



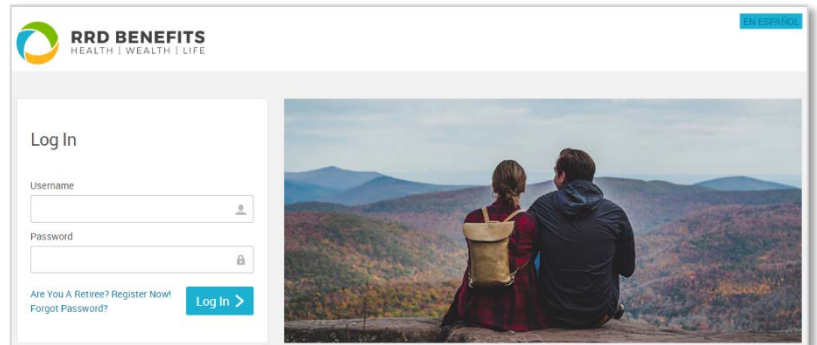
STEP-BY-STEP HOW TO ENROLL FOR BENEFITS

Visit www.rrd.bswift.com

Username: Employee ID

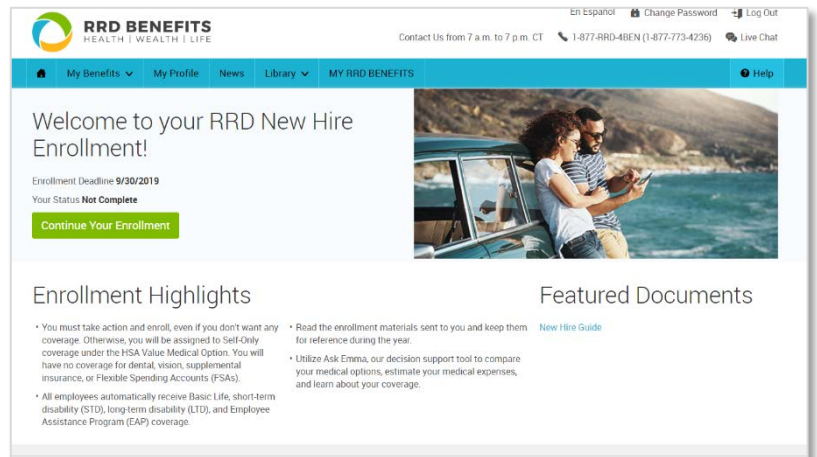
Password: Lower case first initial of first name +
2-digit birth month + first five digits of SSN

If you are a retiree, you will register, create a username and password, and then return to this page to log in.



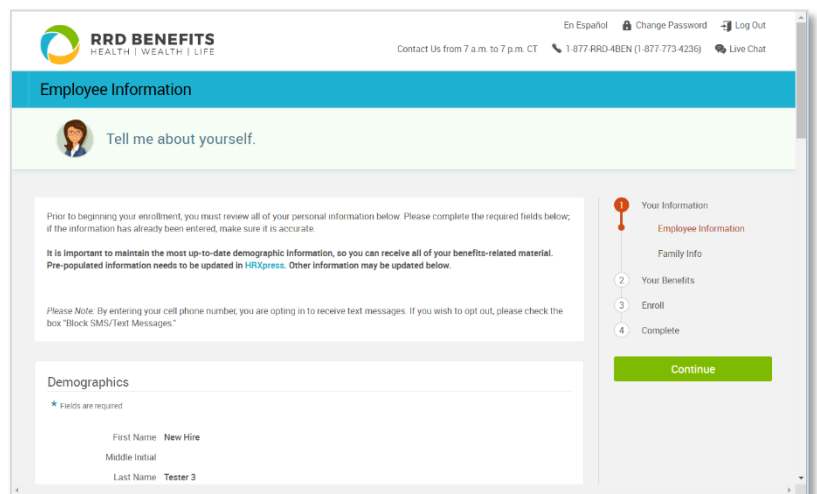
Start your enrollment

You'll find all of the information you need about your benefits in your employee portal. Click the "Start Your Enrollment" button to begin enrolling in your benefits.



Enter your personal information

Make sure all your personal information, including your birth date, address, telephone number and email, are correct. This section will also allow you to update your Tobacco User and electronic distribution information.



Enter your family information

Enter your spouse's information, along with your children or anyone you claim as a dependent and that you would like to enroll in your benefits.

The screenshot shows the 'Employee Information' page. At the top, there is a navigation bar with the RRD Benefits logo, 'En Español', 'Change Password', 'Log Out', and contact information. Below the navigation bar, the page title is 'Employee Information'. A profile picture placeholder is followed by the text 'Tell me about yourself.' Below this, there are instructions: 'Prior to beginning your enrollment, you must review all of your personal information below. Please complete the required fields below; if the information has already been entered, make sure it is accurate.' and 'It is important to maintain the most up-to-date demographic information, so you can receive all of your benefits-related material. Pre-populated information needs to be updated in HRExpress. Other information may be updated below.' A 'Please Note' section states: 'By entering your cell phone number, you are opting in to receive text messages. If you wish to opt out, please check the box "Block SMS/Text Messages."' The main content area is titled 'Demographics' and includes a note '* Fields are required'. There are input fields for 'First Name' (with 'New Hire' as a suggestion), 'Middle Initial', and 'Last Name' (with 'Tester 3' as a suggestion). On the right side, there is a progress indicator with four steps: 1. Your Information (Employee Information), 2. Your Benefits, 3. Enroll, and 4. Complete. A green 'Continue' button is located at the bottom right.

Start selecting your benefits

From this screen you can select which benefits to enroll in or waive. As you progress through each benefit type, you'll see your selections completed on this screen.

The screenshot shows the 'New Hire Enrollment' page. At the top, there is a navigation bar with the RRD Benefits logo, 'En Español', 'Help', 'Exit Enrollment', and contact information. Below the navigation bar, the page title is 'New Hire Enrollment'. A profile picture placeholder is followed by the text 'Let's get you signed up for your benefits!'. There is a 'Benefits FAQ' section with a dropdown menu 'Select a question about benefits'. A 'VOICEOVER AUDIO' button is also present. Below this, there are instructions: 'You are now eligible to enroll in benefits. Click on the View Plan Options button to view and/or make changes to your benefits. Each section lets you access to plan options, compare costs, and elect coverage for your eligible dependents.' A note states: 'Note: You must take action and enroll, even if you don't want any coverage. Otherwise, you will be assigned to Self-Only coverage under the HSA Value Medical option. You will have no coverage for dental, vision, supplemental insurance, or Flexible Spending Accounts (FSAs).' Another note states: 'All employees automatically receive Basic Life, short term disability (STD), long term disability (LTD), and Employee Assistance Program (EAP) coverage.' The main content area is titled 'Medical' and shows a cost of '\$18.63 per pay period'. There is a table for 'COVERAGE' with columns for 'PLAN', 'HSA Value', 'United Healthcare', and 'View plan details'. The table has rows for 'New Hire Tester 3' (Employee, Cover), 'Spouse Tester3' (Spouse, Waive), and 'Child Tester3' (Child, Waive). Below the table, there are buttons: '*Selection Required', 'I don't want this benefit (waive)', 'Keep My Selections', and 'View Plan Options'. Below the Medical section, there is a 'Health Savings Account' section with 'NO PLAN SELECTED' and a button: '*Selection Required', 'I don't want this benefit (waive)', and 'View Plan Options'. On the right side, there is a progress indicator with four steps: 1. Your Information, 2. Your Benefits, 3. Enroll, and 4. Complete. A 'Your Cost per pay period' of '\$18.63' is shown. Below this, there is a 'Your Surcharges' section and a 'Finished selecting benefits? Click the button below to continue.' with a green 'Continue' button.

View your plan options

Select who you'd like to cover with the plan at the top of the page, then view all of your plan options below. Click "Want to see a cost breakdown of this plan?" below the plan and select "Ask Emma" to personalize your out-of-pocket cost estimate for the year.

The screenshot shows the 'Medical' plan options page. At the top, there is a navigation bar with the RRD Benefits logo, 'En Español', 'Help', 'Exit Enrollment', and contact information. Below the navigation bar, the page title is 'Medical'. There is a 'Back to Benefits' button and a 'Need Some Help?' section with a button 'Which Plan is Best for Me?'. A 'Medical Coverage FAQ' section with a dropdown menu 'Select a question about health insurance' is also present. A 'VOICEOVER AUDIO' button is also present. Below this, there are instructions: 'Your enrollment will display the Medical Program vendor (BCBSIL or UHC) that is available in your geographic location. The administrator selected for your location is the one that generally has the best discounts/rates with providers, which means cost savings for you! (Note: Individual experiences with providers and services may differ).' Another note states: 'It is important that you verify whether your health care providers are part of that vendor's network. If your providers are not in the network for the vendor available in your geographic location, then you will pay much more for Medical Program services because any services you receive from that provider will be considered out-of-network.' The main content area is titled 'Who will be covered by this plan?' and includes checkboxes for 'New Hire Tester 3 (Employee)', 'Spouse Tester3 (Spouse)', 'Child Tester 3 (Child)', and 'Add Dependents'. Below this, there are two plan options: 'HSA Value' and 'Copay Value'. Each option shows the cost of the plan, the deductible, and the out-of-pocket maximum. The 'HSA Value' plan has a cost of '\$171.25 per pay period' and a deductible of '\$4,600 for individual, \$9,200 for family'. The 'Copay Value' plan has a cost of '\$336.88 per pay period' and a deductible of '\$4,600 for individual, \$9,200 for family'. Below each plan option, there is a 'View plan details' button and a 'Compare' button. A green 'Select' button is located at the bottom right of each plan option. At the bottom of the page, there is a blue banner with the text 'Want to see a cost breakdown of this plan?' and a profile picture placeholder.

Answer a few questions

By answering a few questions about your prescriptions and health care use for the year, you can get an out-of-pocket cost estimate for each plan offered.

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Contact Us from 7 a.m. to 7 p.m. CT 1-877-RRD-4BEN (1-877-773-4236) Live Chat

Back to Plans Medical

Medical Coverage FAQ Select a question about health insurance

VOICEOVER AUDIO

Step 8 of 10

Do you or anyone you're covering have any ongoing prescriptions?

Yes No

Your answers will not affect the premium or other limits within the plan. And those answers will be kept private.

Back to Surgeries Continue

Plan recommendations

Based on your answers, our avatar, Ask Emma, will recommend a plan for you based on the lowest out-of-pocket costs.

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En Español Help Exit Enrollment

Back to Benefits Medical

Forgot Something? Edit My Answers

Medical Coverage FAQ Select a question about health insurance

VOICEOVER AUDIO

Your enrollment will display the Medical Program vendor (BCBSIL or UHC) that is available in your geographic location. The administrator selected for your location is the one that generally has the best discounts/rates with providers, which means cost savings for you! (Note: Individual experiences with providers and services may differ.)

It is important that you verify whether your health care providers are part of that vendor's network. If your providers are not in the network for the vendor available in your geographic location, then you will pay much more for Medical Program services because any services you receive from that provider will be considered out-of-network.

Who will be covered by this plan?

New Hire Tester 3 (Employee) Spouse Tester 3 (Spouse) Child Tester 3 (Child) [Add Dependents](#)

Kaiser Southern California

Kaiser Permanente HMO

DEDUCTIBLE: Individual \$500 Family \$1,000

OUT-OF-POCKET MAX: Individual \$3,058 Family \$6,000

Your Cost per pay period: **\$436.73**

The Employee + Spouse/Domestic Partner

View plan details Compare

Kaiser Southern California provides services directly to our members through an integrated medical care program. This medical care program gives you access to all of the covered services you may need, such as routine care with your own personal plan physician, hospital care, laboratory and pharmacy services, emergency services, urgent care, and other benefits described in the Summary of Benefits.

EXPLAIN THESE COSTS	ANNUAL PREMIUM	ESTIMATED ANNUAL OUT-OF-POCKET	YOUR ESTIMATED ANNUAL TOTAL COST	ANNUAL IN-NETWORK MAXIMUM
	\$2,620.38	\$3,058	\$5,678.38	\$8,520.38

Based on your answers, we recommend this plan. Why? EXPLAIN THIS PLAN

Compare plans side by side

You can view plans side by side and see how they stack up against one another.

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En Español Help Exit Enrollment

Back to Plans Medical

Forgot Something? Edit My Answers

Medical Coverage FAQ Select a question about health insurance

VOICEOVER AUDIO

Your enrollment will display the Medical Program vendor (BCBSIL or UHC) that is available in your geographic location. The administrator selected for your location is the one that generally has the best discounts/rates with providers, which means cost savings for you! (Note: Individual experiences with providers and services may differ.)

It is important that you verify whether your health care providers are part of that vendor's network. If your providers are not in the network for the vendor available in your geographic location, then you will pay much more for Medical Program services because any services you receive from that provider will be considered out-of-network.

2 plans available

Plan	Annual Premium	Estimated Annual Out-of-Pocket	Your Estimated Annual Total Cost	Annual In-Network Maximum
Kaiser Southern California Kaiser Permanente Employee + Spouse/Domestic Partner \$436.73 per pay period RX: HMO	\$2,620.38	\$3,058	\$5,678.38	\$8,520.38
Copay Advantage United Healthcare Employee + Spouse/Domestic Partner \$207.88 per pay period RX: PPO	\$1,607.04	\$6,713.00	\$8,320.04	\$10,000.00

Your Estimated Out-of-Pocket Costs: \$3058.00 per year (Kaiser) vs \$6713.00 per year (Copay Advantage)

Plan Highlights: Kaiser Southern California provides services directly to our members through an integrated medical care program. This medical care program gives you access to all of the covered services you may need, such as routine care with your own personal plan physician, hospital care, laboratory and pharmacy services, emergency services, urgent care, and other benefits described in the Summary of Benefits.

If you enroll or are already enrolled in one of the four national Medical Program options, during Annual Enrollment, you'll be automatically assigned the Medical Program vendor (BCBSIL or UHC) that is available in your geographic location. The administrator selected for your location is the one that generally has the best discounts/rates with providers.

Choose your other benefits

You'll select other benefits — like dental and vision — from this screen as you progress through each benefit type.

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Contact Us from 7 a.m. to 7 p.m. CT | 1-877-RRD-4BEN (1-877-773-4236) | Live Chat

New Hire Enrollment

Let's get you signed up for your benefits!

Benefits FAQ
Select a question about benefits

VOICEOVER AUDIO

You are now eligible to enroll in benefits. Click on the **View Plan Options** button to view and/or make changes to your benefits. Each section lets you access to plan options, compare costs, and elect coverage for your eligible dependents.

- Note: You must take action and enroll, even if you don't want any coverage. Otherwise, you will be assigned to Self-Only coverage under the HSA Value Medical option. You will have no coverage for dental, vision, supplemental insurance, or Flexible Spending Accounts (FSA).
- All employees automatically receive Basic Life, short term disability (STD), long term disability (LTD), and Employee Assistance Program (EAP) coverage.

Medical \$666.63
Your Cost per pay period

PLAN: Copay Advantage / United Healthcare / View plan details

COVERAGE: Employee + Spouse/Domestic Partner

Dependent	Relationship	Coverage
New Hire Tester 3	Employee	Cover
Spouse Tester3	Spouse	Cover
Child Tester3	Child	Waive

Completed I don't want this benefit (waive) View Plan Options

Health Savings Account WAIVED

You have waived this benefit.

Completed View Plan Options

Your Cost per pay period **\$735.26**

Finished selecting benefits? Click the button below to continue.

Continue

Review & confirm your selections

Take another moment to look over your selections and make any necessary changes.

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Review and Confirm

Please Review All of Your Selections

Once you have completed your review, if everything is correct, click the "Complete Enrollment" button at the right side of the page. To return to the enrollment to modify your selections, click "Your Benefits".

Your Total Cost **\$231.15**
Per Pay Period

Your total cost (pending approval) **\$735.26**
Per Pay Period

Medical \$207.88
Your cost per pay period

You have elected to cover a newly eligible dependent. This election will pend until supporting documents to verify your newly added dependent(s) are received and approved by the RRD Benefits Center. To upload documentation, go to My Profile > Employee File > Add Document.

Pending coverage: Employee + Spouse/Domestic Partner

Pending cost per pay period: **\$666.63**

Copay Advantage United Healthcare Cost Details Per Pay Period

Who will be covered on this plan:

Name	Relationship	Coverage
New Hire Tester 3	Employee	Cover
Spouse Tester3	Spouse	Pending
Child Tester3	Child	Waive

Total Premium: **\$207.88**
Your Cost: **\$207.88**

Edit Selection

Complete Enrollment

You're finished — view your confirmation statement

You can save or print your information, and you'll have a record of your total costs. You can still make changes until your enrollment deadline.

RRD BENEFITS
HEALTH | WEALTH | LIFE

Contact Us from 7 a.m. to 7 p.m. CT | 1-877-RRD-4BEN (1-877-773-4236) | Live Chat

Your enrollment is complete!

You may make changes to your elections until: **September 30, 2019**

Please view your confirmation statement and verify that your elections are correct.

Your Confirmation Statement is ready VIEW EMAIL PRINT

This Confirmation Statement lists your elections, your covered dependents and your per-pay-period cost. Please review for accuracy and keep for your records.

Reminders

Medical

You are covering an unverified dependent. Documentation will need to be provided to the RRD Benefits Center within 30 days or your dependent will be retroactively dropped back to the first day of coverage. Upload your supporting documentation to your **Employee File, Spouse Tester3**

Dental

You are covering an unverified dependent. Documentation will need to be provided to the RRD Benefits Center within 30 days or your dependent will be retroactively dropped back to the first day of coverage. Upload your supporting documentation to your **Employee File, Spouse Tester3, Child Tester3**