

**RR DONNELLEY**

# **2020 Summary of Material Modifications (SMM) for the Retiree Medical Benefit and Drug Benefit Programs**

January 2020

## Introduction

The material that follows is a legally required notice of benefit plan changes. It describes changes to certain benefit programs (“Programs”) provided under the R.R. Donnelley & Sons Company Retiree Welfare Benefits Plan (the “Plan”).

The general rules related to each benefit Program are detailed in each Program’s Summary Plan Description (“SPD”), and any notices (such as this one) that constitute a Summary of Material Modifications (“SMM”) to that SPD, including but not limited to the annual Benefits Enrollment Guides. If a capitalized term is not defined in this SMM, such term will have the definition set forth in the applicable SPD. To make sure you have the most up-to-date information, keep this document with your SPD. You can also access the SPDs and SMMs at <http://myrrdbenefits.com>.

This SMM was prepared to highlight clarifications to the terms of the Plans, and is generally effective January 1, 2020.

As described more fully in the SPDs, the SPD and any appendices thereto along with any SMMs (including this SMM) is intended to be a complete, accurate, and up-to-date description of your coverage under the Plans. However, since treatments, protocols, and practices continually change, even the SPD cannot adequately define every potentially covered service or exclusion as of a certain date. In each case, the claims administrator or insurer will have the authority or discretion to make the determination of whether an expense incurred is a covered expense, or whether an individual is a covered individual, in accordance with its internal rules, guidelines, protocols, or other similar criteria.

If there is any inconsistency between the SMM and the SPD, this SMM will control. However, if there is any discrepancy between this SMM and the Plan, the Plan documents (including the applicable Schedule of Benefits, Evidence of Coverage, or Certificates of Coverage, if any) govern.

This SMM merely describes the material changes to the coverages and benefits offered to eligible participants from the date of the last SPD until the date on the cover of this SMM. R.R. Donnelley & Sons Company (“RR Donnelley”) reserves the right to amend, change, or terminate the Plans or their component programs, in whole or in part, at any time.

This SMM contains a summary in English to supplement the information provided in the SPD and its appendices. If you have difficulty understanding any part of this content, call the RR Donnelley Benefits Center at 1-877-RRD-4BEN (1-877-773-4236). RR Donnelley Benefits Center Representatives are available from 7 a.m. to 7 p.m. CT, Monday through Friday, except holidays.

## Summary of Material Modifications

### ***New Benefits Center, COBRA Administrator, and Eligibility Administrator Contact Information***

Effective January 1, 2020, bswift replaced Alight as administrator of the RR Donnelley Benefits Center and as the Plan's COBRA Administrator and Eligibility Administrator. The new contact information for the RR Donnelley Benefits Center/COBRA Administrator/Eligibility Administrator is:

RR Donnelley Benefits Center  
P.O. Box 617907  
Chicago, IL 60661  
1-877-RRD-4BEN (1-877-773-4236)  
Website: [rrd.bswift.com](http://rrd.bswift.com)

### **New Retiree Health Care Account (RHCA) Administrator**

On January 1, 2020, administration of RRD's retiree spending accounts, including the Retiree Waiver Credit Plan (RWCP) and Retiree Health Care Account (RHCA) will transition from *Your Spending Account*<sup>™</sup> (YSA) to HealthEquity.

- YSA will continue to process claims for reimbursement through December 31, 2019.
- HealthEquity will begin administering the RWCP and RHCA on January 1, 2020. Starting January 1, 2020, you must submit your claims for 2020 plan year reimbursement to HealthEquity.
- HealthEquity will accept late claims for 2019 plan year reimbursement through March 31, 2020. You may begin submitting your 2019 claims on January 27, 2020. During the period of January 1 through January 27, 2020, YSA will transition account balance information to HealthEquity. Claims will not be processed during this time, and any claim that is submitted will be denied. Therefore, please do not submit any 2019 claims until January 27 or later. This transition is expected to be completed January 27, 2020, at which time HealthEquity will begin processing the 2019 run-out claims.
- A copy of the reimbursement form is available at [https://resources.healthequity.com/Forms/Retiree\\_Reimbursement\\_Form.pdf](https://resources.healthequity.com/Forms/Retiree_Reimbursement_Form.pdf). You can also request a copy by calling HealthEquity at 1-866-346-5800.

- Mail or fax completed claim forms to:  
HealthEquity  
Attn: Reimbursement Accounts  
15 W Scenic Pointe Dr., Ste. 100  
Draper, UT 84020  
Fax: 801.999.7829 (coversheet not required)
- More information on how to submit your claims can be found at [https://answers.healthequity.com/app/answers/detail/a\\_id/1643/kw/submitting%20claims](https://answers.healthequity.com/app/answers/detail/a_id/1643/kw/submitting%20claims).
- If you have questions, please contact:
  - HealthEquity at **1-866-346-5800**, or
  - the RRD Benefits Center at **1-877-RRD-4BEN** (1-877-773-4236), Monday – Friday, 7 a.m. – 7 p.m. CT.

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# **2020 Summary of Material Modifications (SMM) for the Retiree Medical Benefit and Drug Benefit Programs**

**March 2020**

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The material that follows is a legally required notice of benefit plan changes. It describes changes to certain benefit programs (“Programs”) provided under the R.R. Donnelley & Sons Company Retiree Welfare Benefits Plan (the “Plan”).

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This SMM was prepared to highlight clarifications to the terms of the Plans, and is generally effective March 1, 2020.

As described more fully in the SPDs, the SPD and any appendices thereto along with any SMMs (including this SMM) is intended to be a complete, accurate, and up-to-date description of your coverage under the Plans. However, since treatments, protocols, and practices continually change, even the SPD cannot adequately define every potentially covered service or exclusion as of a certain date. In each case, the claims administrator or insurer will have the authority or discretion to make the determination of whether an expense incurred is a covered expense, or whether an individual is a covered individual, in accordance with its internal rules, guidelines, protocols, or other similar criteria.

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## **Summary of Material Modifications**

On May 4, 2020, the Internal Revenue Service (IRS) and Department of Labor (DOL) issued new regulations requiring employee benefit plans to suspend certain plan deadlines during the period from March 1, 2020 until sixty (60) days after the announced end of the National Emergency due to COVID-19, or such other date announced by the IRS and/or the DOL in a future notification (the “Outbreak Period”). This SMM describes the temporary modifications to certain timeframes applicable to benefits provided by the Plan during the Outbreak Period.

### **Temporary Suspension of Plan Deadlines for Claims and Appeals**

Effective from March 1, 2020, until sixty (60) days after the announced end of the COVID-19 National Emergency or such later date that may be announced by the IRS and DOL (referred to as the “Outbreak Period”), the Plan will disregard the Outbreak Period in determining whether you have met the Plan deadlines listed below. For example, if the COVID-19 National Emergency were to end on August 31, 2020, the Outbreak Period would end 60 days later on October 30, 2020, and the period from March 1, 2020 through October 30, 2020 would be disregarded in determining whether you had met the Plan’s deadlines below.

- The deadline to file a benefit claim with the applicable claims administrator.
- The deadline to file an appeal of a denied claim under the Plan’s appeals procedures.

Please refer to the SPD and the prior SMM for more information about the applicable claim and appeal filing deadlines.

### **Temporary Suspension of Plan Deadlines for COBRA Continuation Coverage**

The Consolidated Omnibus Budget Reconciliation Act of 1985 (“COBRA”) allows Plan participants and their enrolled dependents to elect a temporary continuation of group health plan coverage at their own expense when coverage is lost due to a COBRA qualifying event. This section describes temporary modifications to certain timeframes and deadlines applicable to COBRA elections and premium payments as a result of the COVID-19 National Emergency during the “Outbreak Period” defined above.

The Plan will disregard the Outbreak Period in determining whether you have met the Plan COBRA deadlines listed below:

- the COBRA election deadline (normally 60 days after the later of the date you are furnished the election notice or the date you would lose coverage);
- the initial COBRA premium payment deadline (normally 45 days after the COBRA election);
- all on-going COBRA premium deadline(s);

- the deadline to notify the Plan of any second COBRA qualifying events (e.g., divorce or legal separation, a dependent child ceasing to be a dependent under the terms of the Plan, etc.); and
- the deadline to notify the Plan of a disability determination.

See the examples below for more information.

**Example.** A Retiree's spouse has a qualifying event that is a divorce and the spouse's coverage under the Plan will terminate effective June 30, 2020. COBRA premiums for a month are typically due on the first day of the month, subject to a 30-day grace period. If the Outbreak Period ends on September 30, 2020, then the spouse's COBRA election must be postmarked by November 29, 2020 (i.e., 60 days after the end of the Outbreak Period). Assume the spouse elects COBRA coverage for the period beginning July 1 and the spouse's election is postmarked November 29, 2020. The spouse's initial premium payment deadline is 45 days after November 29, 2020, or January 13, 2021. The spouse's initial premium (for July) and the premiums for August, September, October, November, and December are due by January 13, 2021. The premium for January 2021 is due by January 30, 2021.

**IMPORTANTLY, THE PLAN DOES NOT NEED TO PAY ANY BENEFITS FOR CLAIMS INCURRED DURING A MONTH UNTIL PREMIUMS ARE ACTUALLY PAID FOR THAT MONTH. PREMIUMS THAT ARE PAID WILL BE APPLIED TO THE OLDEST INVOICE FIRST. THIS MEANS NONE OF YOUR BENEFIT CLAIMS (IF ANY) WILL BE PAID BY THE PLAN UNLESS AND UNTIL YOU PAY THE PREMIUM AMOUNTS OWED FROM THE DATE OF YOUR ELECTION UP TO AND INCLUDING THE MONTH IN WHICH THE CLAIM WAS INCURRED.**

**Example.** In the Example above, if the spouse incurred claims in November 2020, the spouse has to timely pay the COBRA premiums for July, August, September, October, and November in order to have the November claims paid under the Plan.

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