

2024 Benefits Enrollment Guide for New Employees

# YOUR BENEFITS, YOUR CHOICE

⚠️ **Action required!**



# YOUR BENEFITS, YOUR CHOICE

Life is full of choices, including important choices related to your health and well-being.

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RRD offers benefits to support your physical and mental health, your financial well-being, and your life. 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.

Enroll before the deadline listed in your enrollment kit. (The date in your enrollment kit is your benefits effective date. If the date shown is February 1, you must enroll by January 31.) This 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).

## myRRDbenefits.com

Find everything you need to know about your RRD benefits.



- ▶ News about your benefits
- ▶ Digital versions of 2024 guides that help keep you informed about your RRD benefits
- ▶ Information to help you manage your health and use your benefits wisely
- ▶ Important Plan documents
- ▶ Links to the enrollment website, your benefits vendors and more!





# THE BASICS

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## Benefits Eligibility

You are generally eligible for RRD benefits if you are a regular full-time or benefits-eligible part-time employee of RRD or any of its participating subsidiaries. Certain employees may also be eligible under the Affordable Care Act requirements if they worked a minimum number of hours during the previous year.

### Eligible Dependents

Eligible dependents generally include:

- Your spouse (including your common-law spouse in states that recognize common-law marriages)
- Your domestic partner
- Your children to age 26, including:
  - Natural children
  - Legally adopted children
  - Stepchildren
  - Foster children
  - Children for whom you are the sole legal guardian
  - Your domestic partner's children
- Your dependent children age 26 and older who are incapable of earning a living because of a disability, subject to conditions defined in the SPD, any related SMM, and/or an insurance certificate

### Ineligible Dependents

Your parents, grandparents, adult brothers and adult sisters are not eligible for coverage. Your minor brothers and sisters or grandchildren are not eligible for coverage unless you are the sole legal guardian. You cannot cover any person who is covered as an employee or as a dependent of another employee under the Plan. The Plan does not pay benefits for ineligible dependents, even if they are enrolled.

#### Are your dependents eligible for coverage?

- **If your dependent(s) are no longer eligible for coverage**, you must call the Benefits Center or go online to remove them from coverage generally within 30 days of the date they become ineligible. Claims will not be paid for ineligible dependents.
- **If you newly enroll a dependent**, watch for a dependent verification letter via mail or email. If you fail to respond in a timely manner with acceptable proof of your dependent's eligibility, the dependent's coverage may be denied.

RRD conducts ongoing audits to confirm dependents enrolled under the Plan are eligible for coverage. This ensures only eligible dependents are covered, which helps us manage health care costs for both you and the company.

#### NEED MORE ELIGIBILITY DETAILS?

This information is a summary and does not contain all Plan provisions, conditions or definitions. For more details, please refer to the SPD, any related SMM and, in some cases, the insurance certificate for each benefit at [myRRDbenefits.com](https://myRRDbenefits.com).



# Summary of Health & Welfare Benefits

These benefits are available to you, provided you meet the eligibility and waiting period requirements. You receive some benefits automatically; others you receive only if you elect an option and coverage category and pay the applicable premiums.



1. For definitions of regular full-time and benefits-eligible part-time status, please refer to HR Core Policy 2-1, "Employee Classifications," on insideRRD/Employee Center/Policies. Bargaining unit employees are eligible only if agreed on in the collective bargaining agreement.

2. The coverage options for which you are eligible are listed on [rrd.bswift.com](http://rrd.bswift.com). If you don't take action to elect "No Coverage" or you don't enroll in a Medical Program before the deadline indicated, you will default to Employee Only coverage under the HSA Value option, you will be charged the higher premium for Tobacco Users, and you will have no HSA contributions. Your next opportunity to enroll or change options will be the following Annual Enrollment period.

3. If you are hired in October, you become eligible for the FSAs on January 1, even though your coverage for other benefits begins on December 1.

4. The coverage options for which you are eligible are listed on [rrd.bswift.com](http://rrd.bswift.com). If you don't take action to enroll before the deadline indicated, you'll have no coverage for the Plan year. Your next opportunity to enroll will be the following Annual Enrollment period. Optional life is subject to evidence of insurability (EOI). See [page 20](#) for details.

	WHO'S ELIGIBLE	WHEN COVERAGE TAKES EFFECT	WHO ENROLLS
<b>rrd Benefits provided by RRD (no employee contribution)</b>			
Basic Employee Life Insurance	Regular full-time and benefits-eligible part-time employees of RRD or any of its participating subsidiaries <sup>1</sup>	First day of the month after one-month anniversary of employment	Automatic enrollment
Short-Term Disability (STD) & Long-Term Disability (LTD)			
SupportLinc, RRD's Employee Assistance Program (EAP)		Date of hire	
<b>Benefits for which you and RRD contribute</b>			
Medical & Prescription Drug	Regular full-time and benefits-eligible part-time employees of RRD or any of its participating subsidiaries <sup>1</sup>	First day of the month after one-month anniversary of employment	You <sup>2</sup>
<b>Optional benefits paid entirely by you</b>			
Dental	Regular full-time and benefits-eligible part-time employees of RRD or any of its participating subsidiaries <sup>1</sup>	First day of the month after one-month anniversary of employment	You <sup>4</sup>
Vision			
Health Savings Account (HSA)			
Flexible Spending Accounts (FSAs) — Health Care & Dependent Care <sup>3</sup>			
Optional Employee, Spouse/Domestic Partner & Child Life Insurance			
Optional AD&D Insurance			
Accident, Critical Illness & Hospitalization Insurance			

# What You Need to Do

## 1 Take action/enroll before the deadline specified in your enrollment kit

You must take action, even if you don't want coverage. Otherwise, default coverage will be assigned.

## 2 Read the enrollment materials

Visit [myRRDbenefits.com](https://myRRDbenefits.com) for more information. Refer to [rrd.bswift.com](https://rrd.bswift.com) to see the coverage options available to you and costs.

## 3 Get personalized help from Emma

On the enrollment website at [rrd.bswift.com](https://rrd.bswift.com), use the Ask Emma feature to view your plan rates, compare your options, and help you choose the plan that's right for you and your family.

## 4 Make your benefit elections

**Even if you don't want coverage, you must go online or call to elect "No Coverage."**

- Enroll online at [rrd.bswift.com](https://rrd.bswift.com).
- If you don't have online access, enroll by phone at **1-877-RRD-4BEN (1-877-773-4236)**, Monday – Friday, 7 a.m. – 7 p.m. CT.
- You may enroll eligible dependents as described on [page 3](#). You must provide a Social Security number (SSN) for each dependent and enter their name exactly as it appears on their Social Security card.
- If you add a dependent, check the box on the enrollment website for each of the programs (e.g., medical, dental, vision) in which you wish to enroll the dependent. (Simply adding a dependent does NOT enroll them in coverage.)

## 5 Certify your tobacco status

On the enrollment website, you must certify whether you and each of your covered dependents are "Tobacco Users." If you are not a Tobacco User, or if you complete five coaching sessions in 2024, you will receive a premium discount for the Medical, Optional Employee Life, and Optional Spouse/Partner Life plans.

To answer "No" to the Tobacco User question on the enrollment website, you must certify that you (or your dependents) have not used any of the following during the past 12 months: tobacco products (including cigarettes, pipe tobacco, cigars, chewing tobacco, tobacco snuff and hookah tobacco) and/or tobacco-derived or non-Food and Drug Administration (FDA)-approved nicotine-based products (like e-cigarettes, nicotine gels and dissolvables).

You may still answer "No" to the Tobacco User question if you use the following aids to quit tobacco/nicotine: over-the-counter FDA-approved nicotine replacement products (skin patches, chewing gum and lozenges) and/or prescription drugs (Chantix, Zyban or Nicotrol).

Each Tobacco User who does not complete five coaching sessions in 2024 will pay an annual medical premium surcharge of \$500 per adult and \$250 per child (added to your medical premium) up to the following maximums:

- Employee Only or Spouse/Domestic Partner Only: \$500
- Employee + Spouse/Domestic Partner: \$1,000
- Dependent Child(ren) Only: \$250
- Employee + Child(ren) or Spouse/Domestic Partner + Child(ren): \$750
- Family (Employee + Spouse/Domestic Partner + Child(ren)): \$1,250

Optional Life premium rates for Tobacco Users are available at [rrd.bswift.com](https://rrd.bswift.com).

You (and/or each of your enrolled dependents) who indicate "Yes" for Tobacco User status may qualify for the non-Tobacco User premium discounts by completing five coaching sessions during the Plan year. So long as the individual completes five coaching sessions by December 31, 2024, you will be refunded the tobacco medical plan surcharge for that individual. If you are enrolled in the Optional Life plans, those premium rates will be adjusted prospectively to reflect the non-tobacco premium discount effective on the first of the month following completion of five coaching sessions. Contact UBreathe at **1-888-882-5462** to participate in the program. (Alternate cessation recommendations by your physician will be accommodated.)

## 6 Confirm your elections

After enrolling, review your confirmation statement and verify that your elections, covered dependents and per-pay-period costs are correct. Print and keep a copy for your records. If you need to make changes or corrections, call the RRD Benefits Center.

# When Your Coverage Begins

Your benefit elections – including any default coverage if you don't enroll – will generally be in effect the first day of the calendar month after your one-month anniversary of employment (regardless of the day of the month you started your employment) through December 31, 2024.

WHEN YOU START	COVERAGE BEGINS
January	March 1
February	April 1
March	May 1
April	June 1
May	July 1
June	August 1
July	September 1
August	October 1
September	November 1
October	December 1*
November	January 1
December	February 1

\* January 1 for FSAs.



# IF YOU DON'T TAKE ACTION!

If you don't take action before the deadline indicated on your personalized New Hire Enrollment Worksheet, the following coverage categories will be assigned to you automatically:

## Medical

### Default Coverage

HSA Value for you only.

## Dental & Vision

### No Coverage

## HSA & FSAs

### No Coverage

Although your HSA contribution will be set to \$0, you can still elect to contribute to your HSA during the year.

## Basic Employee Life Insurance

### Default Coverage

One times your annual base pay, up to \$250,000. (See the SPD and any related SMM for Program details, including annual reductions for active employees age 65 and older.)

## Short-Term Disability (STD)

### Default Coverage

Weekly benefit of 50% of your pre-disability earnings for up to 26 weeks if you are an hourly employee, and 100% of your pre-disability earnings for the first three weeks and 50% for up to 23 additional weeks if you are a salaried employee. (See the SPD and any related SMM for details.)

## Long-Term Disability (LTD)

### Default Coverage

Monthly benefit amount of 50% of your earnings, up to \$10,000 a month. (See the SPD and any related SMM for details.)







# YOUR HEALTH

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## 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 AccessHope cancer support, Twin Health, Hinge Health, Wondr Health weight management program, Teladoc Health, and Transform Diabetes Care from CVS Health.
- ✓ 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](https://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: **Twin Health** or **Transform Diabetes Care from CVS 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.

### Twin Health

If you're ready to reverse your 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 type 2 diabetes.

### 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.



### GET SUPPORT FOR YOUR FIGHT AGAINST CANCER

Dealing with a cancer diagnosis and subsequent treatment can be overwhelming. To help you before, during and after cancer treatment, RRD offers AccessHope, a cancer care program, as part of the National Medical Program options. 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
<b>Annual Deductible</b>	\$2,100		\$4,200		\$2,000		\$4,000	
<b>Annual Out-of-Pocket Maximum <sup>1</sup></b>	\$7,600		\$15,200; Individual cap of \$7,600		\$7,600		\$15,200; Individual cap of \$7,600	
<b>Office Visit</b>	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
<b>Preventive Care</b>	0%	40% after deductible	0%	40% after deductible	0%	40% after deductible	0%	40% after deductible
<b>Emergency Room</b>	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 <sup>2</sup>	\$500 copay + 20% of remaining balance after deductible	\$500 copay + 20% of remaining balance if true emergency; otherwise 50% of remaining balance after deductible <sup>2</sup>


Prescription Drug <sup>3</sup>	Retail	Mail Order	Retail	Mail Order
	<b>Generic</b>	20% after deductible		20% (\$10 min/\$40 max); no deductible
<b>Brand Formulary</b>	30% after deductible		30% (\$40 min/\$75 max); no deductible	30% (\$100 min/\$185 max); no deductible
<b>Brand Non-Formulary</b>	40% after deductible		40% (\$55 min/\$125 max); no deductible	40% (\$140 min/\$315 max); no deductible
<b>Specialty</b>	<b>If not covered by PrudentRx: 30% after deductible</b> <b>If covered by PrudentRx: 30% after deductible <sup>4</sup></b>		<b>If not covered by PrudentRx: \$150; no deductible <sup>4</sup></b> <b>If covered by PrudentRx: 30%; no deductible <sup>4</sup></b>	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
<b>Annual Deductible</b>	\$3,000		\$6,000		\$2,900		\$5,800	
<b>Annual Out-of-Pocket Maximum <sup>1</sup></b>	\$7,600		\$15,200; Individual cap of \$7,600		\$7,600		\$15,200; Individual cap of \$7,600	
<b>Office Visit</b>	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
<b>Preventive Care</b>	0%	50% after deductible	0%	50% after deductible	0%	50% after deductible	0%	50% after deductible
<b>Emergency Room</b>	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 <sup>2</sup>	\$600 copay + 25% of remaining balance after deductible	\$600 copay + 25% of remaining balance if true emergency; otherwise 50% of remaining balance after deductible <sup>2</sup>

Prescription Drug <sup>3</sup> 	Retail	Mail Order	Retail	Mail Order
	<b>Generic</b>	25% after deductible		25% (\$10 min/\$45 max); no deductible
<b>Brand Formulary</b>	40% after deductible		40% (\$40 min/\$100 max); no deductible	40% (\$100 min/\$250 max); no deductible
<b>Brand Non-Formulary</b>	50% after deductible		50% (\$75 min/\$150 max); no deductible	50% (\$185 min/\$375 max); no deductible
<b>Specialty</b>	<b>If not covered by PrudentRx:</b> 30% after deductible <b>If covered by PrudentRx:</b> 30% after deductible <sup>4</sup>		<b>If not covered by PrudentRx:</b> \$210; no deductible <sup>4</sup>  <b>If covered by PrudentRx:</b> 30%; no deductible <sup>4</sup>	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
<b>Covers Care Received</b> <i>(In- &amp; Out-of-Network)</i>	✓	✓	✓	✓
<b>Includes PrudentRx Assistance</b>	✓	✓	✓	✓
<b>Eligible for an HSA</b>	✓	✓	✗	✗
<b>Eligible for Paytient</b>	✓	✓	✓	✓
<b>Eligible for Full-Use Health Care FSA</b>	✗	✗	✓	✓
<b>Premiums</b>	\$\$	\$	\$\$	\$
<b>Deductible &amp; Out-of-Pocket Maximum</b>	\$	\$\$	\$	\$\$

### 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.

## 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 9-10](#) 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.

#### SKIN CANCER BENEFIT

Critical Illness Insurance coverage 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](https://myRRDbenefits.com), review the [Supplemental & Voluntary Benefits Guide](#) and watch your mail for additional details from MetLife.



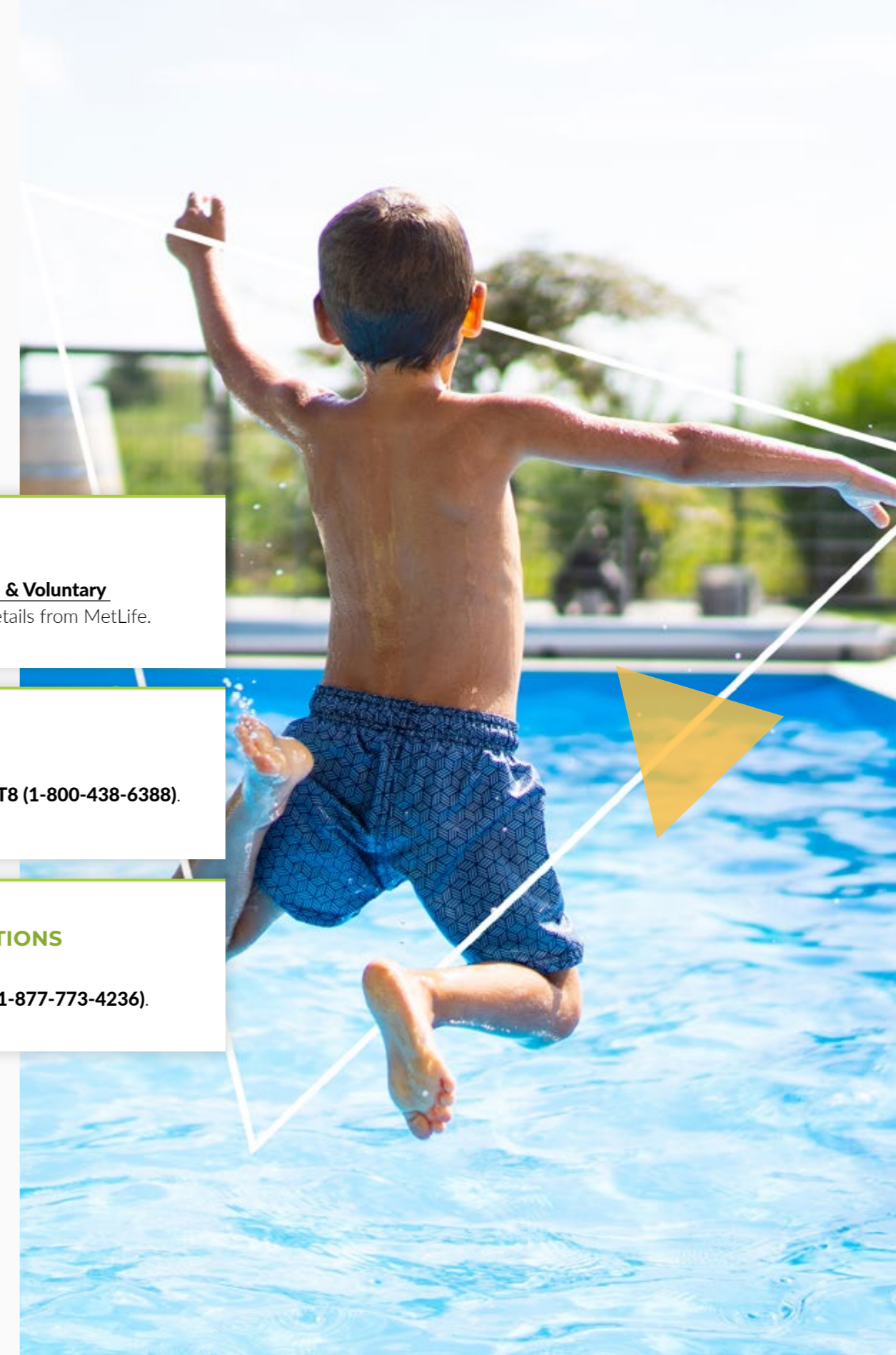
#### FOR PLAN QUESTIONS:

Visit [metlife.com/mybenefits](https://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](http://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
<b>Annual Deductible</b>	\$50	\$150	\$50	\$150	\$0
<b>Annual Maximum</b> <i>(Non-orthodontia)</i>	\$1,500 per individual		\$2,000 per individual		No annual maximum
<b>Lifetime Orthodontia Maximum</b>	N/A		\$2,000 per individual		Limited to 1 treatment per person, per lifetime; contact <a href="#">Cigna</a> for details
<b>Preventive Care</b> <i>Type A</i>	100%		100%		100%
<b>Basic Care</b> <i>Type B</i>	70%		80%		100%
<b>Major Care</b> <i>Type C</i>	50%		50%		60%
<b>Orthodontia</b> <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](http://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](http://rrd.bswift.com).

	EYEMED ESSENTIAL		EYEMED ENHANCED	
<b>Frequency of Service</b>				
<b>Exam</b>	Every 12 months		Every 12 months	
<b>Frames</b>	Every 24 months		Every 12 months	
<b>Lenses</b>	Every 12 months		Every 12 months	

<b>Other Benefits</b>	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Routine Vision Exam</b>	\$10 copay	Up to \$35 allowance	\$0 copay	Up to \$35 allowance
<b>Frames</b>	\$0 copay, \$150 allowance, 20% off balance over \$150	\$70	\$0 copay, \$180 allowance, 20% off balance over \$180	\$90
<b>Lenses*</b> <i>Single Vision</i>	\$20 copay	Up to \$25 allowance	\$10 copay	Up to \$25 allowance
<b>Contacts*</b>	\$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
<b>Laser Surgery</b>	\$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](http://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

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## 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](#) at [myRRDbenefits.com](#), [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

.....  
**OTHER COVERAGE CATEGORIES:**

\$8,300

.....  
**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](https://myRRDbenefits.com) and [irs.gov](https://irs.gov).

	<b>FULL-USE HEALTH CARE FSA</b> <i>if you enroll in Copay Value or Copay Advantage</i>	<b>LIMITED-USE HEALTH CARE FSA</b> <i>if you enroll in HSA Value or HSA Advantage</i>	<b>DEPENDENT DAY CARE FSA</b>
<b>! Action Required to Participate!</b> To begin participating in the FSA program in 2024, you must enroll.			
<b>How much can I contribute in 2024?</b>	\$200 – \$3,050	\$200 – \$3,050	\$200 – \$5,000 (depending on your federal income tax filing status) <sup>1</sup>
<b>Can I change my contributions during the year?</b>	You cannot change or stop your contributions during the year unless you have a Qualified Status Change event.		
<b>What expenses can I use it for?</b>	Eligible medical, prescription drug, dental and vision expenses	Eligible dental and vision expenses <b>at any time</b> , and eligible medical and prescription drug expenses <b>after</b> you've met your medical deductible. <sup>2</sup> <b>Note:</b> 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
<b>When are the funds available for use?</b>	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.
<b>What happens to unused funds at the end of the year?</b>	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.

.....

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 in accordance with Plan provisions.

### Optional Employee Life Insurance

You may purchase optional employee life insurance from one to 10 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. 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 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](https://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 optional employee life insurance, you must provide EOI.
- If you elect optional life insurance for your spouse/domestic partner, EOI is required for coverage amounts over \$25,000.
- EOI is not required for optional AD&D insurance or optional child life insurance.



#### IMPORTANT! DESIGNATE YOUR BENEFICIARIES

Death can be unexpected. Protect your family and your money by designating your beneficiaries on the [enrollment website](#). If your beneficiaries are not 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](https://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](https://myRRDbenefits.com) under Voluntary Benefits and BenefitHub.

## Legal Benefits

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.

## Long Term Care Insurance

Protecting your family and future.

Schedule an appointment at [rrdltc.com](https://rrdltc.com) or email a specialist to learn more about long term care. After reviewing plans and calculated rates, you select a plan and begin the application process.

## 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

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## **rrd.bswift.com**

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

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## **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](https://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](https://bcbsil.com/rrd) | 1-800-537-9765, Mon. – Fri., 7 a.m. – 7 p.m. CT

### CVS Caremark (Prescription Drug Benefits)

[caremark.com](https://caremark.com) | 1-866-273-8402, 24/7

### Twin Health (Diabetes Management Program)

[partner.twinhealth.com/rr-donnelley](https://partner.twinhealth.com/rr-donnelley)

### Transform Diabetes Care

[caremark.com](https://caremark.com) | 1-800-348-5238

### Teladoc Health (Hypertension Management)

[teladochealth.com/expert-care/condition-management/hypertension](https://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](https://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](https://wellontarget.com)

### Wondr Health (Weight Management Program)

[wondrhealth.com/RRD](https://wondrhealth.com/RRD)

### AccessHope (Cancer Support Program)

[bcbsil.com/rrd](https://bcbsil.com/rrd) | 1-800-537-9765

## SUPPLEMENTAL HEALTH CARE — MetLife

[metlife.com/mybenefits](https://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](https://mycigna.com) | 1-800-656-1691, 24/7

## VISION — EyeMed

[eyemed.com](https://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](https://healthequity.com) | 1-866-346-5800, 24/7

## HEALTH CARE PAYMENT CARD — Paytient

[paytient.com](https://paytient.com)

## LIFE & ACCIDENT INSURANCE — Securian

[Securian.com/rrd-life-insurance](https://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](https://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](https://metlife.com/insurance/legal-plans) | 1-800-821-6400, 7 a.m. – 7 p.m. CT

### BenefitHub (Auto, Home & Pet Insurance)

[rrd.benefitHub.com](https://rrd.benefitHub.com) | 1-866-664-4621

### Allstate Identity Protection

1-800-789-2720

## LONG TERM CARE INSURANCE — Agis Network

[rrdltc.com](https://rrdltc.com) | 1-877-485-2318

## RRD SAVINGS PLAN — Fidelity

[NetBenefits.com](https://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](https://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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