

**RR DONNELLEY**

**2020 Summary of Material  
Modifications (SMM) for the  
RR Donnelley Flexible Benefits Plan  
and the  
RR Donnelley Group Benefits Plan**

**Issued April 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 RR Donnelley Flexible Benefits Plan and the RR Donnelley Group Benefits Plan (the “Plans”).

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 and the Benefits Enrollment Guide for New Hires. 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.

Nothing in this SMM, the SPD or its appendices should be interpreted as an employment contract. 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.

This SMM addresses changes to the following RR Donnelley Flexible Benefits Plan SPD:

**Qualified Status Changes (and the Participant Premium Program)**

This SMM also addresses important changes to the following SPDs under the Group Benefits Plan:

**Medical and Prescription Drug Programs (the “Group Health Program”)**

**Regional Medical Options Program**

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**Changes to the Qualified Status Changes (and the Participant Premium Program) SPD**

*(The following is added as a new row as part of the “Summary of Qualified Status Changes and Your Options” chart found starting on page 10 of the SPD titled “Qualified Status Changes and the Participant Premium Program,” as modified by the “2017 Summary of Material Modifications (SMM) for the R.R. Donnelley & Sons Company Qualified Status Changes (and the Participant Premium Program).”)*

<b>Summary of Qualified Status Changes and Your Options</b>		
<b>Event</b>	<b>Benefit Type</b>	<b>Changes You May Be Able to Make</b>
<b>Reduction in Hours</b>  A change from full-time to part-time employment status (If You were expected to average at least 30 hours of service per week, but are now expected to average less than 30 hours of service per week).	Medical	You may revoke coverage for you or your existing Eligible Dependents (even if reduction of hours does not result in immediate loss of eligibility), if you and your Eligible Dependents intend to enroll in another plan providing minimum essential coverage, with coverage effective no later than first day of second month following month in which coverage under the Plan is revoked.
	Dental/Vision	No Change
	Health Care FSA	No Change
	Dependent Care FSA	No Change

*(The following clarification is made everywhere the Qualified Status Changes SPD references adding a newborn to coverage.)*

If you are adding a newborn child, a newly adopted child, or a child newly placed with you for adoption, you generally have up to 60 days to report such event to the Eligibility Administrator, with the following exceptions:

- Where you are already enrolled in “Employee + Child(ren)” or “Family” coverage for one of the self-funded national Medical Program options under the Group Health Program, you will have up to 90 days to report such event to the Eligibility Administrator to add your new child to coverage (since this election does not require any change in your premiums or approval of any insurance company); and
- If you participate in a Regional Option under the Regional Medical Options Program, the length of time you have to add a new child to your coverage may be greater than *or less than* 60 days, depending on which insurance company provides your coverage. You need to check the applicable Schedule of Benefits, Evidence of Coverage, or Certificate of Coverage for your particular Medical Program, available at <http://myrrdbenefits.com/Pages/forms-documents.aspx#spd>, for the rules regarding how long you have to enroll a new child. Depending on the insurer, the period may be as short as 30 days, or as long as one year.

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## **Changes to the Group Health Program SPD**

*(The section entitled Special Enrollment Opportunities is deleted in its entirety and replaced with the following:)*

If you decline Group Health Program coverage for yourself or your dependents because you/your dependents have other coverage and you/your dependents later lose that other coverage (or if the employer stops contributing toward your or your dependent's other coverage), you may qualify for special enrollment in Group Health Program coverage under the Plan.

Your loss of other health coverage qualifies for special enrollment treatment only if both of the following apply:

- You/your dependents were covered under another group health care plan or health insurance coverage at the time you were offered coverage under the RR Donnelley Group Health Program; and
- You/your dependents lost the other coverage because you/they exhausted your/their right to COBRA continuation coverage, you/they were no longer eligible under that plan or an employer's contributions for coverage terminated.

Generally, you must enroll within 30 days after your/your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

You may also be able to enroll if you/your dependents lose eligibility for coverage under Medicaid or a state Children's Health Insurance Plan (CHIP) and enroll within 60 days of losing Medicaid or CHIP. Also, you may be able to enroll if you/your dependents become eligible for premium assistance from Medicaid or CHIP toward the cost of the Group Health Program, and enroll within 60 days of eligibility for state premium assistance.

If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents for coverage under the Group Health Program. Generally, you must enroll within 30 days after such event.

**[Note:** The Group Health Program provides a more generous timeframe to enroll than required by law for the addition of new children under certain circumstances described in this paragraph. If you are adding a newborn child, a newly adopted child, or a child newly placed with you for adoption, you generally have up to 60 days to report such event to the Eligibility Administrator under the Plan's more generous policy. However, if you are already enrolled in one of the self-funded national Medical Program options at the "Employee + Child(ren)" or "Family" levels, you will have up to 90 days to report such event to the Eligibility Administrator to add your new child to coverage, since this election does not require any change in your premiums or approval of any insurance company.]

To request special enrollment or if you have questions regarding special enrollment rights, please contact the Benefits Center at 1-877-RRD-4BEN (1-877-773-4236).

*(The second paragraph under the section entitled Your Right and Responsibility to Change Your Coverage is deleted in its entirety and replaced with the following:)*

These changes in circumstance, called "Qualified Status Changes," are defined by the IRS and may change from time to time. Some examples of Qualified Status Changes include marriage, birth, adoption, divorce, and the death of your spouse or child. These events generally require that you must make the change within 30 days after the event has occurred. If you do not, the change will not be allowed (except in those instances noted above in the Special Enrollment Rights section where you may have 60 or 90 days to enroll).

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## Changes to the Regional Medical Options Program SPD

*(The section entitled Special Enrollment Opportunities is deleted in its entirety and replaced with the following:)*

If you decline Group Health Program coverage for yourself or your dependents because you/your dependents have other coverage and you/your dependents later lose that other coverage (or if the employer stops contributing toward your or your dependent's other coverage), you may qualify for special enrollment in Group Health Program coverage under the Plan.

Your loss of other health coverage qualifies for special enrollment treatment only if both of the following apply:

- You/your dependents were covered under another group health care plan or health insurance coverage at the time you were offered coverage under the RR Donnelley Group Health Program; and
- You/your dependents lost the other coverage because you/they exhausted your/their right to COBRA continuation coverage, you/they were no longer eligible under that plan or an employer's contributions for coverage terminated.

Generally, you must enroll within 30 days after your/your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

You may also be able to enroll if you/your dependents lose eligibility for coverage under Medicaid or a state Children's Health Insurance Plan (CHIP) and enroll within 60 days of losing Medicaid or CHIP. Also, you may be able to enroll if you/your dependents become eligible for premium assistance from Medicaid or CHIP toward the cost of the Group Health Program, and enroll within 60 days of eligibility for state premium assistance.

If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents for coverage under the Group Health Program. Generally, you must enroll within 30 days after such event.

**[Note:** Many of the Regional Options provide a more generous timeframe to enroll than required by law for the addition of new children under certain circumstances described in this paragraph. If you are adding a newborn child, a newly adopted child, or a child newly placed with you for adoption to your coverage, the length of time you have to add a new child varies depending on which insurance company provides your coverage. You need to check the applicable Schedule of Benefits, Evidence of Coverage, or Certificate of Coverage for your particular Medical Program, available at <http://myrrdbenefits.com/Pages/forms-documents.aspx#spd>, for the rules regarding how long you have to enroll a new child in coverage following birth, adoption or placement. Depending on the insurer, the period may be as short as 30 days, or as long as one year.]

To request special enrollment or if you have questions regarding special enrollment rights, please contact the Benefits Center at 1-877-RRD-4BEN (1-877-773-4236).

*(The second paragraph under the section entitled Your Right and Responsibility to Change Your Coverage is deleted in its entirety and replaced with the following:)*

These changes in circumstance, called “Qualified Status Changes,” are defined by the IRS and may change from time to time. Some examples of Qualified Status Changes include marriage, birth, adoption, divorce, and the death of your spouse or child. These events generally require that you must make the change within 30 days after the event has occurred. If you do not, the change will not be allowed (except in those instances noted above in the Special Enrollment Rights section where you may have 60 days or longer to enroll).