

SILVERSCRIPT® RR DONNELLEY

P.O. Box 52424 Phoenix, AZ 85072-2424

Important Plan Information
Información Importante Sobre el Plan

SilverScript (Employer PDP) is a Federally-Qualified Medicare Contracting Prescription Drug Plan.

SilverScript (Employer PDP) is offered by SilverScript Insurance Company.

November 10, 2012

Re: Enrollment into the SilverScript (Employer PDP) Plan sponsored by RR Donnelley Medicare Prescription Drug Coverage

RR Donnelley is enrolling you in SilverScript (Employer PDP) as your retiree prescription drug plan beginning January 1, 2013, unless you tell us by November 30, 2012 that you don't want to join our plan. *SilverScript Insurance Company*, an affiliate of CVS Caremark¹ is a Medicare Prescription Drug (Part D) plan. If you are currently enrolled in a different Medicare Prescription Drug (Part D) plan or a Medicare Advantage plan, enrolling in SilverScript (Employer PDP) will cancel enrollment in your other plan. Please call us if you think you might be enrolled in a different Medicare Prescription Drug plan or a Medicare Advantage (MA) plan.

If you know you want to be enrolled in this plan, you don't have to wait! Call us prior to November 30, 2012 at 1-877-773-4236 Monday - Friday. 8:00am - 5:00pm Central. (TTY users should call 1-866-552-6288.) We will begin the enrollment process immediately.

If you do not wish to join SilverScript (Employer PDP) sponsored by RR Donnelley, you MUST contact us by November 30, 2012 at 1-877-773-4236 Monday - Friday. 8:00am - 5:00pm Central. (TTY users should call 1-866-552-6288.)

Please note: this prescription coverage is offered in conjunction with your medical coverage. If you choose a Medicare prescription drug plan other than the SilverScript (Employer PDP) Plan sponsored by RR Donnelley you will need to seek medical coverage at your own expense.

Look for your membership card!

Enclosed in this mailing is the Summary of Benefits booklet, which outlines the SilverScript (Employer PDP) Plan sponsored by RR Donnelley. Once CMS confirms your enrollment, you will receive your Member ID card.

What do I need to know as a member of the SilverScript (Employer PDP) Plan sponsored by RR Donnelley?

This mailing includes important information about SilverScript (Employer PDP) and the coverage it offers—including a Summary of Benefits Booklet. Please review this information carefully. If you

want to be enrolled in this Medicare prescription drug plan, you don't have to do anything, and your coverage will automatically begin on January 1, 2013.

Once you are a member of the SilverScript (Employer PDP), you have the right to appeal plan decisions about payment or services if you disagree. Read the Evidence of Coverage document from SilverScript (Employer PDP) when you get it to know which rules you must follow to receive coverage with this Medicare prescription drug plan.

IMPORTANT INFORMATION:

If you do not call us, you will automatically be enrolled in the SilverScript (Employer PDP) sponsored by RR Donnelley Medicare Part D prescription drug plan. **If you are currently enrolled in a different Medicare Prescription Drug (Part D) plan or a Medicare Advantage plan, enrolling in SilverScript (Employer PDP) will cancel enrollment in your other plan.**

If you don't want to join SilverScript (Employer PDP) sponsored by RR Donnelley and want to stay a member of your current Medicare Part D prescription Drug plan or Medicare Advantage with prescription drug plan, you need to contact us by November 30, 2012.

Please note: this prescription coverage is offered in conjunction with your medical coverage. If you choose a Medicare prescription drug plan other than the SilverScript (Employer PDP) Plan sponsored by RR Donnelley you will need to seek medical coverage at your own expense.

SilverScript (Employer PDP) is a Medicare drug plan and is in addition to your coverage under Medicare Part A or Part B. Your enrollment in SilverScript (Employer PDP) doesn't affect your coverage under Medicare Part A or Part B. It is your responsibility to inform us of any prescription drug coverage that you have or may get in the future. You can be in only one Medicare prescription drug plan at a time. If you are currently in a Medicare prescription drug plan, your enrollment in SilverScript (Employer PDP) will end that enrollment. Enrollment in SilverScript (Employer PDP) is generally for the entire year.

By joining this Medicare prescription drug plan, you acknowledge that SilverScript (Employer PDP) will release your information to Medicare and other plans as is necessary for treatment, payment and health care operations. You also acknowledge that SilverScript (Employer PDP) will release your information, including your prescription drug event data, to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations.

If you qualify for Extra Help with your Medicare Prescription Drug Plan costs, your premium and drug costs will be lower. To see if you qualify, call 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. You may also call your State Medicaid Office or Social Security at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778.

What happens if I don't join SilverScript (Employer PDP)?

You aren't required to be enrolled in this plan. You can also decide to join a different Medicare drug plan. You can call 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week for help in learning how. TTY users should call 1-877-486-2048.

What should I do if I don't want to join SilverScript (Employer PDP)?

If you do not wish to join our plan you must contact us at 1-877-773-4236 by November 30, 2012.

If we do not hear from you, we will process your enrollment in the plan. If you advise us that you do not wish to be enrolled in SilverScript (Employer PDP) by November 30, 2012, we will send you a confirmation letter canceling your enrollment. If you cancel your enrollment after you have already been enrolled and you have used your SilverScript benefit, you will be responsible for any claim payments made on your behalf by SilverScript.

What if I want to leave SilverScript (Employer PDP)?

Medicare limits when you can make changes to your coverage. You may leave this plan only at certain times of the year or under certain special circumstances. To request to leave, call SilverScript (Employer PDP) sponsored by RR Donnelley. SilverScript (Employer PDP) serves a specific area. The service area for this plan includes all of the United States and its territories. If you move out of the country, please call Customer Care to update your information.

Keep in mind that if you leave our plan and don't have or get other Medicare prescription drug coverage or creditable coverage (as good as Medicare's), you may have to pay a late enrollment penalty in addition to your premium for Medicare prescription drug coverage in the future. If you have any questions, please call customer service.

Please note: this prescription coverage is offered in conjunction with your medical coverage. If you choose a Medicare prescription drug plan other than the SilverScript (Employer PDP) Plan sponsored by RR Donnelley you will need to seek medical coverage at your own expense.

Will there be changes to my drug coverage?

Your employer group or union is providing supplemental coverage on your Medicare Part D prescription drug coverage. The secondary coverage may cover more than your primary coverage. For more information on your coverage level, please contact Customer Care. (The telephone number is located on the back cover of this booklet.)

We are pleased to welcome you to SilverScript (Employer PDP) sponsored by RR Donnelley. We look forward to serving you!

Your satisfaction is very important to us. If you have any questions about this letter or about your SilverScript (Employer PDP) coverage, please call Customer Care at 1-877-773-4236 Monday - Friday, 8:00am - 5:00pm Central. TTY users should call 1-866-552-6288. You may also visit our website at <http://rrdonnelley.silverscript.com> for general plan-related information.

Sincerely,

SilverScript Insurance Company

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-855-313-9445. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-855-313-9445. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-855-313-9445。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-855-313-9445。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-855-313-9445. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-855-313-9445. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-855-313-9445 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-855-313-9445. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-855-313-9445 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-855-313-9445. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: اصلا اس يع ل زرف ارم اع وحل. قىل ءوا و ج ا حل ب ط عت ءى ا ع ال يام رفا ارم ءم خ دن ن ا ب يام م خ ه. ت ع س ب ءب ع ا ءح ي م ش ا ق س. 1-855-313-9445 ع ب

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-855-313-9445. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-855-313-9445. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-855-313-9445. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-855-313-9445. Ta usługa jest bezpłatna.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-855-313-9445 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-855-313-9445 にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサービスです。