



**RRD BENEFITS**  
HEALTH | WEALTH | LIFE

# 2023 Benefits Enrollment Guide

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**RRD BENEFITS,  
EVERY STEP OF THE WAY.**

Choose your 2023 benefits  
October 31 – November 11, 2022



# RRD BENEFITS EVERY STEP OF THE WAY

Wherever life takes you, your RRD benefits are there to support your physical, financial and personal health. RRD is committed to investing in a comprehensive benefits package, and we are pleased to offer several enhancements for 2023.

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We encourage you to take a close look at your benefits so you can make the best choices for yourself and your family for the coming year. We also encourage you to take time to understand how your benefits work, so you can use them to live your best life at every step of your journey.

Your **2023 Benefits Enrollment Guide** provides an overview of your benefit options. Please review it carefully. To see what you will pay for coverage in 2023, refer to the **enrollment website**, and use the “Ask Emma” tool to help you compare your options and costs.

Remember, Annual Enrollment is your only chance to choose your 2023 benefits unless you experience a Qualified Status Change event (e.g., marriage, divorce, birth of a child, or other qualified change in life or work status) during the year.



**myRRDbenefits.com**

Find everything you need to  
know about your RRD benefits.



# ENROLLING FOR BENEFITS

## BEFORE YOU ENROLL

### 1 Read your enrollment materials.

Check out your **2023 Enrollment Highlights Guide** for a list of what's new and changing for 2023 and this Enrollment Guide to understand your benefit options.

### 2 Decide who will be covered by your benefits.

Your eligible dependents include:

- Your legal spouse (including your common-law spouse in states that recognize common-law marriages) or domestic partner
- Your children up to age 26
- Your disabled child of any age who is unable to care for himself/herself (see the **Medical SPD – Plan Administration Information Booklet** for details)

For more details, refer to the applicable **Summary Plan Description (SPD)**, any related **Summary of Material Modifications (SMM)** and, in some cases, the **insurance certificate** for each benefit.

### 3 Get help to make informed decisions about your benefits.

On the **enrollment website**, use the “Ask Emma” virtual assistant to view your costs, compare your options, and help you choose the benefits that are right for you and your situation. Emma will guide you through the enrollment process by asking you a few simple questions, and she'll suggest options based on your responses and individual needs.

## ENROLL BY NOVEMBER 11, 2022



### Enroll Monday, October 31 – Friday, November 11, 2022:

- Online at [rrd.bswift.com](http://rrd.bswift.com) or
- By phone at **1-877-RRD-4BEN (1-877-773-4236)**  
Monday – Friday, 7 a.m. – 7 p.m. CT



### Confirm your elections.

Review your confirmation statement and verify your elections, covered dependents and per-pay-period costs are correct. Print and keep a copy for your records. You may make changes or corrections until November 11, 2022, on the **enrollment website** or by calling the RRD Benefits Center at **1-877-RRD-4BEN (1-877-773-4236)**.

## IF YOU DON'T ENROLL

Your current benefit elections will carry over to 2023 with these exceptions:



**HSA contributions.** To contribute up to the new 2023 maximums (see **page 14**) or make any contribution changes, you must elect the new amount. You may change your HSA contribution at any time during the year. Current contribution amounts will carry over.



**FSA contributions.** You must enroll during Annual Enrollment to participate in an FSA in 2023.



# 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): HSA Advantage, Copay Advantage, HSA Select, Copay Select, HSA Value and Copay Value.

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.

The Select 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 to see whether your doctors participate in the network. 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 (watch a short [video](#) to learn more)
- In-network preventive care covered at 100%, with no deductible
- Fertility treatment coverage
- Prescription drug coverage through CVS Caremark
- Telemedicine through MDLIVE
- 100% coverage for certain generic preventive 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](https://myRRDbenefits.com).

**NEW!**

### MANAGE OR REVERSE DIABETES WITH THE TRANSFORM DIABETES CARE PROGRAM FROM CVS OR TWIN HEALTH

As part of your medical coverage for 2023, you and your covered family members who have or are at risk of developing diabetes have a choice between two new programs to help you live a healthier life: Transform Diabetes Care from CVS Health or Twin Health.

Both programs are completely voluntary and available at no cost to you as part of your coverage under the National Medical Program options. You're encouraged to learn about both and participate in the one that most closely meets your health needs and goals.

For help to control your type 1 or type 2 diabetes and stay on track with your prescribed treatment plan, Transform Diabetes Care might be the right choice for you. You get:

- Personalized support to help prevent diabetes-related complications,
- Help to manage your medication and to monitor and control your blood glucose,
- Access to personalized coaching with Certified Diabetes Educators, and more.

If you're ready to reverse your type 2 diabetes, consider participating in Twin Health. Twin Health uses sensors and other technology to build your digital replica, and then delivers precise, individualized guidance on nutrition, activity, sleep and breath techniques to heal your underlying cause of type 2 diabetes.

### **Livongo for Diabetes will be discontinued in 2023.**

Livongo for Hypertension will still be offered; however, if you have hypertension and diabetes, support for both of your conditions will be provided through Transform Diabetes Care.





## 2023 National Medical Program Options

Use the charts on the following pages 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](https://myRRDbenefits.com). To request paper copies, call **1-877-RRD-4BEN (1-877-773-4236)**.

## HSA ADVANTAGE

## COPAY ADVANTAGE

| Medical  | 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  |
| <b>GREAT NEWS! Lower Deductibles for all Options</b> |                                  |  |  |  |   |   |   |   |
| <b>Annual Deductible</b>                             | <b>\$2,650</b> (\$3,050 in 2022) |  | <b>\$5,300</b> (\$6,100 in 2022)       |  | <b>\$2,600</b> (\$3,000 in 2022)                        |   | <b>\$5,200</b> (\$6,000 in 2022)                        |   |
| <b>Annual Out-of-Pocket Maximum <sup>1</sup></b>     | \$6,900                          |  | \$13,800;<br>Individual cap of \$6,900 |  | \$6,900   |   | \$13,800;<br>Individual cap of \$6,900                  |   |
| <b>Office Visit</b>                                  | 20% after deductible             | 40% after deductible                                     | 20% after deductible                   | 40% after deductible                                     | \$25 PCP or Mental Health;<br>\$40 Specialist           | 40% after deductible  | \$25 PCP or Mental Health;<br>\$40 Specialist           | 40% after deductible  |
| <b>Preventive Care</b>                               | 0%                               | 40% after deductible                                     | 0%                                     | 40% after deductible                                     | 0%  | 40% after deductible  | 0%  | 40% after deductible  |
| <b>Emergency Room</b>                                | 20% after deductible             | 20% if true emergency;<br>otherwise 40% after deductible | 20% after deductible                   | 20% if true emergency;<br>otherwise 40% after deductible | \$500 copay + 20% of remaining balance after deductible | \$500 copay + 20% of remaining balance if true emergency;<br>otherwise 50% of remaining balance after deductible <sup>2</sup> | \$500 copay + 20% of remaining balance after deductible | \$500 copay + 20% of remaining balance if true emergency;<br>otherwise 50% of remaining balance after deductible <sup>2</sup> |

| Prescription Drug <sup>3</sup> | Retail  | Mail Order | Retail   | Mail Order                                  |
|--------------------------------|---|------------|--|---|
| <b>Generic</b>                 | 20% after deductible  |            | 20% (\$10 min/\$40 max);<br>no deductible  | 20% (\$25 min/\$100 max);<br>no deductible  |
| <b>Brand Formulary</b>         | 30% after deductible  |            | 30% (\$40 min/\$75 max);<br>no deductible  | 30% (\$100 min/\$185 max);<br>no deductible |
| <b>Brand Non-Formulary</b>     | 40% after deductible  |            | 40% (\$55 min/\$125 max);<br>no deductible   | 40% (\$140 min/\$315 max);<br>no deductible |
| <b>Specialty</b>               | <b>If not covered by PrudentRx:</b> 30% after deductible<br><b>If covered by PrudentRx:</b> 30% after deductible <sup>4</sup> |            | <b>If not covered by PrudentRx:</b><br>\$150; no deductible <sup>4</sup><br><b>If covered by PrudentRx:</b><br>30%; no deductible <sup>4</sup> | More than 30-day supply<br>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 Program so your cost-sharing is reduced to \$0. **See the list of specialty medications covered under the PrudentRx Program.** If you opt out of the PrudentRx Program, you will pay 30% coinsurance for specialty medications that are covered by the PrudentRx Program. If your specialty medication is not covered by the PrudentRx Program, then you will be responsible for the \$150 copay listed in this chart. The Plan and the PrudentRx 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**.



## HSA SELECT

## COPAY SELECT

|  | Employee Only  | Family                                 | Employee Only  | Family                                 |
|--|--|--|--|--|
| Medical  | <b>In-Network coverage only:</b> If you elect the HSA Select or Copay Select National Medical Program option, you <b>MUST USE</b> providers in the <b>Blue High Performance Network (HPN)</b> . Out-of-network care is covered only for emergencies. |  |  |  |
| <div><b>GREAT NEWS!</b></div> <b>Lower Deductibles for all Options</b> |  |  |  |  |
| Annual Deductible  | <b>\$3,050</b> (\$3,450 in 2022)   | <b>\$6,400</b> (\$7,200 in 2022)       | <b>\$3,000</b> (\$3,400 in 2022)                                     | <b>\$6,000</b> (\$6,800 in 2022)       |
| Annual Out-of-Pocket Maximum <sup>1</sup>                              | \$6,900  | \$13,800;<br>Individual cap of \$6,900 | \$6,900  | \$13,800;<br>Individual cap of \$6,900 |
| Office Visit   | 20% after deductible   |  | \$15 PCP or Mental Health; \$30 Specialist                           |  |
| Preventive Care  | 0%   |  | 0%   |  |
| Emergency Room   | 20% after deductible   |  | \$600 copay + 25% of remaining balance after deductible <sup>2</sup> |  |

| Prescription Drug <sup>3</sup> | Retail  | Mail Order | Retail   | Mail Order                                  |
|--------------------------------|---|------------|--|---|
| Generic                        | 20% after deductible  |            | 20% (\$10 min/\$45 max);<br>no deductible  | 20% (\$25 min/\$115 max);<br>no deductible  |
| Brand Formulary                | 40% after deductible  |            | 40% (\$40 min/\$100 max);<br>no deductible   | 40% (\$100 min/\$250 max);<br>no deductible |
| Brand Non-Formulary            | 50% after deductible  |            | 50% (\$75 min/\$150 max);<br>no deductible   | 50% (\$185 min/\$375 max);<br>no deductible |
| Specialty                      | <b>If not covered by PrudentRx:</b> 30% after deductible<br><b>If covered by PrudentRx:</b> 30% after deductible <sup>4</sup> |            | <b>If not covered by PrudentRx:</b><br>\$210; no deductible <sup>4</sup><br><b>If covered by PrudentRx:</b><br>30%; no deductible <sup>4</sup> | 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 Program so your cost-sharing is reduced to \$0. **See the list of specialty medications covered under the PrudentRx Program.** If you opt out of the PrudentRx Program, you will pay 30% coinsurance for specialty medications that are covered by the PrudentRx Program. If your specialty medication is not covered by the PrudentRx Program, then you will be responsible for the \$150 copay listed in this chart. The Plan and the PrudentRx 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.

## HSA VALUE

## COPAY VALUE

| Medical  | 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  |
| <b>GREAT NEWS! Lower Deductibles for all Options</b> |                                  |  |  |  |   |   |   |   |
| <b>Annual Deductible</b>                             | <b>\$3,550</b> (\$3,950 in 2022) |  | <b>\$7,100</b> (7,900 in 2022)         |  | <b>\$3,500</b> (\$3,900 in 2022)                        |   | <b>\$7,000</b> (\$7,800 in 2022)                        |   |
| <b>Annual Out-of-Pocket Maximum <sup>1</sup></b>     | \$6,900                          |  | \$13,800;<br>Individual cap of \$6,900 |  | \$6,900   |   | \$13,800;<br>Individual cap of \$6,900                  |   |
| <b>Office Visit</b>                                  | 25% after deductible             | 50% after deductible                                     | 25% after deductible                   | 50% after deductible                                     | \$25 PCP or Mental Health;<br>\$50 Specialist           | 50% after deductible  | \$25 PCP or Mental Health;<br>\$50 Specialist           | 50% after deductible  |
| <b>Preventive Care</b>                               | 0%                               | 50% after deductible                                     | 0%                                     | 50% after deductible                                     | 0%  | 50% after deductible  | 0%  | 50% after deductible  |
| <b>Emergency Room</b>                                | 25% after deductible             | 25% if true emergency;<br>otherwise 50% after deductible | 25% after deductible                   | 25% if true emergency;<br>otherwise 50% after deductible | \$600 copay + 25% of remaining balance after deductible | \$600 copay + 25% of remaining balance if true emergency;<br>otherwise 50% of remaining balance after deductible <sup>2</sup> | \$600 copay + 25% of remaining balance after deductible | \$600 copay + 25% of remaining balance if true emergency;<br>otherwise 50% of remaining balance after deductible <sup>2</sup> |

| Prescription Drug <sup>3</sup> | Retail  | Mail Order | Retail   | Mail Order                                  |
|--------------------------------|---|------------|--|---|
| <b>Generic</b>                 | 25% after deductible  |            | 25% (\$10 min/\$45 max);<br>no deductible  | 25% (\$25 min/\$115 max);<br>no deductible  |
| <b>Brand Formulary</b>         | 40% after deductible  |            | 40% (\$40 min/\$100 max);<br>no deductible   | 40% (\$100 min/\$250 max);<br>no deductible |
| <b>Brand Non-Formulary</b>     | 50% after deductible  |            | 50% (\$75 min/\$150 max);<br>no deductible   | 50% (\$185 min/\$375 max);<br>no deductible |
| <b>Specialty</b>               | <b>If not covered by PrudentRx:</b> 30% after deductible<br><b>If covered by PrudentRx:</b> 30% after deductible <sup>4</sup> |            | <b>If not covered by PrudentRx:</b><br>\$210; no deductible <sup>4</sup><br><br><b>If covered by PrudentRx:</b><br>30%; no deductible <sup>4</sup> | 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 Program so your cost-sharing is reduced to \$0. **See the list of specialty medications covered under the PrudentRx Program.** If you opt out of the PrudentRx Program, you will pay 30% coinsurance for specialty medications that are covered by the PrudentRx Program. If your specialty medication is not covered by the PrudentRx Program, then you will be responsible for the \$150 copay listed in this chart. The Plan and the PrudentRx 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**.



## How the National Medical Options Differ

|   | HSA<br>ADVANTAGE | HSA<br>SELECT | HSA<br>VALUE | COPAY<br>ADVANTAGE | COPAY<br>SELECT | COPAY<br>VALUE |
|---|------------------|---------------|--------------|--------------------|-----------------|----------------|
| Covers Care Received In- & Out-of-Network | ✓                | ✗             | ✓            | ✓                  | ✗               | ✓              |
| Available in Certain Areas Only           | ✗                | ✓             | ✗            | ✗                  | ✓               | ✗              |
| Includes PrudentRx Assistance             | ✓                | ✓             | ✓            | ✓                  | ✓               | ✓              |
| Eligible for an HSA                       | ✓                | ✓             | ✓            | ✗                  | ✗               | ✗              |
| Eligible for Paytient                     | ✓                | ✓             | ✓            | ✓                  | ✓               | ✓              |
| 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.

## BCBSIL Program Requirements for Cost-Effective Health Care

To help you get the best care at the best price, BCBSIL **requires** you do the following:

- **Contact a health advocate** prior to receiving an MRI or CT scan, or pay a \$200 penalty. <sup>1</sup> 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 hospitalizations, radiation therapy (proton treatment, radiation treatment, etc.), skilled nursing and rehabilitation, home health care, and other services listed in the SPD that require preauthorization.

For more details about these requirements and the additional costs you'll avoid by following them, contact a health advocate at **1-800-537-9765**.

1. The \$200 penalty does not apply to an MRI or CT scan done in an emergency room.

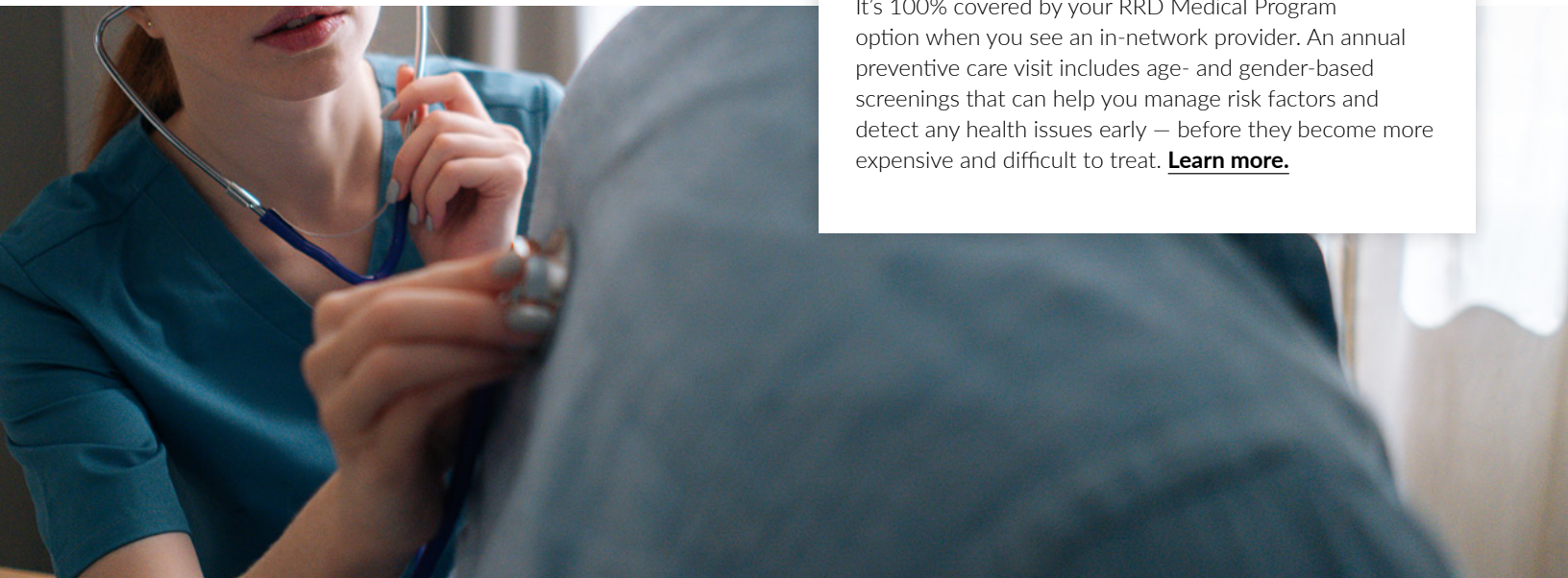
## How to Use Your Prescription Drug Benefits

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 and 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.

### 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.](#)





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

If you enroll in any of the National Medical Program options, you will be automatically enrolled in the PrudentRx program as part of your prescription drug coverage through CVS Caremark.

This is a **FREE** program; you'll pay \$0 for covered specialty medications filled at CVS Specialty Pharmacy. (If you enroll in an HSA National Medical Program option, you must meet your deductible before PrudentRx benefits begin.) The PrudentRx program currently targets specialty medications in the following therapy classes: hepatitis C, autoimmune, oncology and multiple sclerosis.

If you want to opt out of the PrudentRx program, you must call **1-800-578-4403** to disenroll. If you disenroll, you will pay 30% coinsurance for any specialty medications you take that are eligible for the program. **If you are required to pay this 30% coinsurance for a specialty medication, and if the particular medication 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 5-7** for more information about the applicable copay or coinsurance for specialty medications under each National Medical Program option.

## 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](https://myrxss.com) or call **1-800-268-4476**.





# 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.

You may elect additional insurance protection from MetLife during Annual Enrollment. 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. This benefit includes coverage for on- and off-the-job accidents. There are more than 150 covered conditions associated with an accident that could trigger benefits, including various injuries, hospitalization, nursing care, 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, stroke, benign brain tumor, coma, paralysis of two or more limbs, ALS, multiple sclerosis, muscular dystrophy, advanced Parkinson's disease, childhood cerebral palsy, cystic fibrosis, type 1 diabetes, and more. 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.

### NEW!

Hospital Indemnity Insurance will be enhanced to provide a larger payout if you or a covered family member is hospitalized due to a covered event. There's no change to the rate you pay for coverage.



### FOR MORE INFORMATION:

Visit [myRRDbenefits.com](https://myRRDbenefits.com), review the **Supplemental & Voluntary Benefits Guide** and watch your mail for additional details from MetLife.

### FOR PLAN QUESTIONS:

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

### FOR GENERAL INFORMATION & QUESTIONS ABOUT ELIGIBILITY:

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



# Dental Benefits

You have three RRD dental options from Cigna: **Dental PPO**, **Dental PPO Plus**, and **Dental HMO** (in-network coverage only). Use this chart to compare your options. To view premiums for each option, go to [rrd.bswift.com](http://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  |
| <b>Annual Deductible</b>                          | \$50                   | \$150          | \$50                   | \$150          | \$0   |
| <b>Annual Maximum</b><br><i>(Non-orthodontia)</i> | \$1,500 per individual |                | \$2,000 per individual |                | No annual maximum   |
| <b>Lifetime Orthodontia Maximum</b>               | N/A                    |                | \$2,000 per individual |                | Limited to 1 treatment per person, per lifetime; contact <b>Cigna</b> for details |
| <b>Preventive Care</b><br><i>Type A</i>           | 100%                   |                | 100%                   |                | 100%  |
| <b>Basic Care</b><br><i>Type B</i>                | 50%                    |                | 80%                    |                | 100%  |
| <b>Major Care</b><br><i>Type C</i>                | 50%                    |                | 50%                    |                | 60%   |
| <b>Orthodontia</b><br><i>Type D</i>               | N/A                    |                | 50%                    |                | 50%   |



## FIND AN IN-NETWORK DENTIST

You can save money when you choose an in-network provider. Go to [cigna.com](http://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*



# 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. Use this chart to compare your options. To view premiums for each option, go to [rrd.bswift.com](http://rrd.bswift.com).

## EYEMED ESSENTIAL

## EYEMED ENHANCED

| Frequency of Service |                 |                 |
|----------------------|-----------------|-----------------|
| Exam                 | Every 12 months | Every 12 months |
| Frames               | Every 24 months | Every 12 months |
| Lenses               | Every 12 months | Every 12 months |

| Other Benefits                     | In-Network  | Out-of-Network        | In-Network  | Out-of-Network        |
|------------------------------------|---|-----------------------|---|-----------------------|
| 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 <sup>1</sup><br>Single Vision | \$20 copay  | Up to \$25 allowance  | \$10 copay  | Up to \$25 allowance  |
| Contacts <sup>1</sup>              | \$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                   |

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



### FIND AN EYEMED PROVIDER

Visit [eyemed.com](http://eyemed.com) and look for the Vision Care Program network. Click *Find an Eye Doctor*, enter your ZIP code, choose *Select Network > Get Results*. Prospective members can also call **1-866-299-1358** for assistance.



# 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).



### 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.



### 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.



### CONTRIBUTE TAX FREE

You can make tax-free contributions to your HSA, up to IRS limits.

#### Employee only:

\$3,850 (\$200 more than 2022)

#### Other coverage categories:

\$7,750 (\$450 more than 2022)

#### Catch-up contribution:

\$1,000 (If you're age 55 or older in 2023 and not enrolled in Medicare)



### 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.

For more information about eligibility, disqualifying coverage, and opening and using an HSA, review the [2023 Enrollment Highlights Guide](#) and [Ways to Save & Pay for Care](#), IRS publication 969 at [irs.gov](https://www.irs.gov), or visit [healthequity.com/HSA](https://healthequity.com/HSA).



## Paytient — A New Way to Pay for Health Care

If you're eligible for RRD benefits, you now have Paytient, a no-fee, no-interest credit card you can use to pay out-of-pocket health care expenses, including dental, vision and even veterinary care for your pet. No credit check required.

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Your Paytient credit card has a \$1,000 limit. When you use Paytient, the doctor's office, hospital or pharmacy gets paid in full at that time. You can pay back money you borrow through payroll deduction or your HSA, FSA or bank account. It's an easy way to pay for care over time. (You cannot use your HSA without incurring a penalty or your FSA to pay back money you borrow for veterinary expenses.)

Learn more at [myrrdbenefits.com/paytient](https://myrrdbenefits.com/paytient).

# 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](https://myRRDbenefits.com) and [irs.gov](https://irs.gov).

|   | <b>FULL-USE<br/>HEALTH CARE FSA</b><br><i>if you enroll in Copay Value, Copay Select<br/>or Copay Advantage</i>  | <b>LIMITED-USE<br/>HEALTH CARE FSA</b><br><i>if you enroll in HSA Value, HSA Select<br/>or HSA Advantage</i>   | <b>DEPENDENT<br/>DAY CARE FSA</b>   |
|---|--|--|---|
| <b>Action Required to Participate!</b> To continue or begin participating in the FSA program in 2023, you must enroll during Annual Enrollment. |  |  |   |
| How much can I contribute in 2023?  | \$200 – \$2,850  | \$200 – \$2,850  | \$200 – \$5,000 (depending on your federal income tax filing status) <sup>1</sup>   |
| Can I change my contributions during the year?  | You cannot change or stop your contributions during the year unless you have a Qualified Status Change event.  |  |   |
| What expenses can I use it for?   | Eligible medical, prescription drug, dental and vision expenses  | Eligible dental and vision expenses <b>at any time</b> , and eligible medical and prescription drug expenses <b>after</b> you've met your medical deductible. <sup>2</sup><br><b>Note:</b> 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. |  |   |

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

### Lower premiums for 2023!

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 or increase optional employee life insurance, you must provide EOI.
- If your spouse/domestic partner is newly eligible for life insurance, EOI is required for coverage amounts over \$25,000. Current spouse/domestic partner participants and those who previously waived coverage must provide EOI for increased coverage amounts.
- EOI is not required for optional AD&D insurance or optional child life insurance.



### IMPORTANT! CHECK YOUR BENEFICIARIES

Death can be unexpected. Protect your family and your money by making sure your beneficiary designations are up to date 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.

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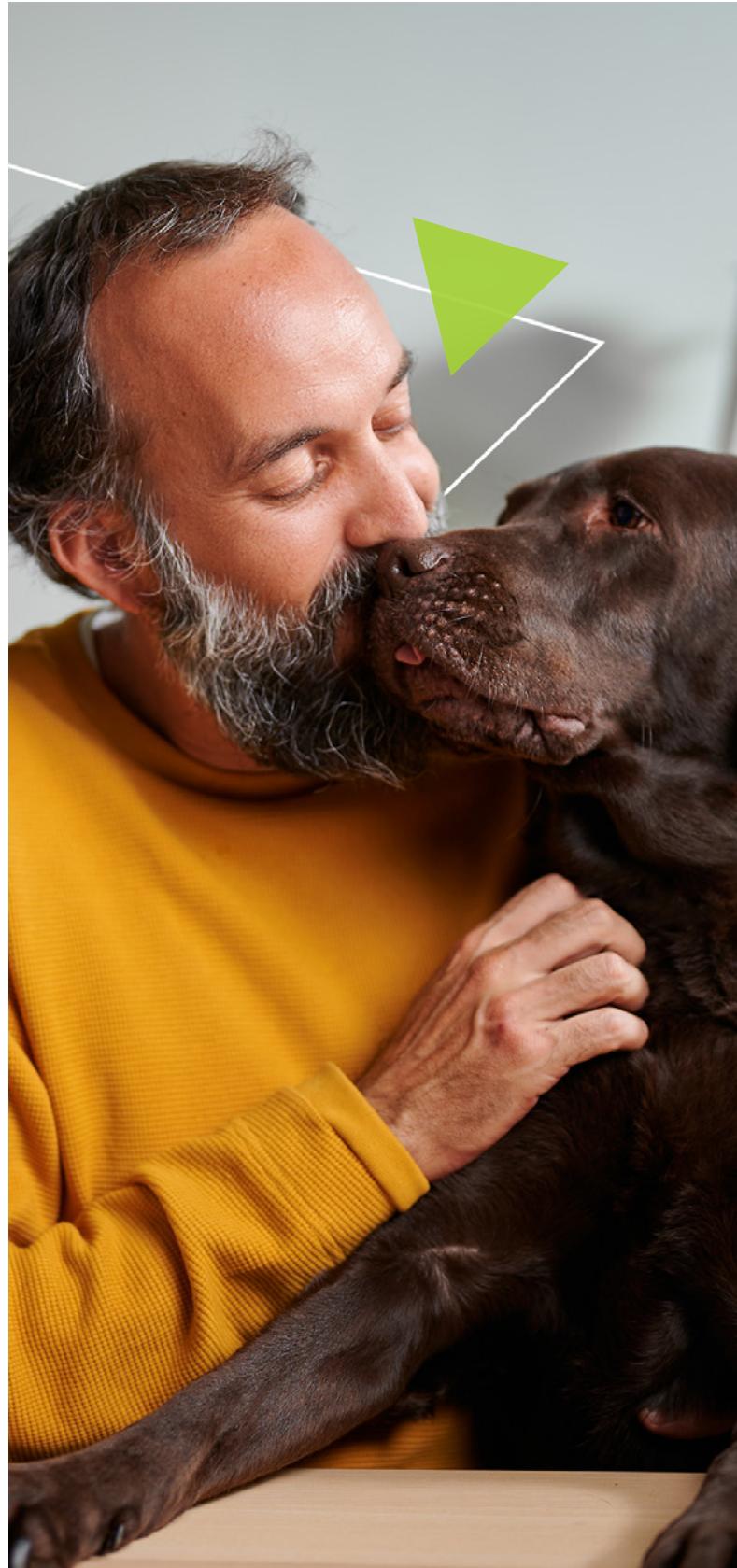
### Short-Term Disability (STD)

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 LTD benefits duration schedule may vary. LTD 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](https://myRRDbenefits.com).





# SUPPORT FOR YOUR LIFE

## Voluntary Benefits

Customize and enhance your RRD benefits to fit your needs. Learn more about all the voluntary benefits (Allstate Identity Protection, Edenred Commuter Benefits, auto and home insurance, pet insurance, Purchasing Power and WeightWatchers) and employee assistance resources available to you at [myRRDbenefits.com](https://myRRDbenefits.com).

## Legal Benefits

During Annual Enrollment, you may elect MetLife Legal Plans for convenient and affordable access to a qualified network of attorneys for everyday personal legal matters. Coverage will be in effect January 1 – December 31, 2023. If you are currently enrolled, your coverage will carry over to 2023.

## Employee Assistance

Life isn't always easy. When life throws you a curve ball, it's good to know you have resources to help you.

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### 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.



# USEFUL CONTACTS

## GENERAL BENEFITS INFORMATION

### RRD Benefits Center

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

### Benefits Information

[myRRDbenefits.com](http://myRRDbenefits.com) | Includes Summary Plan Descriptions  
(SPDs) and Summaries of Material Modifications (SMMs)

## EMPLOYEE ASSISTANCE

### SupportLinc Employee Assistance Program (EAP)

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

## MEDICAL & PRESCRIPTION DRUG

### Blue Cross and Blue Shield of Illinois (BCBSIL)

[bcbsil.com/rrd](http://bcbsil.com/rrd) | **1-800-537-9765**, Monday – Friday,  
7 a.m. – 7 p.m. CT

### CVS Caremark

Prescription Drug Benefits | [caremark.com](http://caremark.com) |  
**1-866-273-8402**, 24/7

### Transform Diabetes Care

[caremark.com](http://caremark.com) | **1-800-348-5238**

### Livongo Hypertension Program

[welcome.livongo.com](http://welcome.livongo.com) | **1-800-945-4355**, 24/7

### Rx Savings Solutions

Prescription Savings Program | [myrxss.com](http://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](http://wellontarget.com)

## SUPPLEMENTAL HEALTH CARE

### MetLife

[metlife.com/mybenefits](https://www.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](https://www.metlife.com/mybenefits)

- Eligibility information: [rrd.bswift.com](https://www.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

### Cigna

[mycigna.com](https://www.mycigna.com) | **1-800-656-1691**, 24/7

## DISABILITY

### The Hartford

[abilityadvantage.thehartford.com](https://www.abilityadvantage.thehartford.com) | **1-866-271-0744**, Monday – Friday, 8 a.m. – 8 p.m. CT

## VISION

### EyeMed

[eyemed.com](https://www.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 BENEFITS

### MetLife Legal Plans

[metlife.com/insurance/legal-plans](https://www.metlife.com/insurance/legal-plans) | **1-800-821-6400**, 7 a.m. – 7 p.m. CT

### BenefitHub

Auto, Home and Pet insurance | [rrd.benefitHub.com](https://www.rrd.benefitHub.com) | **1-866-664-4621**

## HEALTH SAVINGS ACCOUNT (HSA) & FLEXIBLE SPENDING ACCOUNTS (FSAS)

### HealthEquity

[healthequity.com](https://www.healthequity.com) | **1-844-281-0928**, 24/7

## RRD SAVINGS PLAN

### Empower Retirement™

[empower.com](https://www.empower.com) | **1-844-243-4773**, Monday – Friday, 7 a.m. – 9 p.m. CT

## HEALTH CARE PAYMENT CARD

### Paytient

[paytient.com](https://www.paytient.com)



**RRD BENEFITS**  
HEALTH | WEALTH | LIFE

## ABOUT THIS GUIDE

This guide describes the coverage RRD will offer for 2023 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](https://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.

