



RRD BENEFITS
HEALTH | WEALTH | LIFE

Support for your **best life.**

2022 Benefits Enrollment Guide
for New Employees

ACTION REQUIRED!

Support for your health, wealth & life.

RRD has you covered with a variety of benefits to support your health, financial well-being and life. As a newly hired employee, we encourage you to review your benefits and make the best choices for you and your family. We also encourage you to take time to understand how your benefits work, so you can use them to live your best life.

Your *2022 Benefits Enrollment Guide for New Employees* provides an overview of your benefit options. Please review it carefully. To see what you will pay for coverage in 2022, refer to the **enrollment website**, which also has tools to help you compare and choose the options that are right for you.

Enroll before the deadline listed in your enrollment kit. (The date in your enrollment kit is your benefits effective date. If the date shown is February 1, you must enroll by January 31.) This is your only chance to choose your 2022 benefits unless you experience a life event or qualified status change (e.g., marriage, divorce, birth of a child) during the year.

Benefits Eligibility

You are generally eligible for RRD benefits if you are a regular full-time or benefits-eligible part-time employee of RRD or any of its participating subsidiaries. Certain employees may also be eligible under the Affordable Care Act requirements if they worked a minimum number of hours during the previous year.

Eligible Dependents

Eligible dependents generally include:

- Your spouse (including your common-law spouse in states that recognize common-law marriages)
- Your domestic partner
- Your children to age 26, including:
 - Natural children
 - Legally adopted children
 - Stepchildren
 - Foster children
 - Children for whom you are the sole legal guardian
 - Your domestic partner's children
- Your dependent children age 26 and older who are incapable of earning a living because of a disability, subject to conditions defined in the SPD, any related SMM, and/or an insurance certificate

Ineligible Dependents

Your parents, grandparents, adult brothers and adult sisters are not eligible for coverage. Your minor brothers and sisters or grandchildren are not eligible for coverage unless you are the sole legal guardian. You cannot cover any person who is covered as an employee or as a dependent of another employee under the Plan. The Plan does not pay benefits for ineligible dependents, even if they are enrolled.

Are your dependents eligible for coverage?

If your dependent(s) are no longer eligible for coverage, you must call the Benefits Center or go online to remove them from coverage generally within 30 days of the date they become ineligible. Claims will not be paid for ineligible dependents.

If you newly enroll a dependent, watch for a dependent verification letter via mail or email. If you fail to respond in a timely manner with acceptable proof of your dependent's eligibility, the dependent's coverage may be denied.

RRD conducts ongoing audits to confirm dependents enrolled under the Plan are eligible for coverage. This ensures only eligible dependents are covered, which helps us manage health care costs for both you and the company.

Need more eligibility details?

This information is a summary and does not contain all Plan provisions, conditions or definitions. For more details, please refer to the SPD, any related SMM and, in some cases, the insurance certificate for each benefit.

Summary of Health & Welfare Benefits

These benefits are available to you, provided you meet the eligibility and waiting period requirements. You receive some benefits automatically; others you receive only if you elect an option and coverage category and pay the applicable premiums.

	Who's Eligible	When Coverage Takes Effect	Who Enrolls
Benefits provided by RRD (no employee contribution)			
Basic Employee Life Insurance	Regular full-time and benefits-eligible part-time employees of RRD or any of its participating subsidiaries ¹	First day of the month after one-month anniversary of employment	Automatic enrollment
Short-Term Disability (STD) & Long-Term Disability (LTD)			
SupportLinc, RRD's Employee Assistance Program (EAP)		Date of hire	
Benefits for which you and RRD contribute			
Medical & Prescription Drug	Regular full-time and benefits-eligible part-time employees of RRD or any of its participating subsidiaries ¹	First day of the month after one-month anniversary of employment	You ²
Optional benefits paid entirely by you			
Dental	Regular full-time and benefits-eligible part-time employees of RRD or any of its participating subsidiaries ¹	First day of the month after one-month anniversary of employment	You ⁴
Vision			
Health Savings Account (HSA)			
Flexible Spending Accounts (FSAs) — Health Care and Dependent Care ³			
Optional Employee, Spouse/ Domestic Partner & Child Life Insurance			
Optional AD&D Insurance			
Accident, Critical Illness & Hospitalization Insurance			

1. For definitions of regular full-time and benefits-eligible part-time status, please refer to HR Core Policy 2-1, "Employee Classifications," on insideRRD/Employee Center/Policies. Bargaining unit employees are eligible only if agreed on in the collective bargaining agreement.

2. The coverage options for which you are eligible are listed on rrd.bswift.com. If you don't take action to elect "No Coverage" or you don't enroll in a Medical Program before the deadline indicated, you will default to Employee Only coverage under the HSA Value option, you will be charged the higher premium for Tobacco Users, and you will have no HSA contributions. Your next opportunity to enroll or change options will be the following Annual Enrollment period.

3. If you are hired in October, you become eligible for the FSAs on January 1, even though your coverage for other benefits begins on December 1.

4. The coverage options for which you are eligible are listed on rrd.bswift.com. If you don't take action to enroll before the deadline indicated, you'll have no coverage for the Plan year. Your next opportunity to enroll will be the following Annual Enrollment period. Optional life is subject to evidence of insurability (EOI). See [page 21](#) for details.

When Your Coverage Begins

Your benefit elections — including any default coverage if you don't enroll — will generally be in effect the first day of the calendar month after your one-month anniversary of employment (regardless of the day of the month you started your employment) through December 31, 2022.

When You Start	Coverage Begins
January	March 1
February	April 1
March	May 1
April	June 1
May	July 1
June	August 1
July	September 1
August	October 1
September	November 1
October	December 1*
November	January 1
December	February 1

* January 1 for FSAs.

What You Need to Do



Take action/enroll before the deadline specified in your enrollment kit

You must take action, even if you don't want coverage. Otherwise, default coverage will be assigned.



Read the enrollment materials

Visit myRRDbenefits.com for more information. Refer to rrd.bswift.com to see the coverage options available to you.



Get personalized help from Emma

On the enrollment website at rrd.bswift.com, use the Ask Emma feature to view your plan rates, compare your options, and help you choose the plan that's right for you and your family.



Make your benefit elections

Even if you don't want coverage, you must go online or call to elect "No Coverage."

- Enroll online at rrd.bswift.com.
- If you don't have online access, enroll by phone at **1-877-RRD-4BEN (1-877-773-4236)**, Monday – Friday, 7 a.m. – 7 p.m. CT.
- You may enroll eligible dependents as described on [page 2](#). You must provide a Social Security number (SSN) for each dependent and enter their name exactly as it appears on their Social Security card.
- If you add a dependent, check the box on the enrollment website for each of the programs (e.g., medical, dental, vision) in which you wish to enroll the dependent. (Simply adding a dependent does NOT enroll them in coverage.)



Certify your tobacco status

On the enrollment website, you must certify whether you and each of your covered dependents are "Tobacco Users." If you are not a Tobacco User, or if you complete five coaching sessions in 2022, you will receive a premium discount for the Medical, Optional Employee Life, and Optional Spouse/ Partner Life plans.

To answer "No" to the Tobacco User question on the enrollment website, you must certify that you (or your dependents) have not used any of the following during the past 12 months: tobacco products (including cigarettes, pipe tobacco, cigars, chewing tobacco, tobacco snuff and hookah tobacco) and/or tobacco-derived or non-Food and Drug Administration (FDA)-approved nicotine-based products (like e-cigarettes, nicotine gels and dissolvables).



Certify your tobacco status (Continued)

You may still answer “No” to the Tobacco User question if you use the following aids to quit tobacco/nicotine: over-the-counter FDA-approved nicotine replacement products (skin patches, chewing gum and lozenges) and/or prescription drugs (Chantix, Zyban or Nicotrol).

Each Tobacco User who does not complete five coaching sessions in 2022 will pay an annual medical premium surcharge of \$500 per adult and \$250 per child (added to your medical premium) up to the following maximums:

- Employee Only or Spouse/Domestic Partner Only: \$500
- Employee + Spouse/Domestic Partner: \$1,000
- Dependent Child(ren) Only: \$250
- Employee + Child(ren) or Spouse/Domestic Partner + Child(ren): \$750
- Family (Employee + Spouse/Domestic Partner + Child(ren)): \$1,250

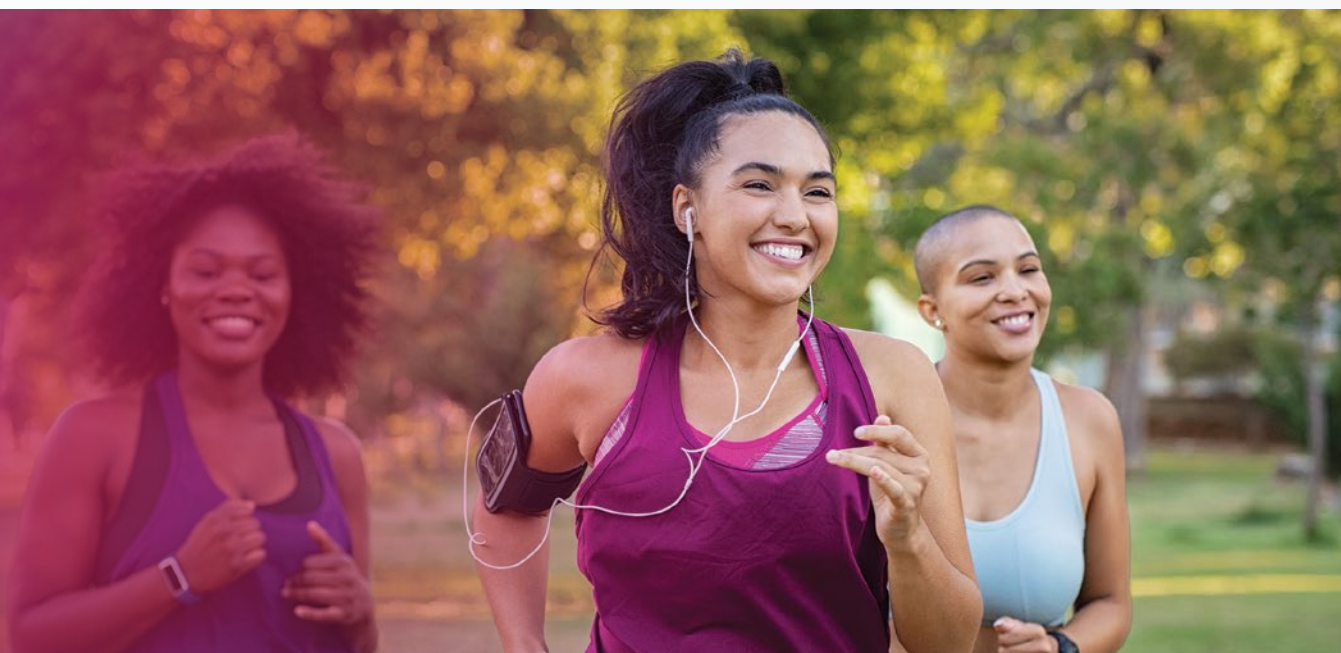
Optional Life premium rates for Tobacco Users are available at rrd.bswift.com.

You (and/or each of your enrolled dependents) who indicate “Yes” for Tobacco User status may qualify for the non-Tobacco User premium discounts by completing five coaching sessions during the Plan year. So long as the individual completes five coaching sessions by December 31, 2022, you will be refunded the tobacco medical plan surcharge for that individual. If you are enrolled in the Optional Life plans, those premium rates will be adjusted prospectively to reflect the non-tobacco premium discount effective on the first of the month following completion of five coaching sessions. Contact UBreathe at **1-888-882-5462** to participate in the program. (Alternate cessation recommendations by your physician will be accommodated.)



Confirm your elections

After enrolling, review your confirmation statement and verify that your elections, covered dependents and per-pay-period costs are correct. Print and keep a copy for your records. If you need to make changes or corrections, call the RRD Benefits Center.



If You Don't Take Action!

You must take action, even if you don't want coverage! If you don't take action before the deadline indicated on your personalized New Hire Enrollment Worksheet, the following coverage categories will be assigned to you automatically:



Medical

Default Coverage: HSA Value for you only. Premiums will be charged at the higher rate for Tobacco Users.

Who Pays: You + RRD



Basic Employee Life Insurance

Default Coverage: One times your annual base pay, up to \$125,000. (See the SPD and any related SMM for Program details, including annual reductions for active employees age 65 and older.)

Who Pays: RRD



Dental, Vision, Flexible Spending Accounts (FSAs) & Health Savings Account (HSA)

Default Coverage: No coverage. Although your HSA contribution will be set to \$0, you can still elect to contribute to your HSA during the year.

Who Pays: N/A



Short-term Disability (STD)

Default Coverage: Weekly benefit of 50% of your predisability earnings for up to 26 weeks. (See the SPD and any related SMM for details.)

Who Pays: RRD



Long-term Disability (LTD)

Default Coverage: Monthly benefit amount of 50% of your earnings, up to \$10,000 a month. (See the SPD and any related SMM for details.)

Who Pays: RRD

SUPPORT FOR Your Health

Medical & Prescription Drug Benefits

You have six National Medical Program options provided by Blue Cross and Blue Shield of Illinois (BCBSIL).

Two of your options, the HSA Select and Copay Select options, are high-performance network options, which means providers consistently deliver high-quality, cost-effective patient care. They are offered in areas where there is a substantial number of providers in a special network called the Blue High Performance Network.

These options have a lower price tag than the Advantage options and a richer plan design, but they offer **no out-of-network coverage** other than for emergencies. Please review the provider listing carefully. If these options are available to you, you will see them listed when you log in to the enrollment website.

All medical options include:

- **Health Advocacy Solutions**, a concierge service from BCBSIL to help you navigate health care decisions and save time and money
- In-network preventive care covered at 100% (with no deductible)
- Prescription drug coverage through CVS Caremark
- Telemedicine through MDLIVE
- 100% coverage for certain generic cholesterol and blood pressure medications
- 100% coverage for diabetes supplies and insulin listed on the CVS formulary

Learn more about all these benefits and other resources available to support you at myRRDbenefits.com.



I'll never forget our last vacation. Our son had recently been diagnosed with diabetes, and we decided to go to the beach for a few days to relax. When we had an unfortunate surprise, **my health advocate came to our rescue.**"

How the National Medical Options Differ

View the Medical Program options side-by-side starting on [page 12](#).

	HSA Value	HSA Select	HSA Advantage	Copay Value	Copay Select	Copay Advantage
Covers Care Received In- & Out-of-Network	✓	✗	✓	✓	✗	✓
Available in Certain Areas Only	✗	✓	✗	✗	✓	✗
Includes PrudentRx Copay Assistance	✗	✗	✗	✓	✓	✓
Eligible for an HSA	✓	✓	✓	✗	✗	✗
Eligible for Full-Use Health Care FSA	✗	✗	✗	✓	✓	✓
Premiums	\$\$	\$	\$\$\$	\$\$	\$	\$\$\$
Deductible & Out-of-Pocket Maximum	\$\$\$	\$\$	\$	\$\$\$	\$\$	\$

Use In-Network Providers

If you elect the HSA Select or Copay Select National Medical Program option, you must use providers in the [Blue High Performance Network \(HPN\)](#). Out-of-network care is covered **only** for emergencies.

With the other National Medical Program options, you can use in-network or out-of-network providers, but you will save money when you use in-network providers. Always make sure your providers are in-network by calling the number on the back of your ID card prior to receiving services or call your physician's office to verify they are participating in the network.

Get Your Preventive Care

It's 100% covered by your RRD Medical Program option when you see an in-network provider. An annual preventive care visit includes age- and gender-based screenings that can help you manage risk factors and detect any health issues early — before they become more expensive and difficult to treat. [Learn more.](#)

BCBSIL Program Requirements for Cost-Effective Health Care

To help you get the best care at the best price, BCBSIL will **require** you do the following starting January 1, 2022:

- **Contact a health advocate** prior to receiving an MRI or CT scan, or pay a \$200 penalty. A health advocate will help you compare service locations and costs so you can make an informed decision about your care. You may also go online to **Blue Access for Members**.
- **Use a “Blue Distinction Specialty Care” facility** for these five surgical specialties: bariatric, cardiac, knee and hip replacement, spine and transplant surgeries. Blue Distinction facilities are recognized for delivering higher-quality care. If you choose not to use a Blue Distinction Specialty Care facility, you will pay higher coinsurance: 60% for the HSA Advantage and Copay Advantage National Medical Program options, and 55% for HSA Value and Copay Value National Medical Program options. Higher coinsurance doesn't apply to the HSA Select or Copay Select National Medical Program options.
- **Receive prior authorization** for radiation therapy (proton treatment, radiation treatment, etc.).

For more details about these requirements, contact a health advocate at **1-800-537-9765**.

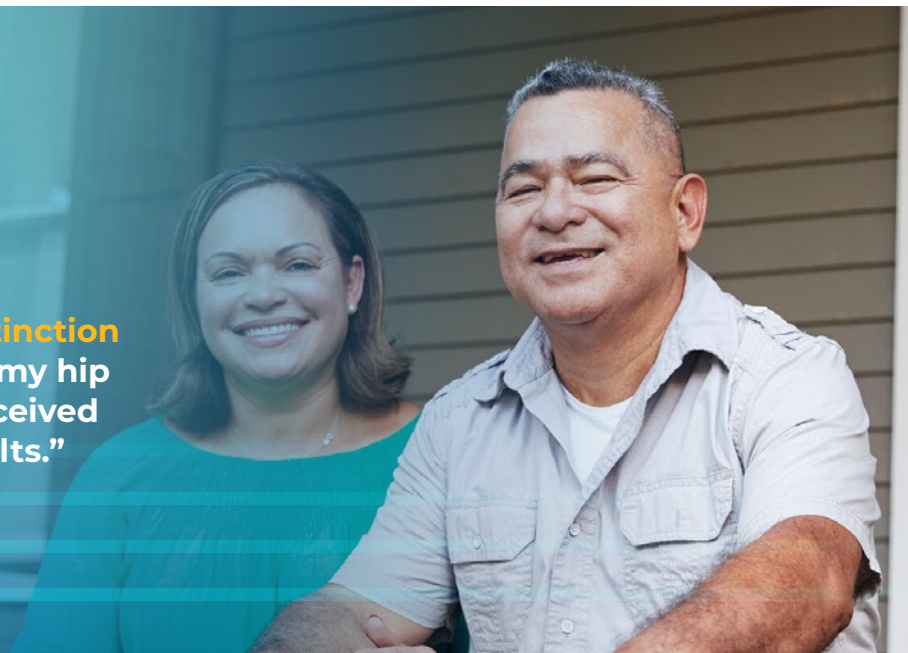
How to Use Your Prescription Drug Benefits

Your prescription drug coverage through CVS Caremark gives you flexibility and opportunities to save money.

- You can fill non-maintenance medication prescriptions at any pharmacy, including pharmacies other than CVS. To find a local pharmacy in your network, register at **caremark.com** or download the CVS Caremark app to access the pharmacy search tool.
- You must use the CVS Caremark Maintenance Choice Program or Mail Order Service to fill your maintenance medication prescriptions. For more information, visit **caremark.com** or call **1-866-273-8402**.
- You can access CVS Caremark prescription drug services anytime, anywhere through the CVS Caremark mobile app or **caremark.com** to:
 - Save money,
 - Fill new prescriptions and refills,
 - Find a network pharmacy,
 - Monitor your spending,
 - Set up medication reminders,
 - Understand your prescription drug benefits and more.



I'm glad I used a Blue Distinction Specialty Care facility for my hip replacement surgery. I received exceptional care and results."



“

I received a letter in the mail from Rx Savings Solutions that said I could **save money on my prescriptions** and have them delivered. It sounded too good to be true, but I called. I was able to lower my cost from \$100 down to \$30 — and I got it done in one call.”

PrudentRx Copay Program for Specialty Medications — \$0 Copay!

As part of your prescription drug coverage through CVS Caremark, you will be automatically enrolled in the PrudentRx Copay Program if you enroll in one of the Copay medical options (Copay Value, Copay Select or Copay Advantage).

Through this **FREE** program, you'll pay \$0 for covered specialty medications filled at CVS Specialty Pharmacy. The PrudentRx Copay Program currently targets specialty medications in the following therapy classes: hepatitis C, autoimmune, oncology and multiple sclerosis. If you currently take medication included in PrudentRx's exclusive specialty drug list, you'll receive a welcome letter and phone call from PrudentRx.

If you want to opt out of the Copay Program, you must call **1-800-578-4403** to disenroll. If you disenroll, you will be responsible to pay 30% coinsurance for any specialty medications you take that are eligible for the Copay Program. **If you are required to pay this 30% coinsurance for a specialty medication that is considered a “non-essential health benefit,” then you will be required to continue paying this amount even if you’ve otherwise met the Plan’s out-of-pocket maximum.** See **pages 12-14** for more information about the applicable copay or coinsurance for specialty medications under each National Medical Program option. [Learn more.](#)

Save on Prescription Medications with Rx Savings Solutions

When you enroll in an RRD National Medical Program option, you have another way to potentially save money on your prescription medications. Rx Savings Solutions is a confidential online tool that may be able to find lower-cost options for your prescribed medications — and it's **FREE** to you and your enrolled dependents. Learn more at myrxss.com or call **1-800-268-4476**.

Your 2022 National Medical Program Options

Use this chart to compare your options. You pay the amounts and percentages shown, and the Plan covers the rest. To view premiums for each option, log in to the [enrollment website](#). This is a high-level summary. For more details, see the full Summary of Benefits and Coverage (SBC) for each National Medical Program option at [myRRDbenefits.com](#). To request paper copies, call **1-877-RRD-4BEN (1-877-773-4236)**.

Medical	HSA Advantage				Copay Advantage			
	Employee Only		Family		Employee Only		Family	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	\$3,050		\$6,100		\$3,000		\$6,000	
Annual Out-of-Pocket Maximum ¹	\$6,900		\$13,800; Individual cap of \$6,900		\$6,900		\$13,800; Individual cap of \$6,900	
Office Visit after deductible	20%	40%	20%	40%	\$25 PCP or Mental Health; \$40 Specialist	40% after deductible	\$25 PCP or Mental Health; \$40 Specialist	40% after deductible
Preventive Care	0%	40% after deductible	0%	40% after deductible	0%	40% after deductible	0%	40% after deductible
Emergency Room after deductible	20%	20% if true emergency; otherwise 40%	20%	20% if true emergency; otherwise 40%	\$500 copay + 20% of remaining balance	\$500 copay + 20% of remaining balance if true emergency; otherwise 50% of remaining balance after deductible ²	\$500 copay + 20% of remaining balance	\$500 copay + 20% of remaining balance if true emergency; otherwise 50% of remaining balance after deductible ²
Prescription Drug ³	Retail		Mail Order		Retail		Mail Order	
Generic	20% after deductible				20% (\$10 min/\$40 max); no deductible		20% (\$25 min/\$100 max); no deductible	
Brand Formulary	30% after deductible				30% (\$40 min/\$75 max); no deductible		30% (\$100 min/\$185 max); no deductible	
Brand Non-Formulary	40% after deductible				40% (\$55 min/\$125 max); no deductible		40% (\$140 min/\$315 max); no deductible	
Specialty	40% after deductible				If not covered by PrudentRx: \$150; no deductible ⁴ If covered by PrudentRx: 30%; no deductible ⁴		More than 30-day supply not allowed	

1. Combined in- and out-of-network.

2. If admitted, inpatient stay applies to deductible and out-of-pocket maximum.

3. Through CVS Caremark.

4. Certain specialty medications may be eligible for additional benefits through the PrudentRx Copay Program so your cost-sharing is reduced to \$0. **See the list of specialty medications covered under the Copay Program.** If you opt out of the Prudent Rx Copay Program, you will pay 30% coinsurance for specialty medications that are covered by the PrudentRx Copay Program. If your specialty medication is not covered by the PrudentRx Copay Program, then you will be responsible for the \$150 copay listed in this chart. The Plan and the PrudentRx Copay Program categorize specialty medications as either "essential health benefits" or "non-essential health benefits." Employee cost-sharing for "essential health benefits" counts toward the Plan out-of-pocket maximum but does not count toward the Plan deductible. On the other hand, employee cost-sharing for "non-essential health benefits" does not count toward either the Plan deductible or out-of-pocket maximum. Also, even if you reach your out-of-pocket maximum, you will still be responsible for your cost-sharing amount for specialty medications that are "non-essential health benefits." Specialty medications that have been deemed "non-essential health benefits" are denoted with a "1" on the list at the hyperlink above. If you have any questions, contact PrudentRx at **1-800-578-4403**.

Your 2022 National Medical Program Options (Cont.)

	HSA Select		Copay Select Formerly Copay Value Select	
	Employee Only	Family	Employee Only	Family
	In-Network Only		In-Network Only	
Medical				
Annual Deductible	\$3,450	\$7,200	\$3,400	\$6,800
Annual Out-of-Pocket Maximum¹	\$6,900	\$13,800; Individual cap of \$6,900	\$6,900	\$13,800; Individual cap of \$6,900
Office Visit after deductible	20%		\$15 PCP or Mental Health; \$30 Specialist	
Preventive Care	0%		0%	
Emergency Room after deductible	20%		\$600 copay + 25% of remaining balance ²	
Prescription Drug³	Retail	Mail Order	Retail	Mail Order
Generic	20% after deductible		20% (\$10 min/\$45 max); no deductible	20% (\$25 min/\$115 max); no deductible
Brand Formulary	40% after deductible		40% (\$40 min/\$100 max); no deductible	40% (\$100 min/\$250 max); no deductible
Brand Non-Formulary	50% after deductible		50% (\$75 min/\$150 max); no deductible	50% (\$185 min/\$375 max); no deductible
Specialty	50% after deductible		If not covered by PrudentRx: \$210; no deductible ⁴ If covered by PrudentRx: 30%; no deductible ⁴	More than 30-day supply not allowed

1. Combined in- and out-of-network.

2. If admitted, inpatient stay applies to deductible and out-of-pocket maximum.

3. Through CVS Caremark.

4. Certain specialty medications may be eligible for additional benefits through the PrudentRx Copay Program so your cost-sharing is reduced to \$0. **See the list of specialty medications covered under the Copay Program.** If you opt out of the Prudent Rx Copay Program, you will pay 30% coinsurance for specialty medications that are covered by the PrudentRx Copay Program. If your specialty medication is not covered by the PrudentRx Copay Program, then you will be responsible for the \$210 copay listed in this chart. The Plan and the PrudentRx Copay Program categorize specialty medications as either "essential health benefits" or "non-essential health benefits." Employee cost-sharing for "essential health benefits" counts toward the Plan out-of-pocket maximum but does not count toward the Plan deductible. On the other hand, employee cost-sharing for "non-essential health benefits" does not count toward either the Plan deductible or out-of-pocket maximum. Also, even if you reach your out-of-pocket maximum, you will still be responsible for your cost-sharing amount for specialty medications that are "non-essential health benefits." Specialty medications that have been deemed "non-essential health benefits" are denoted with a "1" on the list at the hyperlink above. If you have any questions, contact PrudentRx at 1-800-578-4403.

Continued on next page

Your 2022 National Medical Program Options (Cont.)

	HSA Value				Copay Value			
	Employee Only		Family		Employee Only		Family	
Medical	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	\$3,950		\$7,900		\$3,900		\$7,800	
Annual Out-of-Pocket Maximum ¹	\$6,900		\$13,800; Individual cap of \$6,900		\$6,900		\$13,800; Individual cap of \$6,900	
Office Visit after deductible	25%	50%	25%	50%	\$25 PCP or Mental Health; \$50 Specialist	50% after deductible	\$25 PCP or Mental Health; \$50 Specialist	50% after deductible
Preventive Care	0%	50% after deductible	0%	50% after deductible	0%	50% after deductible	0%	50% after deductible
Emergency Room after deductible	25%	25% if true emergency; otherwise 50%	25%	25% if true emergency; otherwise 50%	\$600 copay + 25% of remaining balance	\$600 copay + 25% of remaining balance if true emergency; otherwise 50% of remaining balance after deductible ²	\$600 copay + 25% of remaining balance	\$600 copay + 25% of remaining balance if true emergency; otherwise 50% of remaining balance after deductible ²
Prescription Drug ³	Retail		Mail Order		Retail		Mail Order	
Generic	25% after deductible				25% (\$10 min/\$45 max); no deductible		25% (\$25 min/\$115 max); no deductible	
Brand Formulary	40% after deductible				40% (\$40 min/\$100 max); no deductible		40% (\$100 min/\$250 max); no deductible	
Brand Non-Formulary	50% after deductible				50% (\$75 min/\$150 max); no deductible		50% (\$185 min/\$375 max); no deductible	
Specialty	50% after deductible				If not covered by PrudentRx: \$210; no deductible ⁴ If covered by PrudentRx: 30%; no deductible ⁴		More than 30-day supply not allowed	

1. Combined in- and out-of-network.

2. If admitted, inpatient stay applies to deductible and out-of-pocket maximum.

3. Through CVS Caremark.

4. Certain specialty medications may be eligible for additional benefits through the PrudentRx Copay Program so your cost-sharing is reduced to \$0. **See the list of specialty medications covered under the Copay Program.** If you opt out of the Prudent Rx Copay Program, you will pay 30% coinsurance for specialty medications that are covered by the PrudentRx Copay Program. If your specialty medication is not covered by the PrudentRx Copay Program, then you will be responsible for the \$210 copay listed in this chart. The Plan and the PrudentRx Copay Program categorize specialty medications as either "essential health benefits" or "non-essential health benefits." Employee cost-sharing for "essential health benefits" counts toward the Plan out-of-pocket maximum but does not count toward the Plan deductible. On the other hand, employee cost-sharing for "non-essential health benefits" does not count toward either the Plan deductible or out-of-pocket maximum. Also, even if you reach your out-of-pocket maximum, you will still be responsible for your cost-sharing amount for specialty medications that are "non-essential health benefits." Specialty medications that have been deemed "non-essential health benefits" are denoted with a "1" on the list at the hyperlink above. If you have any questions, contact PrudentRx at **1-800-578-4403**.

Supplemental Health Care Benefits

Supplemental health care benefits can complement your RRD medical coverage by providing cash benefits if you or a covered family member gets sick or injured.

These benefits are entirely optional and are not sponsored by RRD. You may pay for them through payroll deductions on an after-tax basis.

Accident Insurance

You receive a lump-sum payment when you or a covered family member suffers a covered injury or undergoes covered testing, medical services or treatment. There are more than 150 covered conditions associated with an accident that could trigger benefits, including various injuries, hospitalization, medical services and treatments. Payments are made directly to you and can be used any way you see fit.

Critical Illness Insurance

You receive a lump-sum payment of \$10,000, \$20,000 or \$30,000 if you or a covered family member is diagnosed with a serious illness such as cancer, heart attack or stroke. The total benefit amount available to you is five times the initial benefit amount (\$50,000, \$100,000 or \$150,000) if you or a covered family member suffers more than one covered condition.

Hospital Indemnity Insurance

If you or a covered family member is hospitalized due to a covered event, you receive a flat amount when you are admitted and a per-day amount for up to a 30-day hospital stay for each covered event. Payment can be used to help pay out-of-pocket costs, such as health insurance deductibles and copays, or any way you see fit.

For more information:

Visit myRRDbenefits.com and watch your mail for additional details from MetLife.

For plan questions:

Visit metlife.com/mybenefits or call **1-800-GETMET8 (1-800-438-6388)**.

For general information and questions about eligibility:

Call the RRD Benefits Center at **1-877-RRD-4BEN (1-877-773-4236)**.

A photograph of a woman and a young boy laughing together. The woman is on the right, looking towards the boy on the left. They are both smiling broadly. The background is a blurred indoor setting with shelves.

You can never be fully prepared for a major illness or accident, but **supplemental insurance coverage gives me peace of mind** that I am financially prepared.”

Dental Benefits

You have three RRD dental options from Cigna: **Dental PPO**, **Dental PPO Plus**, and **Dental HMO** (in-network coverage only).

Find an In-Network Dentist

You can save money when you choose an in-network provider. Go to cigna.com, click “Find a Doctor, Dentist or Facility,” and then follow the screen prompts to choose your option:

- **Cigna Dental PPO network:** Select “DPPO/EPO > Total Cigna DPPO”
- **Cigna Dental HMO network:** Select “CIGNA DENTAL CARE DHMO > Cigna Dental Care Access Plus”

At A Glance: Your Dental Program Options

Use this chart to compare your options. To view premiums for each option, go to rrd.bswift.com.

	Cigna Dental PPO		Cigna Dental PPO Plus		Cigna Dental HMO
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network
Annual Deductible	\$50	\$150	\$50	\$150	\$0
Annual Maximum (Non-orthodontia)	\$1,500 per individual		\$2,000 per individual		No annual maximum
Lifetime Orthodontia Maximum	N/A		\$2,000 per individual		Limited to 1 treatment per person, per lifetime; contact Cigna for details
Preventive Care Type A	100%		100%		100%
Basic Care Type B	50%		80%		100%
Major Care Type C	50%		50%		60%
Orthodontia Type D	N/A		50%		50%

Vision Benefits

You have two vision options: **EyeMed Essential** and **EyeMed Enhanced**. Both provide comprehensive coverage for exams, lenses, frames and contact lenses, as well as discounts on laser vision correction.

Find an EyeMed Provider

Visit eyemed.com and look for the Vision Care Program network. Click "Find an eye doctor," enter your ZIP code, choose RRD's network ("Select" network), and click "Get Results." Prospective members can also call **1-866-299-1358** for assistance.

At A Glance: Your Vision Program Options

Use this chart to compare your options. To view premiums for each option, go to rrd.bswift.com.

	EyeMed Essential		EyeMed Enhanced	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Frequency of Service				
Exam	Every 12 months		Every 12 months	
Frames	Every 24 months		Every 12 months	
Lenses	Every 12 months		Every 12 months	
Routine Vision Exam	\$10 copay	Up to \$35 allowance	\$0 copay	Up to \$35 allowance
Frames	\$0 copay, \$130 allowance and 20% off balance over \$130	Up to \$60 allowance	\$0 copay, \$160 allowance and 20% off balance	Up to \$80 allowance
Lens* Single Vision	\$20 copay	Up to \$25 allowance	\$10 copay	Up to \$25 allowance
Contacts*	\$0 copay, \$150 allowance and 15% off balance over \$150	Up to \$150 allowance	\$0 copay, \$170 allowance and 15% off balance over \$170	Up to \$150 allowance
Laser Surgery	\$15 off retail price or 5% off promotional price	N/A	\$15 off retail price or 5% off promotional price	N/A

* Benefit coverage is for either contact lenses or frame lenses, but not both.

SUPPORT FOR Your Wealth

Health Savings Account (HSA)

An HSA is a tax-free account that lets you save money to pay for eligible health care expenses now and in the future. You are eligible for an HSA if you enroll in the HSA Value, HSA Select or HSA Advantage medical option (and you don't have any disqualifying medical coverage).

How an HSA Works

1

Enroll

Your HSA will be automatically opened for you with HealthEquity (our HSA custodian) when you enroll in the HSA Value, HSA Select or HSA Advantage medical option.

2

Pay for Eligible Expenses Tax Free

You can use your HSA to help pay for eligible health care expenses (including your deductible and coinsurance) now and/or in the future.

3

Contribute Tax Free

You can make tax-free contributions to your HSA, up to IRS limits. You may contribute via pre-tax payroll deductions to an account with HealthEquity, and/or you may make direct contributions on your own to an account with HealthEquity (or any other HSA custodian), and claim a deduction for those contributions on your income taxes.

4

Invest in Your Future

Your account is in your name and is yours to keep — even if you change Medical Program options, change jobs or retire. Any money left in your HSA at the end of the year carries over for future use, and your money grows tax-free while it's in your account. Plus, you may invest your account balance (\$1,000 or more) in a choice of investment options.

“

I've had an HSA for several years, and I always try to save as much as I can. The tax advantages can't be beat, and **I like having the flexibility to use my HSA** to pay for my health care expenses now or save it for my future health care expenses.”

2022 HSA Contribution Limits



Employee only coverage:

\$3,650



All other coverage categories:

\$7,300



Catch-up Contribution:

\$1,000 (If you are or will be age 55 or older in 2022 and not enrolled in Medicare)

For more information about eligibility, disqualifying coverage, and opening and using an HSA, review the **Guide to Your Health Savings Account**, IRS publication 969 at [irs.gov](https://www.irs.gov), or visit healthequity.com/HSA.

Flexible Spending Accounts (FSAs)

Save money on eligible health care and dependent care expenses. RRD's FSAs are administered by HealthEquity. Learn more at myRRDbenefits.com and irs.gov.

Your FSA options include:

- **Full-Use Health Care FSA** (if you enroll in Copay Value, Copay Select or Copay Advantage)
- **Limited-Use Health Care FSA** (if you enroll in HSA Value, HSA Select or HSA Advantage)
- **Dependent Day Care FSA**

	Full-Use Health Care FSA	Limited-Use Health Care FSA	Dependent Day Care FSA
How much can I contribute in 2022?	\$200 - \$2,750	\$200 - \$2,750	\$200 - \$5,000 (depending on your federal income tax filing status) ¹
Can I change my contributions during the year?	You cannot change or stop your contributions during the year unless you have a qualifying status change.	You cannot change or stop your contributions during the year unless you have a qualifying status change.	You cannot change or stop your contributions during the year unless you have a qualifying status change.
What expenses can I use it for?	Eligible medical, prescription drug, dental and vision expenses	Eligible dental and vision expenses at any time , and eligible medical and prescription drug expenses after you've met your medical deductible ² . Note: You can't be reimbursed by both an FSA and an HSA for the same expense.	Eligible dependent day care-related expenses such as day care for your child under age 13, elderly parent or disabled spouse
When are the funds available for use?	The full amount you elect to contribute for the year is immediately available.	The full amount you elect to contribute for the year is immediately available.	Your contributions will be deducted from your paycheck in equal installments on a before-tax basis during the Plan year. You can use funds once they are deposited into your account.
What happens to unused funds at the end of the year?	You lose any money remaining in your FSA at the end of the Plan year. You have until March 31 of the following year to submit claims for services incurred during the current Plan year.	You lose any money remaining in your FSA at the end of the Plan year. You have until March 31 of the following year to submit claims for services incurred during the current Plan year.	You lose any money remaining in your FSA at the end of the Plan year. You have until March 31 of the following year to submit claims for services incurred during the current Plan year.

1. Lower maximums may apply, for example if your tax filing status is Married Filing Separately (in which case it is capped at \$2,500), or if your or your spouse's earned income is less than \$5,000 (in which case it is capped at your or your spouse's earned income). See the **Flexible Spending Account Program Booklet** for more information.

2. You must meet your medical and prescription drug deductible before you can use your limited-use FSA to pay for medical and prescription drug expenses, even if the expenses are not covered by your Medical Program option and/or are incurred by dependents not covered under an RRD Medical Program option.

Life & Accident Insurance

Life and accident insurance provide important financial protection if something happens to you, your spouse/domestic partner or child(ren).

Employee Life Insurance

Basic employee life insurance provided through MetLife is automatic, and RRD pays the full cost of your coverage. If you die, your beneficiary receives one times your annual base pay, up to a maximum benefit of \$125,000 in accordance with Plan provisions.

Optional Employee Life Insurance

You may purchase optional employee life insurance from one to eight times your annual base pay, up to a combined benefit (basic and optional) of \$2 million. If you die, the Program pays a benefit to your designated beneficiary in accordance with Plan provisions. Your premium for coverage is based on your age, smoker status and coverage amount. As your coverage amount or age increases, so do your premiums.

Optional Spouse/Domestic Partner & Child Life Insurance

You may purchase spouse/domestic partner and child life insurance coverage for your eligible dependents. If your covered eligible spouse, domestic partner or child(ren) dies, the Program will pay the life insurance benefit in accordance with Plan provisions. You cannot cover another employee as a spouse/domestic partner or child under the Life and Accident Insurance Program. The same dependent cannot be covered by more than one RRD employee (e.g., two parents who are both RRD employees cannot both cover the same child(ren) under the Plan provisions; only one employee may cover the child(ren).

If you and the child's other parent are both employees of RRD and if a covered dependent child dies, this policy will only pay the death benefit once and to one parent. See the applicable **Certificate of Insurance** for more information.

Optional AD&D Insurance

You may purchase optional AD&D insurance for yourself and your family. The Program pays a benefit of one to eight times your annual base pay, up to \$2 million for yourself, in accordance with Plan provisions, for accidental death and certain other losses. The amount a beneficiary would receive on claim approval differs for an employee and covered eligible dependents:

- **If you enroll for spouse/domestic partner coverage**, the benefit amount for an eligible spouse/domestic partner is 60% of the employee's amount (up to \$750,000).
- **If you enroll for child(ren) coverage**, the amount for an eligible dependent child is 25% of the employee's amount (up to \$150,000).

To learn more, review the SPD and any related SMMs at **myRRDbenefits.com**. To view your cost for optional life and accident insurance, log in to the **enrollment website**.

Providing Evidence of Insurability (EOI)

- If you elect optional employee life insurance when you are first eligible, EOI is required for coverage amounts greater than three times your annual base earnings or \$500,000, whichever is less.
- If you elect optional life insurance for your spouse/domestic partner, EOI is required for coverage amounts over \$25,000.
- EOI is not required for optional AD&D insurance or optional child life insurance.

IMPORTANT!

Designate Your Beneficiaries

Death can be unexpected. Protect your family and your money by designating your beneficiaries on the **enrollment website**. If your beneficiaries are not updated or listed, your loved ones might not have access to your life insurance benefits when they're needed most.

Disability Benefits

At no cost to you, RRD provides income protection benefits if you are unable to work due to a covered illness or injury. The following benefits are automatically provided to you.

Short-Term Disability (STD)

Coverage provides a weekly benefit of 50% of your pre-disability earnings for up to 26 weeks for hourly employees. Coverage for salaried employees is 100% for the first three weeks of disability and 50% for up to 23 additional weeks.

Long-Term Disability (LTD)

Coverage provides a monthly benefit of 50% of your earnings, up to \$10,000 a month. Monthly LTD benefits continue until the earlier of age 65 or the date you are no longer disabled according to the Program. If you become disabled after age 60, your benefits duration schedule may vary. Benefits end after 24 months for mental health and substance use disabilities.

For full details about STD and LTD, refer to the SPDs at myRRDbenefits.com.



“

I never expected I'd be unable to work due to an illness, but that's exactly what happened when I was diagnosed with cancer that required multiple surgeries and chemotherapy. Thankfully, disability benefits provided some financial relief so I could focus on my recovery.”

“

My spouse and I decided it was time to do our estate planning. **Our attorney made the process easy.** He listened to what we wanted and made great recommendations on how we can best plan for the future.”

SUPPORT FOR Your Life

Voluntary Benefits

Customize and enhance your RRD benefits to fit your needs. You may elect Allstate Identity Protection and MetLife Legal Plans.

Allstate Identity Protection

Allstate Identity Protection can help you protect yourself against identity theft by managing and protecting your personal information online; proactively monitoring your credit reports, credit-related accounts, social media accounts, etc.; notifying you of data breaches that may affect you; and helping restore your compromised identity if fraud or theft occurs, including a \$1 million identity theft insurance policy. Coverage will be in effect through December 31, 2022.

MetLife Legal Plans

Get convenient and affordable access to a qualified network of attorneys for everyday personal legal matters. Coverage will be in effect through December 31, 2022.

Employee Assistance

Life isn't always easy, and when life throws you a curve ball, it's good to know you have resources to help you. These programs can help with a variety of life's challenges and the demands that come with balancing home and work.

SupportLinc Employee Assistance Program

You and your family have access to confidential, professional referrals and up to five sessions of face-to-face counseling for a variety of concerns, such as family/marital problems and relationship issues, anxiety, depression, grief and loss, substance abuse, anger management, work-related pressures and stress.

SupportLinc can also provide referrals and consultation to expert resources for legal and financial assistance, as well as referrals for everyday family issues like dependent care, auto repair, pet care, home improvement and more.

LifeSpeak

LifeSpeak is a digital wellness library that offers expert information on topics that affect your everyday life. You and your family have 24/7 access from any computer or mobile device. You'll find a comprehensive library of relevant and up-to-date videos, tip sheets, blogs and podcasts from leading experts in mental and physical health, finances, parenting and caregiving, and more.

Get the Details

Learn more about voluntary benefits and employee assistance resources at myRRDbenefits.com.



“

I reached out to SupportLinc at a time when I was in a very dark place. The first person I spoke with really listened to me. The counselor I met with helped me make some changes and understand it's OK to take some time for myself so I can be there for everyone else. Things aren't perfect, but I feel hopeful for the first time in a long time that things can and will get better.”

Important Notices & Disclosures

HIPAA Privacy Notice

As a participant in the Plan or the RR Donnelley Flexible Benefits Plan, you are entitled to receive the HIPAA Privacy Notice for the Plan. You may view a copy of the HIPAA Privacy Notice on myRRDbenefits.com, or you may request a copy from the HIPAA Privacy Official for the Plan by writing to:

R.R. Donnelley & Sons Company

c/o HIPAA Privacy Official
4101 Winfield Road
Warrenville, IL 60555

Changing Your Elections During the Year

If you do not enroll by the deadline, the only way you may be able to enroll or change an election during the calendar year is if you have a life event or qualifying change in status. Keep in mind, new dependents are not automatically covered by the Plan; you must enroll them for coverage. For dependents who are no longer eligible for coverage under the Plan, you are required to call the Benefits Center at **1-877-RRD-4BEN (1-877-773-4236)** or go online to rrd.bswift.com to remove them from coverage under the Plan.

You may change your elections during the year if you experience a qualifying life event in one of the categories described in your Qualified Status Changes (and the Participant Premium Program) SPD (soon to become part of the Administration Information Booklet), including a Special Enrollment Period (described below). Generally, such election changes must be made no later than 30 days from the date of the life event (except in the case of certain special enrollment events described below). You are responsible for making the changes through the RRD Benefits Center. You can make a new election or change an existing election in response to a qualifying life event only if the election is a result of and consistent with the life event. Not all qualifying life events apply to all Plan options. For a full list of qualifying life events, go to myRRDbenefits.com to view your SPD and any related SMM.

Special Enrollment Period for Group Health Coverage

Important Note: As a result of the COVID-19 pandemic, certain plan deadlines have been extended or suspended. If your special enrollment event occurs during the COVID-19 "Outbreak Period," then your time limit to request special enrollment will not start to run until after the end of the Outbreak Period. The Outbreak Period began on March 1, 2020, and ends 60 days following the end of the declared National Emergency due to COVID-19 (or other date specified by the Internal Revenue Service and Department of Labor). You will have until the earlier of the following to request special enrollment: (i) one year from the date you would be normally required to act (i.e., one year and 30 days or one year and 60 days from your special enrollment event, depending on the event), or (ii) 90 or 120 days after the end of the declared COVID-19 National Emergency, depending on the event (i.e., the usual 30-day or 60-day period will begin to run 60 days after the end of the declared National Emergency). See the COVID-19 Deadline Extension SMM at myRRDbenefits.com (under FORMS & DOCS) for more information.

If you decline Medical 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 health 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 Benefits Plan.
- 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.

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 plan, 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 Plan. Generally, you must enroll within 30 days after such event. (Note: If you are adding a newborn child, a newly adopted child, or a child newly placed with you for adoption, you have up to 60 days to report such event to the Benefits Center under the Plan's more generous policy.) 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)**.

Right to Choose a Primary Care Provider

Depending on where you live, you might be eligible for a Regional HMO Medical Program option in addition to the national Medical Program options. If you are eligible, you will receive additional information about the Regional HMO for which you are eligible, including contact information.

The Regional HMOs generally require the designation of a primary care provider (but the national Medical Program options do not). You have the right to designate any primary care provider who participates in the Regional HMO network and is available to accept you or your family members. For information on how to select a primary care provider and a list of participating primary care providers, contact the Regional HMO directly at the number or website included in your enrollment materials. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the Regional HMO or from any other person (including a primary care provider) to obtain access to obstetrical or gynecological care from a health care professional in the network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Regional HMO directly at the number or website provided in the enrollment materials.

Women's Health & Cancer Rights Act

Important information about benefits that may be available to women who have had or are going to have a mastectomy: If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prosthesis; and
- Treatment of physical complications of the mastectomy, including lymphedema.

Such coverage is subject to all Plan provisions, limitations and requirements, including any annual deductible and coinsurance limitations, outlined in your SPD and any related SMMs. If you would like more information, visit **myRRDbenefits.com** or call the Benefits Center at **1-877-RRD-4BEN (1-877-773-4236)**.

Useful Contacts

General Benefits Information

RRD Benefits Center

rrd.bswift.com | 1-877-RRD-4BEN (1-877-773-4236),
Monday – Friday, 7 a.m. – 7 p.m. CT

Benefits Information

including Summary Plan Descriptions (SPDs) and Summaries
of Material Modifications (SMMs)

myRRDbenefits.com

Employee Assistance

SupportLinc Employee Assistance Program (EAP)

supportlinc.com (username: rrd) | 1-888-881-LINC
(1-888-881-5462), 24/7

LifeSpeak

rrd.lifespeak.com (client password: rrd)

Medical & Prescription Drug Benefits

Blue Cross and Blue Shield of Illinois (BCBSIL)

bcbsil.com/rrd | 1-800-537-9765, Monday – Friday,
7 a.m. – 7 p.m. CT

CVS Caremark

Prescription Drug Benefits

caremark.com | 1-866-273-8402, 24/7

Livongo Diabetes & Hypertension Programs

welcome.livongo.com | 1-800-945-4355, 24/7

Rx Savings Solutions

Prescription Savings Program

myrxss.com | 1-800-268-4476, Monday – Friday,
7 a.m. – 8 p.m. CT

PrudentRx

1-800-578-4403, Monday – Friday 7 a.m. – 7 p.m. CT

Well onTarget

BCBSIL Member Wellness Program

wellontarget.com

Supplemental Health Care Benefits

MetLife

metlife.com/mybenefits

Plan questions: 1-800-GETMET8 (1-800-438-6388), Monday – Friday, 7 a.m. – 10 p.m. CT

Eligibility, deduction & general information: 1-877-RRD-4BEN (1-877-773-4236)

Life & Accident Insurance

MetLife

metlife.com/mybenefits

Eligibility information: rrd.bswift.com

Claims: 1-800-638-6420, Monday – Thursday, 7 a.m. – 7 p.m. CT; Friday, 7 a.m. – 4 p.m. CT

Dental Benefits

Cigna

mycigna.com | 1-800-656-1691, 24/7

Disability Benefits

The Hartford

abilityadvantage.thehartford.com | 1-866-271-0744, Monday - Friday, 8 a.m. - 8 p.m. CT

Vision Benefits

EyeMed

eyemed.com | 1-866-723-0514, Monday – Saturday, 6:30 a.m. – 10 p.m. CT; Sunday, 10 a.m. – 7 p.m. CT

Voluntary Legal Benefits

MetLife Legal Plans

metlife.com/insurance/legal-plans | 1-800-821-6400, 7 a.m. – 7 p.m. CT

Health Savings Account (HSA)

HealthEquity

healthequity.com | 1-844-281-0928, 24/7

Voluntary Identity Protection

Allstate

myaip.com | 1-800-789-2720, 24/7

Flexible Spending Accounts (FSAs)

HealthEquity

healthequity.com | 1-844-281-0928, 24/7

RRD Savings Plan

Empower Retirement™

empower-retirement.com | 1-844-243-4773, Monday – Friday, 7 a.m. – 9 p.m. CT



RRD BENEFITS
HEALTH | WEALTH | LIFE

About This Guide

This guide describes the coverage RRD will offer for 2022 to most benefits-eligible employees under the RR Donnelley Group Benefits Plan (the "Plan"). Your benefits eligibility will determine the coverage that is offered to you, your spouse, domestic partner and/or your dependent child(ren). More details on benefits eligibility are available in the SPDs, SMMs and certificates of insurance online at myRRDbenefits.com.

Important

Descriptions provided in this guide are based on official Plan documents. Every effort has been made to ensure the accuracy of this material. In the unlikely event there is a discrepancy between this document, the SPDs, SMMs, any other materials summarizing the RR Donnelley Group Benefit Plan or the RR Donnelley Flexible Benefits Plans (the "Plans") and the official Plan documents, the following documents will control:

- Where this document is intended to summarize existing benefit provisions, the SPDs, SMMs, any other materials summarizing the Plans and the official Plan documents, the official Plan documents will control.
- Where this document is intended to communicate a change to the SPDs, SMMs, any other materials summarizing the Plans and the official Plan documents, this document will control.

RRD reserves the right to amend or terminate the Plan or Programs at any time for any reason.