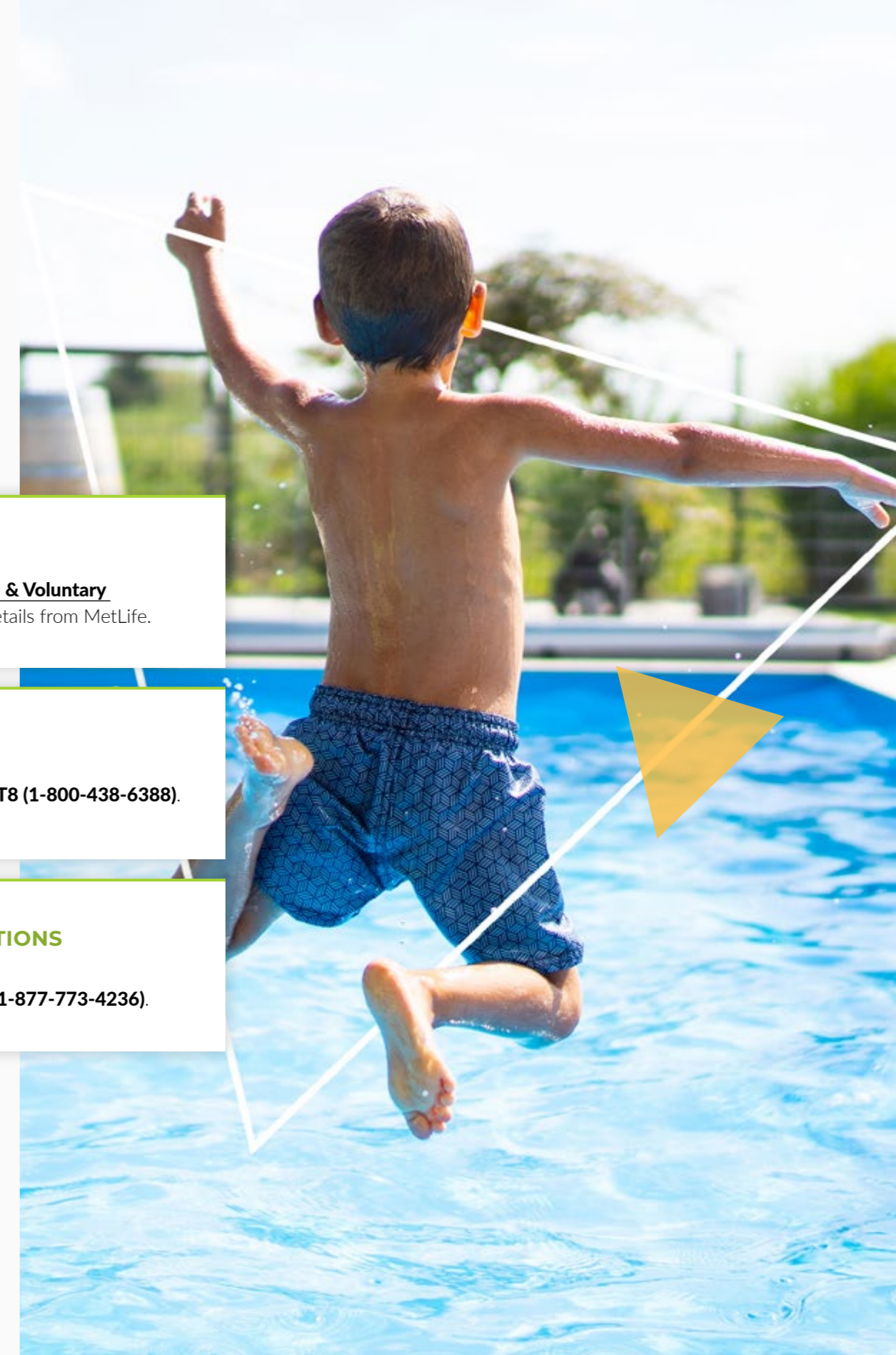
FOR PLAN QUESTIONS:

Visit metlife.com/mybenefits or call **1-800-GETMET8 (1-800-438-6388)**.



FOR GENERAL INFORMATION & QUESTIONS ABOUT ELIGIBILITY:

Call the RRD Benefits Center at **1-877-RRD-4BEN (1-877-773-4236)**.



Dental Benefits

You have three RRD dental options from Cigna: **Dental PPO**, **Dental PPO Plus**, and **Dental HMO** (in-network coverage only). Use this chart to compare your options. To view premiums for each option, go to rrd.bswift.com.

	CIGNA DENTAL PPO		CIGNA DENTAL PPO PLUS		CIGNA DENTAL HMO
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network
Annual Deductible	\$50	\$150	\$50	\$150	\$0
Annual Maximum <i>(Non-orthodontia)</i>	\$1,500 per individual		\$2,000 per individual		No annual maximum
Lifetime Orthodontia Maximum	N/A		\$2,000 per individual		Limited to 1 treatment per person, per lifetime; contact Cigna for details
Preventive Care <i>Type A</i>	100%		100%		100%
Basic Care <i>Type B</i>	70% (50% in 2023)		80%		100%
Major Care <i>Type C</i>	50%		50%		60%
Orthodontia <i>Type D</i>	N/A		50%		50%



FIND AN IN-NETWORK DENTIST

You can save money when you choose an in-network provider. Go to cigna.com, click *Find a Doctor, Dentist or Facility*, and then follow the screen prompts to choose your option:

- **Cigna Dental PPO network:** Select DPPO/EPO > Total Cigna DPPO
- **Cigna Dental HMO network:** Select CIGNA DENTAL CARE DHMO > Cigna Dental Care Access Plus

Vision Benefits

You have two vision options: **EyeMed Essential** and **EyeMed Enhanced**. Both provide comprehensive coverage for exams, lenses, frames and contact lenses, as well as discounts on laser vision correction. Use this chart to compare your options. To view premiums for each option, go to rrd.bswift.com.

	EYEMED ESSENTIAL		EYEMED ENHANCED	
Frequency of Service				
Exam	Every 12 months		Every 12 months	
Frames	Every 24 months		Every 12 months	
Lenses	Every 12 months		Every 12 months	

Other Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network
Routine Vision Exam	\$10 copay	Up to \$35 allowance	\$0 copay	Up to \$35 allowance
Frames	\$0 copay, \$150 allowance (\$130 in 2023), 20% off balance over \$150	\$70 (\$60 in 2023)	\$0 copay, \$180 allowance (\$150 in 2023), 20% off balance over \$180	\$90 (\$80 in 2023)
Lenses* <i>Single Vision</i>	\$20 copay	Up to \$25 allowance	\$10 copay	Up to \$25 allowance
Contacts*	\$0 copay, \$150 allowance, 15% off balance over \$150	Up to \$150 allowance	\$0 copay, \$170 allowance, 20% off balance over \$170	Up to \$150 allowance
Laser Surgery	\$15 off retail price or 5% off promotional price	N/A	\$15 off retail price or 5% off promotional price	N/A



FIND AN EYEMED PROVIDER

Visit eyemed.com and look for the Vision Care Program network. Click *Find an Eye Doctor*, enter your ZIP code, choose *Select Network > Get Results*. Prospective members can also call **1-866-299-1358** for assistance.

* Benefit coverage is for either contact lenses or frame lenses, but not both.



YOUR WEALTH

- 13** Health Savings Account (HSA)
- 14** Flexible Spending Accounts (FSAs)
- 15** Paytient
- 16** Life & Accident Insurance
- 16** Disability Benefits



Health Savings Account (HSA)

An HSA is a tax-free account that lets you save money to pay for eligible health care expenses now and in the future. You are eligible for an HSA if you enroll in the HSA Value or HSA Advantage medical option (and you don't have any disqualifying medical coverage).

For more information about eligibility, disqualifying coverage, and opening and using an HSA, review [Ways to Save & Pay for Care, IRS publication 969](#) at irs.gov, or visit healthequity.com/HSA.



Enroll

Your HSA will be automatically opened for you with HealthEquity (the HSA custodian) when you enroll in the HSA Value or HSA Advantage medical option.



Pay for Eligible Expenses Tax Free

You can use your HSA to help pay for eligible health care expenses (including your deductible and coinsurance) now and/or in the future.



Contribute Tax Free

You can make tax-free contributions to your HSA, up to IRS limits.

EMPLOYEE ONLY:

\$4,150 (\$300 more than 2023)

OTHER COVERAGE CATEGORIES:

\$8,300 (\$550 more than 2023)

CATCH-UP CONTRIBUTION:

\$1,000 (If you're age 55 or older in 2024 and not enrolled in Medicare)



INVEST IN YOUR FUTURE

Your account is in your name and is yours to keep — even if you change Medical Program options, change jobs or retire. Any money left in your HSA at the end of the year carries over for future use, and your money grows tax-free while it's in your account. Plus, you may invest your account balance (\$1,000 or more) in a choice of investment options.

Flexible Spending Accounts (FSAs)

Save money on eligible health care and dependent care expenses. RRD's FSAs are administered by HealthEquity. Learn more at myRRDbenefits.com and irs.gov.

	FULL-USE HEALTH CARE FSA <i>if you enroll in Copay Value or Copay Advantage</i>	LIMITED-USE HEALTH CARE FSA <i>if you enroll in HSA Value or HSA Advantage</i>	DEPENDENT DAY CARE FSA
! Action Required to Participate! To continue or begin participating in the FSA program in 2024, you must enroll during Annual Enrollment.			
How much can I contribute in 2024?	\$200 – \$3,050 (\$200 more than 2022)	\$200 – \$3,050 (\$200 more than 2022)	\$200 – \$5,000 (depending on your federal income tax filing status) ¹
Can I change my contributions during the year?	You cannot change or stop your contributions during the year unless you have a Qualified Status Change event.		
What expenses can I use it for?	Eligible medical, prescription drug, dental and vision expenses	Eligible dental and vision expenses at any time , and eligible medical and prescription drug expenses after you've met your medical deductible. ² Note: You can't be reimbursed by both an FSA and an HSA for the same expense.	Eligible dependent day care-related expenses such as day care for your child under age 13, elderly parent or disabled spouse
When are the funds available for use?	The full amount you elect to contribute for the year is immediately available.	The full amount you elect to contribute for the year is immediately available.	Your contributions will be deducted from your paycheck in equal installments on a before-tax basis during the Plan year. You can use funds once they are deposited into your account.
What happens to unused funds at the end of the year?	You lose any money remaining in your FSA at the end of the Plan year. You have until March 31 of the following year to submit claims for services incurred during the current Plan year.		



1. Lower maximums may apply, for example if your tax filing status is Married Filing Separately (in which case it is capped at \$2,500), or if your or your spouse's earned income is less than \$5,000 (in which case it is capped at your or your spouse's earned income). See the [Flexible Spending Account Program Booklet](#) for more information.

2. You must meet your medical and prescription drug deductible before you can use your limited-use FSA to pay for medical and prescription drug expenses, even if the expenses are not covered by your Medical Program option and/or are incurred by dependents not covered under an RRD Medical Program option.



Paytient — An Easy Way to Pay for Health Care

If you're eligible for RRD benefits, you have Paytient, a no-fee, no-interest healthcare card you can use to pay out-of-pocket health care expenses, including dental, vision and even veterinary care for your pet. No credit check required.

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Your Paytient healthcare card has a \$1,000 limit. When you use Paytient, the doctor's office, hospital or pharmacy gets paid in full at that time. You can pay back money you borrow through payroll deduction or your HSA, FSA or bank account. It's an easy way to pay for care over time. (You cannot use your HSA without incurring a penalty or your FSA to pay back money you borrow for veterinary expenses.)

Life & Accident Insurance

Life and accident insurance provide important financial protection if something happens to you, your spouse/domestic partner or child(ren).

Employee Life Insurance

Basic employee life insurance provided through Securian is automatic, and RRD pays the full cost of your coverage. If you die, your beneficiary receives one times your annual base pay, up to a maximum benefit of **\$250,000** (\$125,000 in 2023) in accordance with Plan provisions.

Optional Employee Life Insurance

You may purchase optional employee life insurance from one to **10** (8 in 2023) times your annual base pay, up to a maximum of \$2 million. If you die, the Program pays a benefit to your designated beneficiary in accordance with Plan provisions. Your premium for coverage is based on your age, smoker status and coverage amount. As your coverage amount or age increases, so do your premiums.

Optional Spouse/Domestic Partner & Child Life Insurance

You may purchase spouse/domestic partner and child life insurance coverage for your eligible dependents. If your covered eligible spouse, domestic partner or child(ren) dies, the Program will pay the life insurance benefit in accordance with Plan provisions, up to a maximum of **\$250,000** (\$200,000 in 2023). You cannot cover another employee as a spouse/domestic partner or child under the Life and Accident Insurance Program. The same dependent cannot be covered by more than one RRD employee (e.g., two parents who are both RRD employees cannot both cover the same child(ren) under the Plan provisions; only one employee may cover the child(ren)).

If you and the child's other parent are both employees of RRD and if a covered dependent child dies, this policy will only pay the death benefit once and to one parent. See the applicable **Certificate of Insurance** for more information.

Optional AD&D Insurance

You may purchase optional AD&D insurance for yourself and your family. The Program pays a benefit of one to **10** (8 in 2023) times your annual base pay, up to \$2 million for yourself, in accordance with Plan provisions, for accidental death and certain other losses. The amount a beneficiary would receive on claim approval differs for an employee and covered eligible dependents:

- **If you enroll for spouse/domestic partner coverage**, the benefit amount for an eligible spouse/domestic partner is 60% of the employee's amount (up to \$750,000).
- **If you enroll for child(ren) coverage**, the amount for an eligible dependent child is 25% of the employee's amount (up to \$150,000).

To learn more, review the SPD and any related SMMs at myRRDbenefits.com. To view your cost for optional life and accident insurance, log in to the [enrollment website](#).

Providing Evidence of Insurability (EOI)

- If you elect or increase optional employee life insurance, you must provide EOI.
- If your spouse/domestic partner is newly eligible for life insurance, EOI is required for coverage amounts over \$25,000. Current spouse/domestic partner participants and those who previously waived coverage must provide EOI for increased coverage amounts.
- EOI is not required for optional AD&D insurance or optional child life insurance.



IMPORTANT! CHECK YOUR BENEFICIARIES

Death can be unexpected. Protect your family and your money by making sure your beneficiary designations are up to date on the [enrollment website](#). If your beneficiaries are not updated or listed, your loved ones might not have access to your life insurance benefits when they're needed most.

Disability Benefits

At no cost to you, RRD provides income protection benefits if you are unable to work due to a covered illness or injury. The following benefits are automatically provided to you.

Short-Term Disability (STD)

Coverage provides a weekly benefit of 50% of your pre-disability earnings for up to 26 weeks for hourly employees. Coverage for salaried employees is 100% for the first three weeks of disability and 50% for up to 23 additional weeks.

Long-Term Disability (LTD)

Coverage provides a monthly benefit of 50% of your earnings, up to \$10,000 a month. Monthly LTD benefits continue until the earlier of age 65 or the date you are no longer disabled according to the Program. If you become disabled after age 60, your LTD benefits duration schedule may vary. LTD benefits end after 24 months for mental health and substance use disabilities.

For details about STD and LTD, refer to the SPDs at myRRDbenefits.com.





YOUR
LIFE

Voluntary Benefits

Customize and enhance your RRD benefits to fit your needs.

Learn more about all the voluntary benefits (Allstate Identity Protection, commuter benefits, auto and home insurance, pet insurance and Purchasing Power) available to you at myRRDbenefits.com under Voluntary Benefits and BenefitHub.

Legal Benefits

During Annual Enrollment, you may elect MetLife Legal Plans.

Get convenient and affordable access to a qualified network of attorneys for everyday personal legal matters. Coverage will be in effect January 1 – December 31, 2024. If you are currently enrolled, your coverage will carry over to 2024.

Employee Assistance

Life isn't always easy. When life throws you a curve ball, it's good to know you have resources to help you.

SupportLinc Employee Assistance Program

You and your family have access to confidential, professional referrals and up to five sessions of face-to-face counseling for a variety of concerns, such as family/marital problems and relationship issues, anxiety, depression, grief and loss, substance abuse, anger management, work-related pressures and stress.

SupportLinc can also provide referrals and consultation to expert resources for legal and financial assistance, as well as referrals for everyday family issues like dependent care, auto repair, pet care, home improvement and more.



YOUR CONTACTS

rrd.bswift.com

RRD Benefits Center | 1-877-RRD-4BEN (1-877-773-4236), Mon. – Fri., 7 a.m. – 7 p.m. CT

myRRDbenefits.com

Benefits information, including Summary Plan Descriptions (SPDs), Summaries of Material Modifications (SMMs), and Summaries of Benefits and Coverage (SBCs)

EMPLOYEE ASSISTANCE PROGRAM (EAP) — SupportLinc

supportlinc.com (username: rrd) | 1-888-881-LINC (1-888-881-5462), 24/7

MEDICAL & PRESCRIPTION DRUG

Blue Cross and Blue Shield of Illinois (BCBSIL)

bcbsil.com/rrd | 1-800-537-9765, Mon. – Fri., 7 a.m. – 7 p.m. CT

CVS Caremark (Prescription Drug Benefits)

caremark.com | 1-866-273-8402, 24/7

Twin Health (Diabetes Management Program)

partner.twinhealth.com/rr-donnelley

Transform Diabetes Care

caremark.com | 1-800-348-5238

Teladoc Health (Hypertension Management)

teladochealth.com/expert-care/condition-management/hypertension
(registration code: RRD) | 1-800-Teladoc (1-800-835-2362)

Rx Savings Solutions (Prescription Savings Program)

myrxss.com | 1-800-268-4476, Mon. – Fri., 7 a.m. – 8 p.m. CT

PrudentRx

1-800-578-4403, Mon. – Fri. 7 a.m. – 7 p.m. CT

Well onTarget (BCBSIL Member Wellness Program)

wellontarget.com

Wondr Health (Weight Management Program)

wondrhealth.com/RRD

AccessHope (Cancer Support Program)

bcbsil.com/rrd | 1-800-537-9765

SUPPLEMENTAL HEALTH CARE — MetLife

metlife.com/mybenefits

- Plan questions:
1-800-GETMET8 (1-800-438-6388), Mon. – Fri., 7 a.m. – 10 p.m. CT
- Eligibility, deduction & general information:
1-877-RRD-4BEN (1-877-773-4236)

DENTAL — Cigna

mycigna.com | 1-800-656-1691, 24/7

VISION — EyeMed

eyemed.com | 1-866-723-0514, Mon. – Sat., 6:30 a.m. – 10 p.m. CT;
Sun., 10 a.m. – 7 p.m. CT

HEALTH SAVINGS ACCOUNT (HSA) & FLEXIBLE SPENDING ACCOUNTS (FSAs) — HealthEquity

healthequity.com | 1-866-346-5800, 24/7

HEALTHCARE PAYMENT CARD — Paytient

paytient.com/rrd

LIFE & ACCIDENT INSURANCE — Securian

Securian.com/rrd-life-insurance

General Information: 1-866-293-6047, Mon. – Fri., 7 a.m. – 6 p.m. CT

DISABILITY — The Hartford

abilityadvantage.thehartford.com | 1-866-271-0744, Mon. – Fri., 8 a.m. – 8 p.m. CT

VOLUNTARY BENEFITS

MetLife Legal Plans

metlife.com/insurance/legal-plans | 1-800-821-6400, 7 a.m. – 7 p.m. CT

BenefitHub (Auto, Home & Pet Insurance)

rrd.benefitHub.com | 1-866-664-4621

Allstate Identity Protection

1-800-789-2720

RRD SAVINGS PLAN — Fidelity

NetBenefits.com | 1-800-835-5095, Mon. – Fri., 7 a.m. – 9 p.m. CT



ABOUT THIS GUIDE

This guide describes the coverage RRD will offer for 2024 to most benefits-eligible employees under the RR Donnelley Group Benefits Plan (the “Plan”). Your benefits eligibility will determine the coverage that is offered to you, your spouse, domestic partner and/or your dependent child(ren). More details on benefits eligibility are available in the SPDs, SMMs and certificates of insurance online at myRRDbenefits.com.

IMPORTANT

Descriptions provided in this guide are based on official Plan documents. Every effort has been made to ensure the accuracy of this material. In the unlikely event there is a discrepancy between this document, the SPDs, SMMs, any other materials summarizing the RR Donnelley Group Benefit Plan or the RR Donnelley Flexible Benefits Plans (the “Plans”) and the official Plan documents, the following documents will control:

- Where this document is intended to summarize existing benefit provisions, the SPDs, SMMs, any other materials summarizing the Plans and the official Plan documents, the official Plan documents will control.
- Where this document is intended to communicate a change to the SPDs, SMMs, any other materials summarizing the Plans and the official Plan documents, this document will control.

RRD reserves the right to amend or terminate the Plan or Programs at any time for any reason.



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