



RRD BENEFITS
HEALTH | WEALTH | LIFE

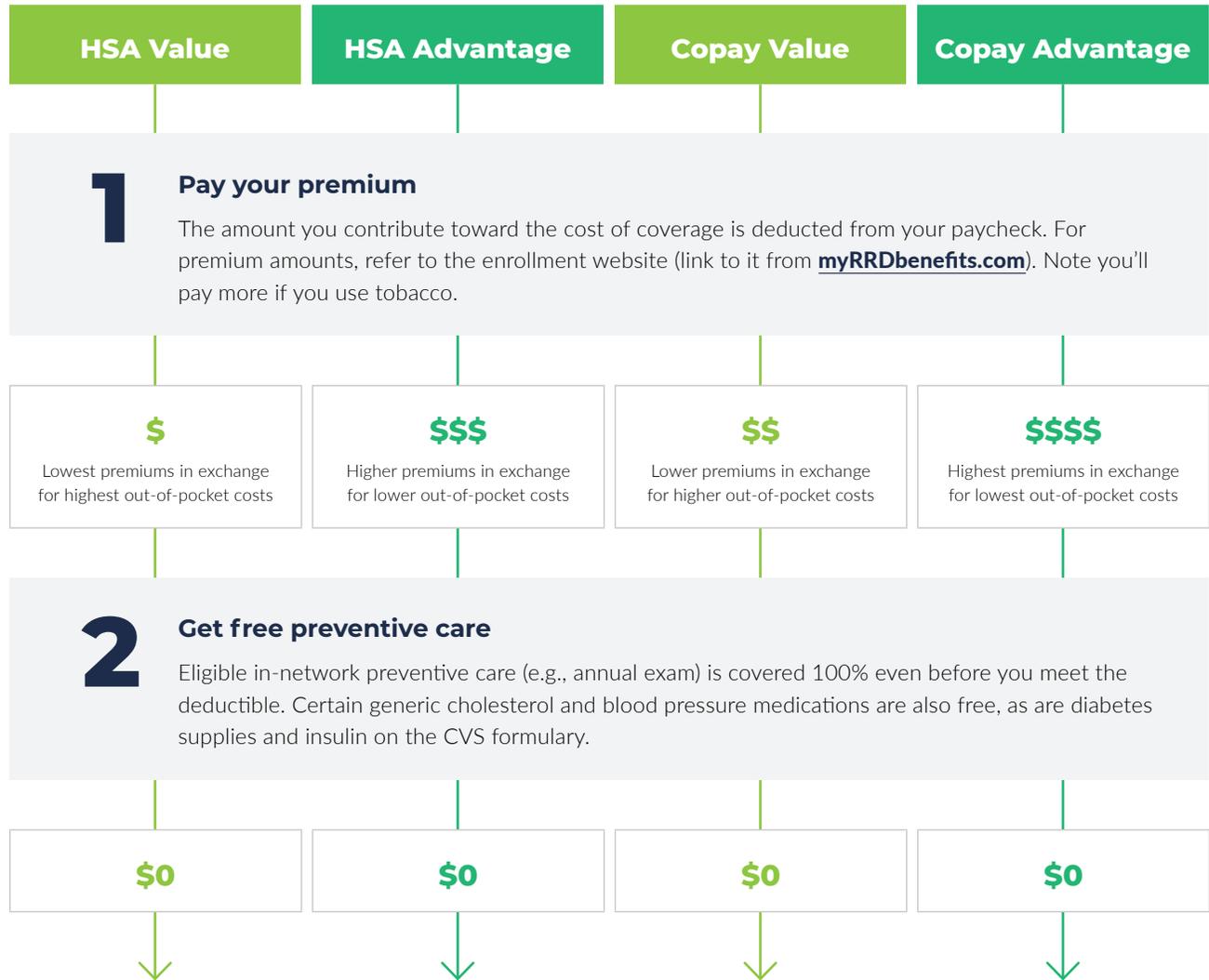
Staying connected.

A guide to your
Out-of-Pocket Health Care Costs

Your Out-of-Pocket Health Care Costs

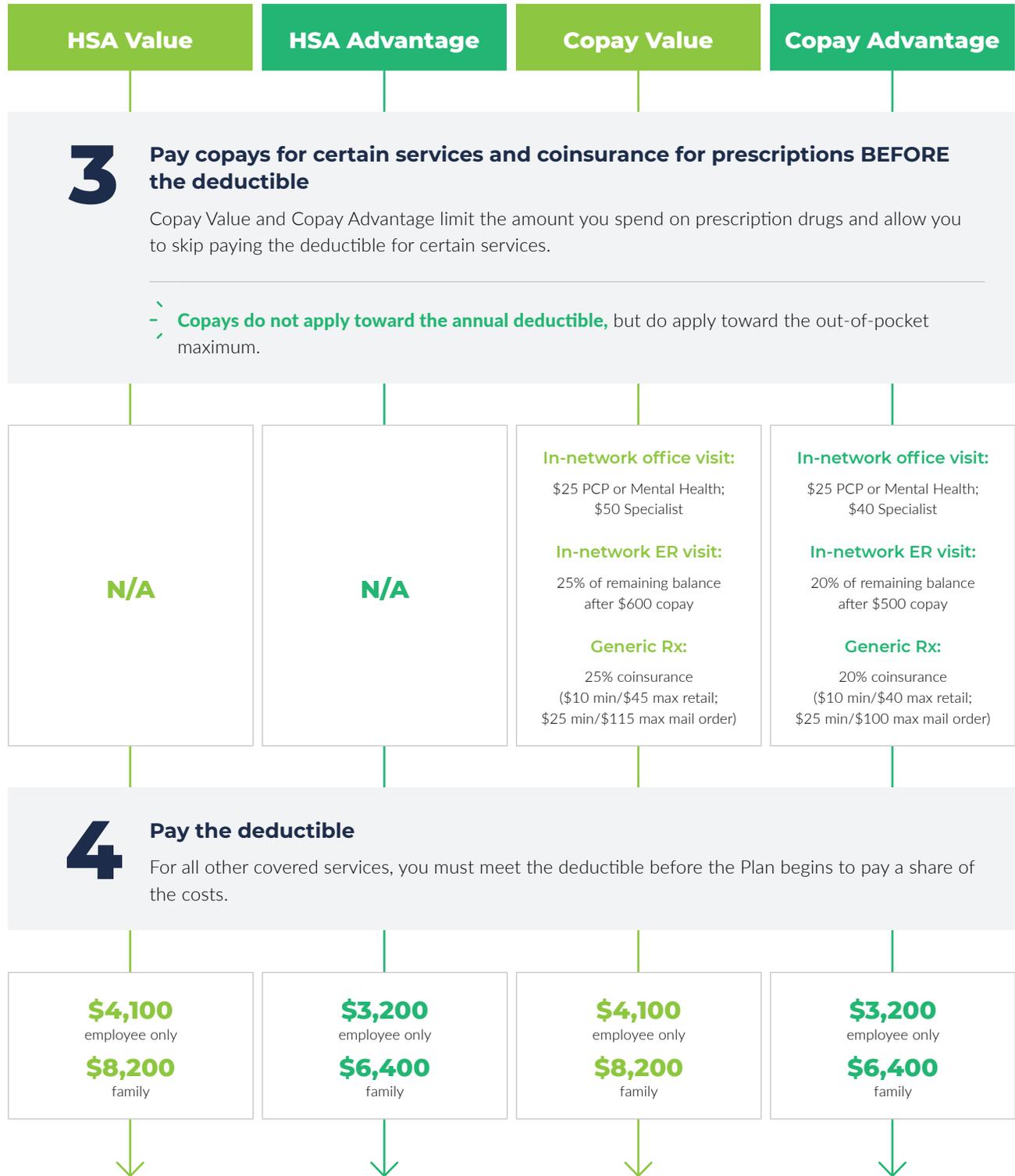
The amount you pay for health care depends on many factors: Your medical option, how many people you cover, how you use your benefits, and where you go for care. The following provides a general overview of what you can expect to pay out of your own pocket, including some examples.

IMPORTANT: The following assumes you visit in-network providers and purchase generic drugs. You'll pay more if you go out-of-network or purchase brand-name or specialty drugs.



Your Out-of-Pocket Health Care Costs

Continued



Your Out-of-Pocket Health Care Costs

Continued

HSA Value	HSA Advantage	Copay Value	Copay Advantage
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5 Share costs with RRD

Once you meet your deductible, you pay coinsurance (a percentage of the cost) for covered services and the Plan pays the rest.

- If you enroll in HSA Value or HSA Advantage, you can **contribute tax-free dollars to a Health Savings Account (HSA)** and use the money to help pay your deductible and coinsurance — as long as you don't have any disqualifying coverage (e.g., a full-use Health Care Flexible Spending Account).

25%	20%	25%	20%
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6 Never pay more than the maximum

This is the most you pay for covered services before the Plan begins paying 100% of your covered expenses for the rest of the year.

- **No one in your family pays more than the individual out-of-pocket maximum** before the Plan starts paying 100% of his/her covered expenses.

You could pay much more than the maximum if you go out-of-network. This is because reimbursements for out-of-network services are capped at an “allowed amount.” The Plan pays 100% of the allowed amount, but you are responsible for paying anything over that allowed amount directly to your provider.

<p>\$6,900 employee only</p> <p>\$13,800 family</p> <p>(individual cap of \$6,900)</p>			
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Example: HSA Value

The following example assumes you are in pay band 2 and cover yourself under HSA Value, use in-network providers and have not met your deductible.

			Deductible Year to Date	Out-of-Pocket Maximum Year to Date
Pay your premium	You pay your premium via payroll deductions.	You pay \$453 for employee only coverage for pay band 2	—	—
Get preventive care	You get your annual preventive care exam.	You pay \$0	\$0	\$0
Pay your deductible	You wake up in the middle of the night experiencing chest pain and call an ambulance. On your arrival to the ER, the doctor examines you and orders an EKG and other tests. Total charges: \$4,500.	You pay \$4,100 (You have met the annual deductible.)	\$4,100	\$4,100
Share costs with RRD — up to your out-of-pocket maximum	You pay 25% coinsurance on the remaining ER balance of \$300.	You pay \$75	\$4,100	\$4,175
	You are admitted to the hospital for further evaluation and are released two days later. Total additional charges: \$15,000. 25% coinsurance would be \$3,750. However, you have already paid \$4,175 out-of-pocket. Your out-of-pocket maximum is \$6,900, which means only \$2,725 of this charge is your responsibility. The Plan pays 100% of your covered services for the rest of the year.	You pay \$2,725 (You pay 25% coinsurance on the hospital inpatient charges until you reach your out-of-pocket maximum.)	—	\$6,900

Example: Copay Value

The following example assumes you are in pay band 1 and cover yourself and your son under Copay Value, use in-network providers and have not met your deductible.

			Deductible Year to Date	Out-of-Pocket Maximum Year to Date
Pay your premium	You pay your premium via payroll deductions.	You pay \$4,893 for employee + child(ren) coverage for pay band 1	—	—
Get preventive care	You and your son each get your annual preventive care exam.	You pay \$0	\$0	\$0
Pay copays¹	You and your son come down with the flu and you both see your doctor, who prescribes bed rest.	You pay \$50 (\$25 copay x 2)	\$0	\$50
	Your son injures himself during a high school football game and you take him to the ER. The facility charge is \$1,000.	You pay \$700 (\$600 copay + 25% of remaining balance)	\$100	\$750
	The doctor prescribes a 30-day supply of a generic drug for pain, with a retail cost of \$50.	You pay \$12.50 (25% coinsurance with minimum copay of \$10)	\$112.50	\$762.50
Pay your deductible	When your son is at the ER, the doctor orders a CT scan to check for concussion and an X-ray to check for a fracture. The total for the associated ER services is \$3,500 (doctor's charges, CT scan, X-ray). ²	You pay \$3,500	\$3,612.50	\$4,262.50
Share costs with RRD — up to your out-of-pocket maximum	You have no additional costs. However, your son is having a tough year. He has an emergency appendectomy, which costs \$15,000.	You pay \$2,637.50 (Your son has now met the individual out-of-pocket cap of \$6,900; the Plan pays 100% of his covered expenses for the rest of the year.)	\$4,100	\$6,900

1. Copays do not apply to deductible but do apply to the out-of-pocket maximum.

2. The deductible and coinsurance still apply for certain diagnostic and treatment services even if performed in an ER or doctor's office setting.



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