RRD BENEFITS
HEALTH | WEALTH | LIFE

WITH YOU ON LIFE'S JOURNEY

2026 Benefits Enrollment Guide
October 29 – November 12, 2025

2026 BENEFITS ENROLLMENT GUIDE

WITH YOU ON LIFE'S JOURNEY

You can count on your RRD benefits to support your physical, mental and financial well-being — every day, everywhere.

Annual Enrollment is your opportunity to choose your RRD benefits for the year ahead. As always, RRD offers you a wide range of benefits so you can choose the options that best fit your needs and your budget.

This enrollment guide provides an overview of your benefit options. Please review it carefully. To see what you will pay for coverage in 2026, refer to **rrd.bswift.com**, and use the "Ask Emma" tool to help you compare your options and costs.

Remember, Annual Enrollment is your only chance to choose your 2026 benefits unless you experience a Qualified Status Change (e.g., marriage, divorce, birth of a child, or other change in life or work status specified in the Plan Administration Information Booklet) during the year.

myRRDbenefits.com

Everything you need to know — in one place

- News about your benefits
- Information to help you manage your health and use your benefits wisely
- Important Plan documents
- Links to your benefits vendors and more!

What's Inside

Before You Enroll

1 Read your enrollment materials.

Check out your *2026 Enrollment Highlights Guide* (**RRD employees** | **Legacy Williams Lea Employees**) for a list of what's new and changing for 2026 and this Enrollment Guide to understand your benefit options. Summaries of Benefits & Coverage (SBCs) also provide detailed information about each of the medical program options. View the SBCs at **myRRDbenefits.com**. You can also request a paper copy free of charge by calling the RRD Benefits Center at **1-877-RRD-4BEN (1-877-773-4236)**.

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)

Make sure your enrolled dependents satisfy the Plans' eligibility rules. Checking now will save you time and help prevent any problems later on if you are found to have enrolled (or failed to have dis-enrolled) an ineligible dependent.

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 on **myRRDbenefits.com**.

3 Get help to make informed decisions about your benefits.

On **rrd.bswift.com**, 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.

Enroll by November 12, 2025

✓ Enroll October 29 – November 12, 2025:

- Online at **rrd.bswift.com** or by downloading and using the bswift app, 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 elections. Print and keep a copy of your elections for your records. You may make changes or corrections until November 12, 2025, on **rrd.bswift.com** or by calling the RRD Benefits Center at **1-877-RRD-4BEN (1-877-773-4236)**. You will receive in the mail an official confirmation statement. Upon receipt, review it to verify your elections, covered dependents and per-pay-period costs are correct. If you discover any errors, contact the RRD Benefits Center on or before December 31, 2025.

If You Don't Enroll

✗ HSA contributions

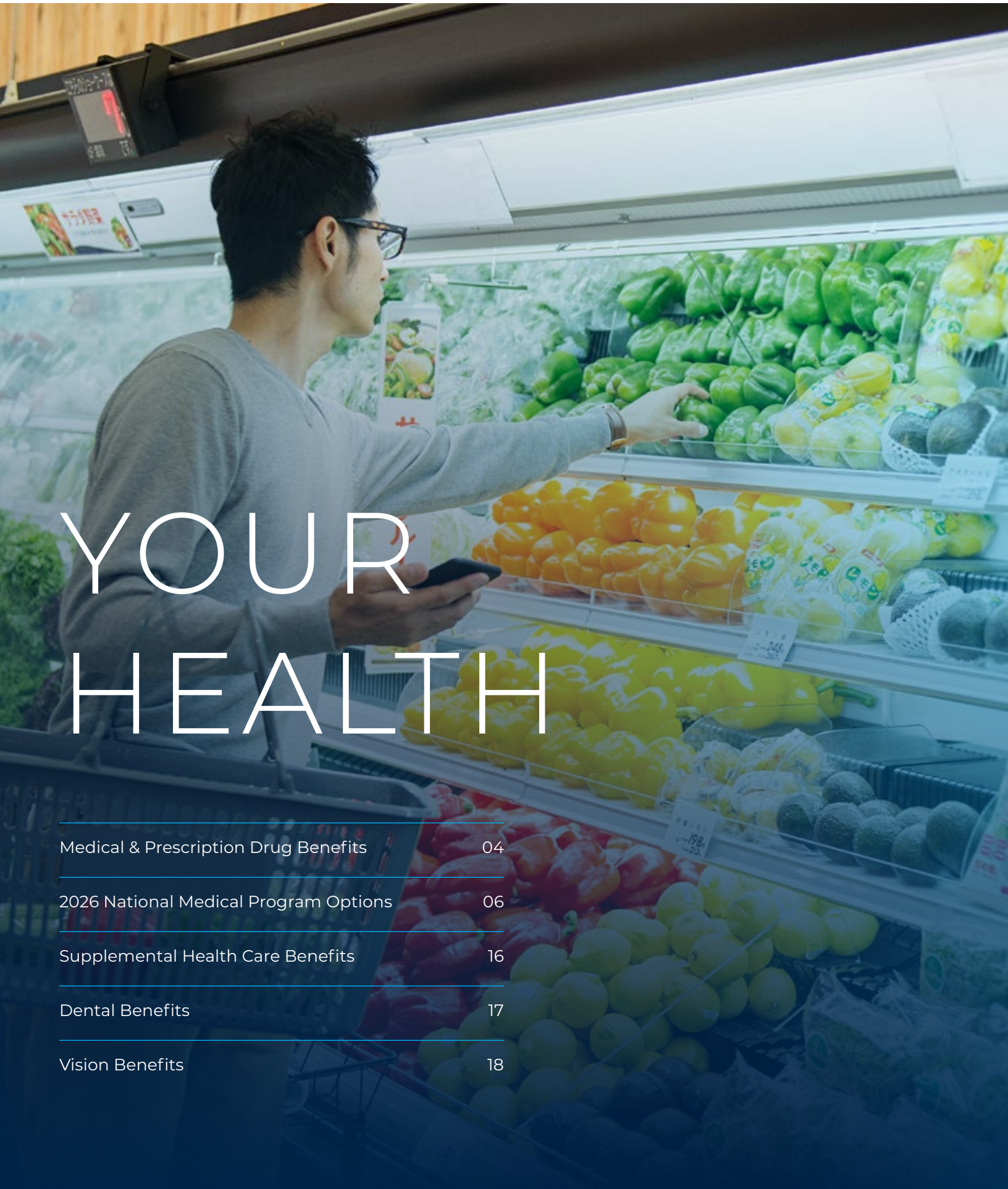
To contribute up to the new 2026 maximums (see **page 21**) or make any contribution changes, you must elect the new amount. You may change your HSA contribution at any time during the year. Current contribution amounts will carry over.

✗ FSA contributions

You must enroll during Annual Enrollment to participate in an FSA in 2026.

✗ Defaults for legacy Williams Lea employees

Refer to your ***2026 Enrollment Highlights Guide*** for the Medical Program option defaults that apply to you if you don't take action during Annual Enrollment.



YOUR HEALTH

MEDICAL & PRESCRIPTION DRUG BENEFITS

You have four National Medical Program options: HSA Advantage, HSA Value, Copay Advantage and BCBS Coupe PPO.

Most National Medical Program options include:

- NEW! **SleepCharge** is RRD's new exclusive network provider for sleep conditions such as obstructive sleep apnea, insomnia, restless leg syndrome, and circadian rhythm disorders. There is no coverage if you use other providers. Call **1-877-615-7257**, option 2. SleepCharge offers no-cost telehealth visits with a board-certified sleep physician, diagnosis and individually tailored treatment for sleep problems, and a care team that is ready when you are.
- NEW! **WellTheory** provides expert guidance and personalized support for people with autoimmune and inflammatory conditions. Their care team will work with you to manage symptoms, reduce inflammation and improve your overall well-being.
- **In-network preventive** care covered at 100%, with no deductible
- **Support** from Teladoc Health for Hypertension Management, Hinge Health, Twin Health for prediabetes and type 2 diabetes, Transform Diabetes Care from CVS Health, whole-person care from Goodpath, Twin Health Healthy Weight, and Wondr Health weight management program
- **Fertility treatment coverage**
- **Prescription drug coverage** through CVS Caremark and reduced specialty drug cost through PrudentRx
- **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

NEW! OneImaging

Get easy and convenient medical imaging — like MRIs, CT scans, X-rays and mammograms — without the wait times and high costs often found elsewhere.

IMPORTANT! Calling OneImaging for non-emergency/non-urgent MRIs and CTs will be **mandatory**; if you don't call, you won't have coverage.

These programs are not available with BCBS Coupe PPO:

- NEW! **Maven Clinic from BCBSIL** is designed to raise the standard of women's and family health care by providing support for fertility and family building, maternity and postpartum care, parenting and pediatrics, and menopause and ongoing care. They have Care Advocates available any time to answer your questions, on-demand providers across 30-plus specialties, and community support and Q&A with peers and medical providers. Maven includes video chat and messaging with family care providers, a dedicated Care Advocate for every member, personalized content for your family journey, and virtual classes to learn from experts.
- AccessHope cancer support
- Health Advocacy Solutions, a concierge service from BCBSIL to help you navigate health care decisions and save time and money. **See how.**
- Member Rewards, which provides a cash reward when you compare costs and choose a cost-effective option for your care. **See how.**

Manage or Reverse Diabetes

You and your covered family members who have or are at risk of developing diabetes have a choice between two programs to help you live a healthier life: **Twin Health** or **Transform Diabetes Care from CVS 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.

Twin Health

If you're ready to reverse your prediabetes or 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 prediabetes or type 2 diabetes.

Transform Diabetes Care

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.

Take Care of the Whole You

Goodpath combines traditional medical treatments with complementary therapies (such as physical activity, nutrition and behavioral health support) to help you manage certain chronic health conditions like digestive health issues, back pain and other musculoskeletal issues, mental health, insomnia or troubled sleep, and cancer survivorship support. After completing a health questionnaire and utilizing a simple digital platform, you'll get a care plan that's tailored to your unique needs and goals. Goodpath will also provide you with a health coach and ship to you medical items and devices to support you in your care journey.

Get Support for Your Fight Against Cancer

Dealing with a cancer diagnosis and subsequent treatment can be overwhelming. RRD offers AccessHope, a cancer care program, as part of the National Medical Program options (except BCBS Coupe PPO) to help you before, during and after cancer treatment.

AccessHope offers remote, second-opinion services by providing access to high-quality oncology expertise and support from some of the nation's top cancer treatment hospitals to ensure optimal health outcomes, regardless of your geographical location. By facilitating remote expert case reviews, AccessHope connects individuals and their treating oncologists with expertise from National Cancer Institute-Designated Comprehensive Cancer Centers, ensuring personalized guidance for the most effective treatment plan. These services can help alleviate distress and minimize avoidable costs.

Additionally, AccessHope's remote cancer expertise includes delivering compassionate support through its Cancer Support Team to help navigate the emotional challenges associated with cancer.

As of the date of this Guide, the National Cancer Institute-Designated Comprehensive Cancer Centers include City of Hope (with locations near Atlanta, Chicago, Los Angeles, Orange County, CA, and Phoenix), Dana-Farber Cancer Institute, Emory Healthcare, Winship Cancer Institute of Emory University, Fred Hutch Cancer Center, Northwestern Medicine, the Robert H. Lurie Comprehensive Cancer Center of Northwestern University, UT Southwestern Medical Center — Harold C. Simmons Comprehensive Cancer Center, and Johns Hopkins Medicine — the Kimmel Cancer Center. **AccessHope is available to you at no additional cost.**

2026 NATIONAL MEDICAL PROGRAM OPTIONS

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)**.

Requirements for Cost-Effective Health Care

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

- NEW! **Call OneImaging** for non-emergency, non-urgent MRIs and CTs. OneImaging makes it easy and convenient to get medical imaging without the long wait times and high costs often found elsewhere. You won't have coverage if you don't call OneImaging for non-urgent/non-emergency MRI or CT.
- NEW! **Use a SleepCharge provider** when you need testing or treatment for sleep conditions such as obstructive sleep apnea, insomnia, restless leg syndrome, and circadian rhythm disorders.
- **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: 40% for the HSA Advantage and Copay Advantage National Medical Program options, and 45% for HSA Value National Medical Program option.
- **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**.

* For National Medical Program Options other than BCBS Coupe PPO

START HERE

Use the charts on the following pages to compare your options. You pay the amounts and percentages shown, and the Plan covers the rest. View your personalized premiums on **rrd.bswift.com**.

07 HSA ADVANTAGE
08 COPAY ADVANTAGE
09 HSA VALUE
10 BCBS COUPE PPO

HSA ADVANTAGE

MEDICAL	Employee Only		Family	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	Lower Deductible! $1,900		Lower Deductible! $3,800	
Annual Out-of-Pocket Maximum [1]	$8,000		$16,000; Individual cap of $8,000	
Office Visit	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Preventive Care	0%	40% after deductible	0%	40% after deductible
Emergency Room	20% after deductible	20% if true emergency; otherwise 40% after deductible	20% after deductible	20% if true emergency; otherwise 40% after deductible

PRESCRIPTION DRUG [2]	Retail	Mail Order
Generic	20% after deductible	
Brand Formulary	30% after deductible	
Brand Non-Formulary	40% after deductible	
Specialty	**If not covered by PrudentRx:** 30% after deductible **If covered by PrudentRx:** 30% after deductible [3]	

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

2. Through CVS Caremark.

3. Certain specialty medications may be eligible for additional benefits through the PrudentRx Program so your cost-sharing is reduced to $0 (after your deductible if you enroll in an HSA-eligible option). 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**.

COPAY ADVANTAGE

MEDICAL	Employee Only		Family	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	Lower Deductible! $1,500		Lower Deductible! $3,000	
Annual Out-of-Pocket Maximum[1]	$8,000		$16,000; Individual cap of $8,000	
Office Visit	$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
Emergency Room	$500 copay + 20% of remaining balance after deductible	$500 copay + 20% of remaining balance if true emergency; otherwise 50% of remaining balance after deductible[2]	$500 copay + 20% of remaining balance after deductible	$500 copay + 20% of remaining balance if true emergency; otherwise 50% of remaining balance after deductible[2]

PRESCRIPTION DRUG[3]	Retail	Mail Order
Generic	20% ($10 min/$40 max); no deductible	20% ($25 min/$100 max); no deductible
Brand Formulary	30% ($40 min/$75 max); no deductible	30% ($100 min/$185 max); no deductible
Brand Non-Formulary	40% ($55 min/$125 max); no deductible	40% ($140 min/$315 max); no deductible
Specialty	**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 Program so your cost-sharing is reduced to $0 (after your deductible if you enroll in an HSA-eligible option). 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

MEDICAL	Employee Only		Family	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	Lower Deductible! $2,800		Lower Deductible! $5,600	
Annual Out-of-Pocket Maximum[1]	$8,000		$16,000; Individual cap of $8,000	
Office Visit	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Preventive Care	0%	50% after deductible	0%	50% after deductible
Emergency Room	25% after deductible	25% if true emergency; otherwise 50% after deductible	25% after deductible	25% if true emergency; otherwise 50% after deductible

PRESCRIPTION DRUG[3]	Retail	Mail Order
Generic	25% after deductible	
Brand Formulary	40% after deductible	
Brand Non-Formulary	50% after deductible	
Specialty	**If not covered by PrudentRx:** 30% after deductible **If covered by PrudentRx:** 30% after deductible[3]	

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

2. Through CVS Caremark.

3. Certain specialty medications may be eligible for additional benefits through the PrudentRx Program so your cost-sharing is reduced to $0 (after your deductible if you enroll in an HSA-eligible option). 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**.

BCBS COUPE PPO

What to Know

With BCBS Coupe PPO, you can enjoy a straightforward and intuitive Medical Program option designed around how you shop and live. If you're looking for a medical option that's easy to understand and easy to use, BCBS Coupe PPO might be the right choice for you. Key features of this option include:

Control Over Your Health Care

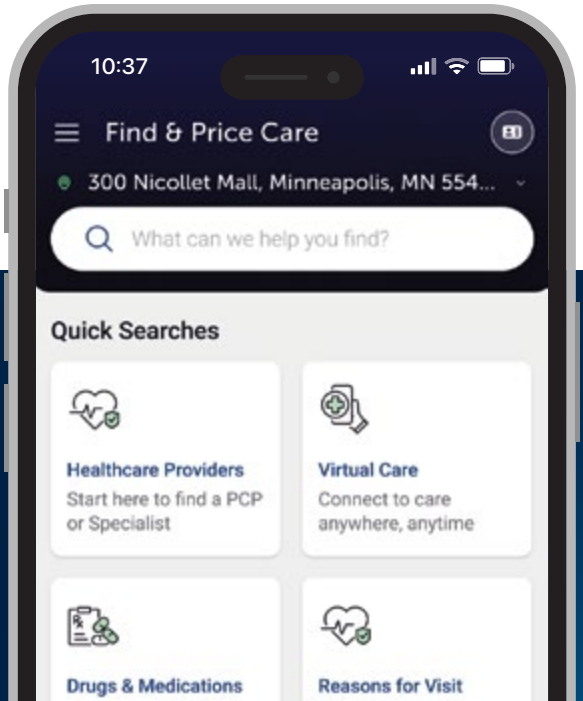
BCBS Coupe PPO shows you the price for covered medical services.

Flat Dollar Copay

The amount depends on which provider you choose. You can easily locate high-quality providers at a predetermined cost for all services — from checkups to advanced procedures.

Optional Health Care Financing

Health care financing under the BCBS Coupe PPO option is changing. Instead of having the option to receive a consolidated billing statement each month, BCBS Coupe PPO participants now have the option to receive a health care financing card from Paytient. If you elect health care financing, your Paytient card will have a $3,000 revolving credit limit to pay your medical bills over time with 0% financing.



No Surprises

No deductibles, no coinsurance for medical services, and no add-ons or unexpected bills.

Better Health Outcomes

Provider metrics can lead to better health outcomes.

Your Own Health Valet

Navigate your health care journey with confidence. Your Health Valet can assist with a variety of different needs, including:

- Finding a high-quality provider
- Coordinating appointments with providers or specialists
- Answering questions about the cost of care before your visit with a provider
- Answering questions on billing or coverage information
- Connecting you with a Personal Health Assistant

Prescription Coverage

Prescription drug coverage works like it always has, with you paying a portion of the cost through copays and coinsurance at the point of sale.

BCBS Coupe PPO makes it easy to choose quality care.

How BCBS Coupe PPO Works

1 Choose whether you want financing

On the enrollment website, answer the question asking if you would like health care financing when you select BCBS Coupe PPO as your Medical Program option, and additional information will be sent to you. BCBS Coupe PPO participants have the option to receive a health care financing card from Paytient with up to a $3,000 revolving credit limit — just swipe and pay your copay expenses directly to your providers at the time of service. Paytient pays your BCBS Coupe PPO providers upfront, while you can create your preferred payment plan on the back end. Payments are processed automatically via payroll deduction or the payment method of your choice. You pay $0 in interest and fees.

2 Search for a service and choose a provider from a large provider network

Use the BCBS Coupe PPO app or **website**, or contact your Health Valet (**healthvalet@coupehealth.com** or **1-800-882-5158**) to search for in-network providers (and confirm which pricing tier applies). BCBS Coupe PPO uses the BlueCard PPO network, which includes most doctors and hospitals, and the Blue Cross Blue Shield Global® Core network access if you travel outside of the U.S. Once you've enrolled, you can log in to the Member Portal 24/7.

NOTE: When signing up via the app, your sponsor organization is Coupe Health. The Member Portal houses all your benefit information, including provider lookup, access to your Health Valet, and your health and well-being programs.

IMPORTANT!

You must actively enroll and request financing through the enrollment website to get access to the special Paytient financing for BCBS Coupe PPO participants. You cannot sign up for Paytient financing after enrollment ends.

3 Select a provider or service based on cost and quality rankings

Providers are assigned to one of three "tiers" based on their rankings on metrics including quality (training and certifications, aligned with good care outcomes), appropriateness (utilization patterns) and efficiency (providers that deliver the best care outcome by providing the appropriate amount of care). Copays are then assigned to each tier to encourage you to use higher-ranking providers, as follows:

TIER 1	**Highest Rank** (lowest copay)
TIER 2	**Mid-level Rank** (moderate copay)
TIER 3	**Lower Rank** (highest copay)

4 Visit the provider and show your ID card

You will be required to pay your provider your designated cost-share, and they may require you to do so at the time of service. If you enroll for the Paytient card, you can use that card to pay at the time of your visit (up to the amount of your available revolving credit limit).

5 Pay your bill

You will receive an Explanation of Benefits (EOB) from the plan showing the amount you must pay your provider; and if you didn't already pay at the time of service, you'll also receive a bill from your provider.

If you use the Paytient card to pay your provider, you can choose the interest-free and fee-free payment plan that works for your budget, and you can set your own custom payment plan for each individual transaction. Automatic payments are set up to be withheld via payroll deduction. You can also set up payments to be made from a debit card, HSA or FSA card, or a bank account.

If you did not enroll for health care financing through Paytient, then you will be required to pay your provider directly.

BCBS Coupe PPO — What You Pay

MEDICAL	TIER 1 (lowest copay)	TIER 2 (moderate copay)	TIER 3 (highest copay)	Out-of-Network[1]
Annual Deductible	$0	$0	$0	$0
Annual Out-of-Pocket Maximum[2]	$8,000 individual; $16,000 family	$8,000 individual; $16,000 family	$8,000 individual; $16,000 family	N/A
Office Visit Primary care provider	$30	$60	$145	$175
Office Visit Specialist	$75	$150	$325	$390
Advanced Imaging MRI, MRA, CAT & PET Scans	$400	$535	$910	$1,090
Routine Lab Work	$50	$100	$150	$350
Diagnostics Radiology & Labs	$205	$270	$455	$545
Urgent Care	$150	$150	$150	$150
Outpatient Surgery	$1,500	$1,990	$3,365	$4,040
Emergencies ER, Services, Ambulance	$1,200	$1,200	$1,200	$1,200
Outpatient Therapies Physical, Occupational, Speech	$50	$100	$150	$250
Inpatient Hospital Stay	$4,400	$5,800	$8,000	$11,000
Home Health Care	$115	$155	$260	$315
Hospice	$460	$615	$1,035	$1,245
Skilled Nursing Facility	$4,400	$4,895	$8,000	$10,560
Durable Medical Equipment	$230	$310	$520	$625

1. The calendar year out-of-pocket maximum applies on a per-member per-calendar year basis, subject to the family calendar year out-of-pocket maximum amount. Once a member meets their individual calendar year out-of-pocket maximum, affected benefits for that member will pay at 100% of the allowed amount for the remainder of the calendar year.

2. Out-of-network benefits are not subject to the out-of-pocket maximum.

Continued →

BCBS Coupe PPO — What You Pay

PRESCRIPTION DRUG	Retail	Mail Order
Generic Tier 1	25% ($10 min/$45 max)	25% ($25 min/$115 max)
Brand Formulary Tier 2	40% ($40 min/$100 max)	40% ($100 min/$250 max)
Brand Non-Formulary Tier 3	50% ($75 min/$150 max)	50% ($185 min/$375 max)
Specialty Tier 4	N/A	**If not covered by PrudentRx:** $210 **If covered by PrudentRx:** 30%

Compare the National Medical Options

	HSA Advantage	HSA Value	Copay Advantage	BCBS Coupe PPO
Covers Care Received In- & Out-of-Network	✓	✓	✓	✓
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

With any of the National Medical Program options, you can use any provider*, but using in-network providers will save you money.

* The Plan has two new exclusive network providers for certain services: OneImaging for non-emergency/non-urgent MRIs and CT scans (the Plan doesn't cover MRIs or CT scans by other providers except in the case of emergency or urgent care), and SleepCharge for sleep conditions such as obstructive sleep apnea, insomnia, restless leg syndrome, and circadian rhythm disorders (all other providers will be considered out-of-network).

HSA Advantage, HSA Value & Copay Advantage

You can confirm 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.

Find a provider →

BCBS Coupe PPO

Contact **healthvalet@coupehealth.com** to confirm your providers are in-network (and which pricing tier applies to the provider) at **1-800-882-5158** or on the **Coupe website**. Once you've enrolled, you can log in to the Member Portal 24/7 via desktop or mobile app. **NOTE:** When signing up via the app, your sponsor organization is Coupe Health. The Member Portal houses all your benefit information, including provider lookup, access to your Health Valet, as well as your health and well-being programs.

Find a provider →

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.

* Except as otherwise required by state law.

PrudentRx Program for Specialty Medications — $0 Copay!

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

Through this **FREE** program, you 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 7-9** for more information about the applicable copay or coinsurance for specialty medications under each National Medical Program option.

CVS Helps You Save

CVS Drug Savings Review works with your providers to find lower-cost options for your medications.

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 →

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 100% employee paid. 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.

For more information:

Visit **myRRDbenefits.com**, review the ***Supplemental & Voluntary Benefits Guide*** and watch your mail for additional details from MetLife. View your personalized premiums on **rrd.bswift.com**.

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)**.

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 skin cancer. 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.

NEW! Get $50 per calendar year from MetLife when you get a specified screening* for one of the covered medical conditions.

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.

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* Covered screenings include: biopsies for cancer, blood chemistry panel, blood test to determine total cholesterol, blood test to determine triglycerides, bone marrow testing, breast MRI, breast ultrasound, breast sonogram, cancer antigen 15-3 blood test for breast cancer (CA 15-3), cancer antigen 125 blood test for ovarian cancer (CA 125), carcinoembryonic antigen blood test for colon cancer (CEA), carotid doppler, chest x-rays, clinical testicular exam, colonoscopy, complete blood count (CBC), fasting blood glucose test, fasting plasma glucose test, flexible sigmoidoscopy, hearing test, hemoccult stool specimen, hemoglobin A1C, human papillomavirus (HPV) vaccination, lipid panel, mammogram, oral cancer screening, pap smears or thin prep pap test, prostate-specific antigen (PSA) test, serum cholesterol test to determine LDL and HDL levels, serum protein electrophoresis, skin cancer biopsy, skin cancer screening and skin exam.

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. View your personalized premiums on **rrd.bswift.com**.

Find an In-Network Dentist

Cigna Members: Register and log in **online**.

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

Not yet a Cigna member? Visit **cigna.com** > *Find a Doctor > Employer or School*. Then enter your ZIP code or search for a dentist by name.

	Cigna Dental PPO		Cigna Dental PPO Plus		Cigna Dental HMO
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only
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 one treatment per person, per lifetime; contact Cigna (see **page 30**) for details
Preventive Care Type A	100%		100%		100%
Basic Care Type B	70%		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.

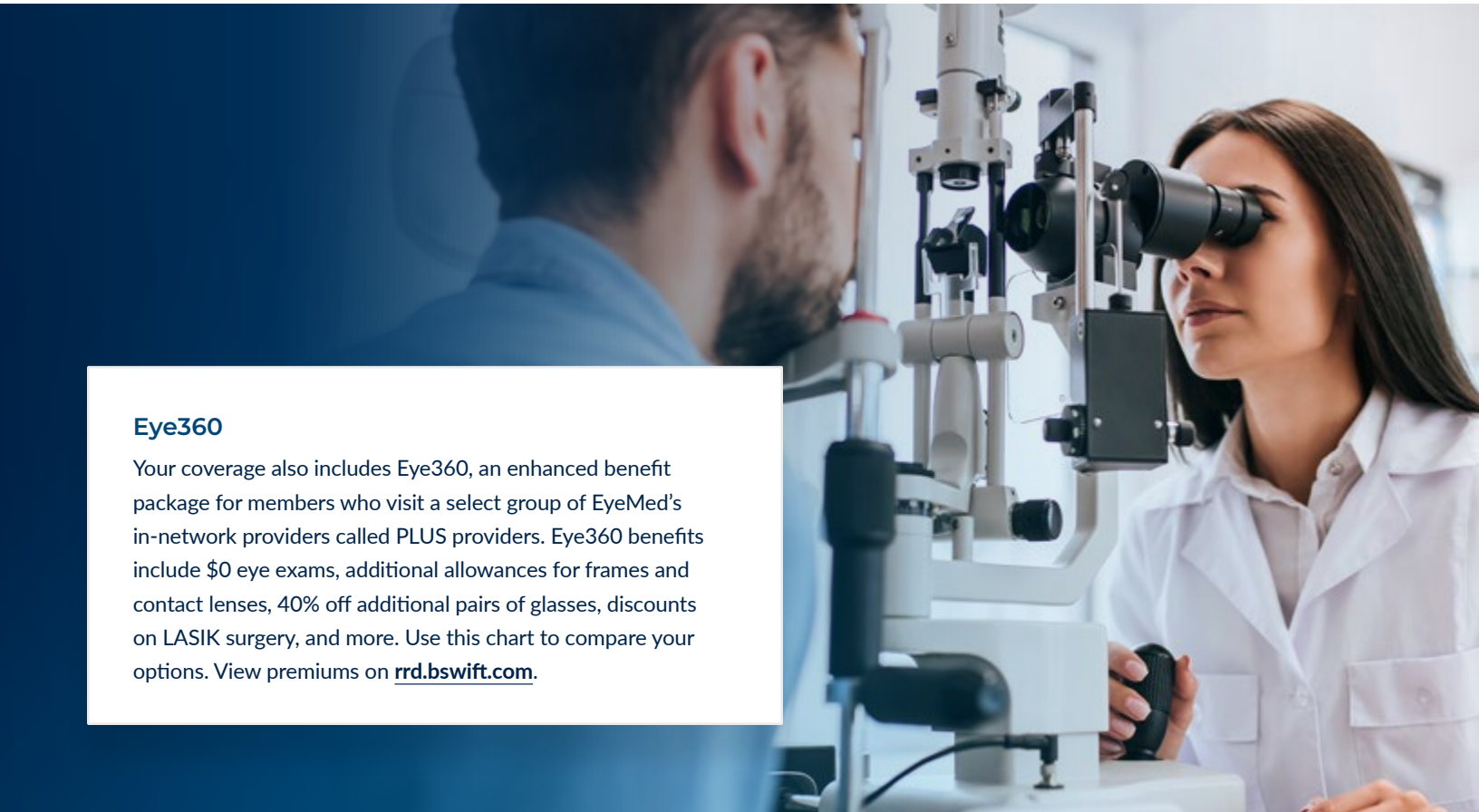
Find an Eyemed Provider

Visit **eyemed.com** and click *Find an Eye Doctor*. Choose *Insight Network* from the drop down, and then click *Use My Location* or search by ZIP code.

For extra coverage to help you save more money, look for PLUS providers. Prospective members can also call **1-866-299-1358** for assistance.

	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

Continued →



Eye360

Your coverage also includes Eye360, an enhanced benefit package for members who visit a select group of EyeMed's in-network providers called PLUS providers. Eye360 benefits include $0 eye exams, additional allowances for frames and contact lenses, 40% off additional pairs of glasses, discounts on LASIK surgery, and more. Use this chart to compare your options. View premiums on **rrd.bswift.com**.

	EyeMed Essential		EyeMed Enhanced	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Routine Vision Exam	$10 copay ($0 at PLUS providers)	Up to $35 allowance	$0 copay	Up to $35 allowance
Frames	$0 copay, 20% off balance over $150 allowance ($200 allowance at PLUS providers)	Up to $70 allowance	$0 copay, 20% off balance over $180 allowance ($230 allowance at PLUS providers)	Up to $80 allowance
Lenses*				
Single Vision	$20 copay	Up to $25 allowance	$10 copay	Up to $25 allowance
Bifocal		Up to $40 allowance		Up to $40 allowance
Trifocal		Up to $55 allowance		Up to $55 allowance
Lenticular		Up to $80 allowance		Up to $80 allowance
Progressive Standard	$85 copay	Up to $40 allowance		Up to $55 allowance
Progressive Premium Tier I, II, III or IV	**Tier I:** $105 copay	Up to $40 allowance	**Tier I:** $30 copay	Up to $55 allowance
	Tier II: $115 copay		**Tier II:** $40 copay	
	Tier III: $130 copay		**Tier III:** $55 copay	
	Tier IV: $195 copay		**Tier IV:** $185 copay	
Lens Options Anti-Reflective Coating	**Standard:** $45 copay	Up to $5 allowance	**Standard:** $0 copay	Up to $5 allowance
	Tier I: $57 copay		**Tier I:** $12 copay	
	Tier II: $68 copay		**Tier II:** $23 copay	
	Tier III: $85 copay		**Tier III:** $85 copay	
Contacts*				
Disposable	$0 copay, 100% of balance over $150 allowance ($200 allowance at PLUS providers)	Up to $150 allowance	$0 copay, 100% of balance over $170 allowance ($220 allowance at PLUS providers)	Up to $150 allowance
Conventional	$0 copay, 15% off balance over $150 allowance ($200 allowance at PLUS providers)		$0 copay, 15% off balance over $170 allowance ($220 allowance at PLUS providers)	

* Benefit coverage is for either contact lenses or frame lenses, but not both. Visit eyemed.com for details.

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 or HSA Advantage medical option (and you don't have any disqualifying medical coverage).

Get More Details

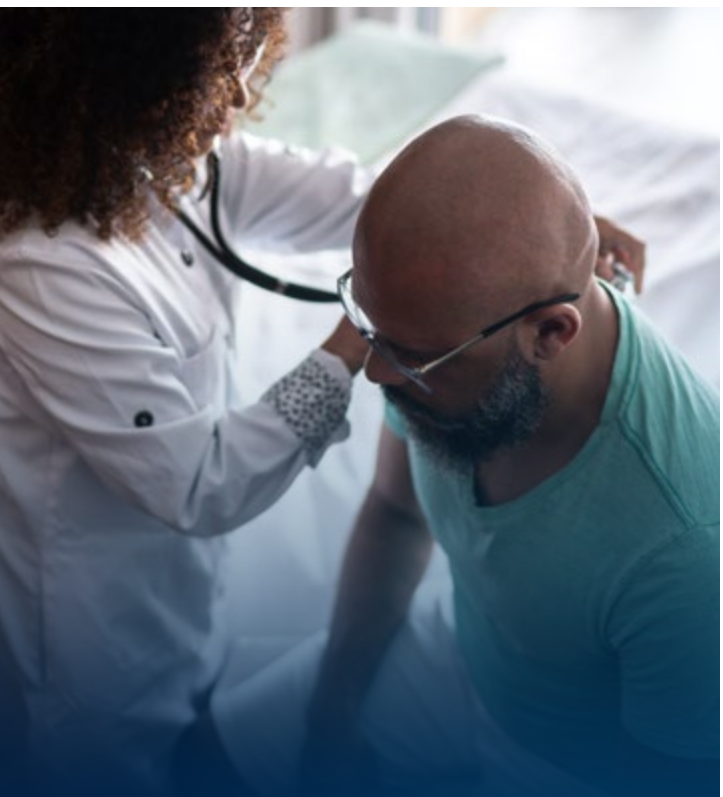
For more information about eligibility, disqualifying coverage, and opening and using an HSA or Limited Use Health Care FSA, review ***Ways to Save & Pay for Care*** or **IRS publication 969**

1 Enroll

Your HSA will be automatically opened for you with HealthEquity (the HSA custodian) when you enroll in the HSA Value 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.

Employee Only:

$4,400 **$100 more than 2025**

Other Coverage Categories:

$8,750* **$200 more than 2025**

Catch-Up Contribution:

$1,000 (If you'll be age 55 or older by the end of 2026 and not enrolled in Medicare)

* Special HSA contribution limit rules apply if you are married or are covering another adult on your medical plan.

- Married couples are generally limited to a combined contribution maximum of $8,750 (unless they each have Employee Only coverage).
- If you are enrolled in Employee plus Domestic Partner coverage and neither of you is considered a tax dependent of the other, you and your Domestic Partner can both contribute up to the family maximum to your own HSAs. That means both of you could contribute up to $8,750 for the 2026 tax year. However, you are not allowed to pay for your Domestic Partner's eligible medical expenses with your HSA. If one partner is a tax dependent of the other partner, and both are covered by a family health plan, then only the partner who is not the tax dependent of the other can open an HSA and only that HSA can be funded. The partners could contribute the family annual maximum to that one HSA, currently $8,750, and the account holder could pay for the tax-dependent Domestic Partner's eligible medical expenses with it, but the tax-dependent partner could not contribute to his or her own separate HSA.
- Rules similar to the Domestic Partner rules apply to adult children.

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 visit **healthequity.com/HSA**.

Maximize Your Benefits with a Limited-Use Health Care FSA

You are also eligible to contribute to a Limited-use Health Care FSA if you are enrolled in the HSA Advantage or HSA Value Medical Program option. The full amount you elect to contribute to the Limited-use Health Care FSA for the year is immediately available for eligible expenses, even if it exceeds the amount of your payroll contribution that has been deducted from your pay and deposited into your account at the time you submit a claim. With the Limited-use Health Care FSA, you can receive reimbursement for qualifying dental and vision expenses at any time throughout the year, but you are only eligible for reimbursement of qualifying medical and prescription drug expenses after you've met a legally required minimum portion of your Medical Program deductible in 2026 ($1,700 for Employee Only coverage and $3,400 for Employee + Spouse, Employee + Child(ren), and Family).

NOTE: You can't be reimbursed by both an FSA and an HSA for the same expense.

For more information about the Limited-use Health Care FSA (referred to by HealthEquity as a "limited purpose FSA" or "LPFSA"), visit **HealthEquity** or see **page 23**.

FLEXIBLE SPENDING ACCOUNTS (FSAs)

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

	Full-Use Health Care FSA [1]	Limited-Use Health Care FSA [2]	Dependent Day Care FSA
Action Required! To continue or begin participating in the FSA program in 2026, you must enroll during Annual Enrollment.			
How much can I contribute in 2026?	$200 – $3,300 **$100 more than 2025**	$200 – $3,300 **$100 more than 2025**	$200 – $7,500 (depending on your federal income tax filing status) [3]
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 **at any time**, and eligible medical and prescription drug expenses **after** you've met a legally required minimum portion of your Medical Program deductible in 2026 ($1,700 for Employee Only coverage and $3,400 for Employee + Spouse, Employee + Child(ren), and Family coverage). **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.		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. Available if enrolled in Copay Advantage or BCBS Coupe PPO

2. Available if enrolled in HSA Value or HSA Advantage

3. Lower maximums may apply, for example if your tax filing status is Married Filing Separately (in which case it is capped at $3,750), or if your or your spouse's earned income is less than $7,500 (in which case it is capped at your or your spouse's earned income). See the ***Ways to Save & Pay for Care*** guide on **myRRDbenefits.com** for more information.

PAYTIENT HEALTH PAYMENT ACCOUNT

How It Works with HSA Advantage, HSA Value & Copay Advantage

If you're eligible for RRD benefits, you have Paytient, a no-fee, no-interest health care 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.

Your Paytient health care card has a $1,200 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. (Note that if you use your card for veterinary expenses, you cannot use your HSA without incurring a penalty or your FSA to pay back money you borrow for such expenses.)

Learn more at **myRRDbenefits.com/paytient**.

How It Works with BCBS Coupe PPO

BCBS Coupe PPO participants now have the option to receive a health care financing card from Paytient with a higher revolving credit limit. This new option is exclusively for BCBS Coupe PPO participants, and will have up to a $3,000 revolving credit limit ($1,800 higher than the standard Paytient credit limit) — just swipe and pay your copay expenses directly to your health care providers at the time of service.

To receive this new Paytient card, answer "yes" to the question in the enrollment website asking whether you would like health care financing when you enroll in BCBS Coupe PPO as your medical program option, and additional information will be sent to you. Once you create your Paytient account, you'll have instant access to your virtual card, and you'll receive a physical card by mail shortly thereafter.

If you already have a Paytient card, you'll have a single card but your limit will be increased. Paytient pays your BCBS Coupe PPO providers upfront, while you can create your preferred payment plan on the back end. Payments are processed automatically via payroll deduction or the payment method of your choice. You pay $0 in interest and fees.

LIFE & ACCIDENT INSURANCE

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

Important! Designate Your Beneficiaries

Protect your family and your money by making sure your beneficiary designations are up to date on **rrd.bswift.com**. 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.

Employee Life Insurance

Basic employee life insurance provided through Securian 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 $250,000 in accordance with Plan provisions.

Optional Employee Life Insurance

You may purchase optional employee life insurance from one to 10 times your annual base pay, up to a maximum 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, up to a maximum of $250,000. 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 10 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**. To view your cost for optional life and accident insurance, log in to **rrd.bswift.com**.

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.

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.

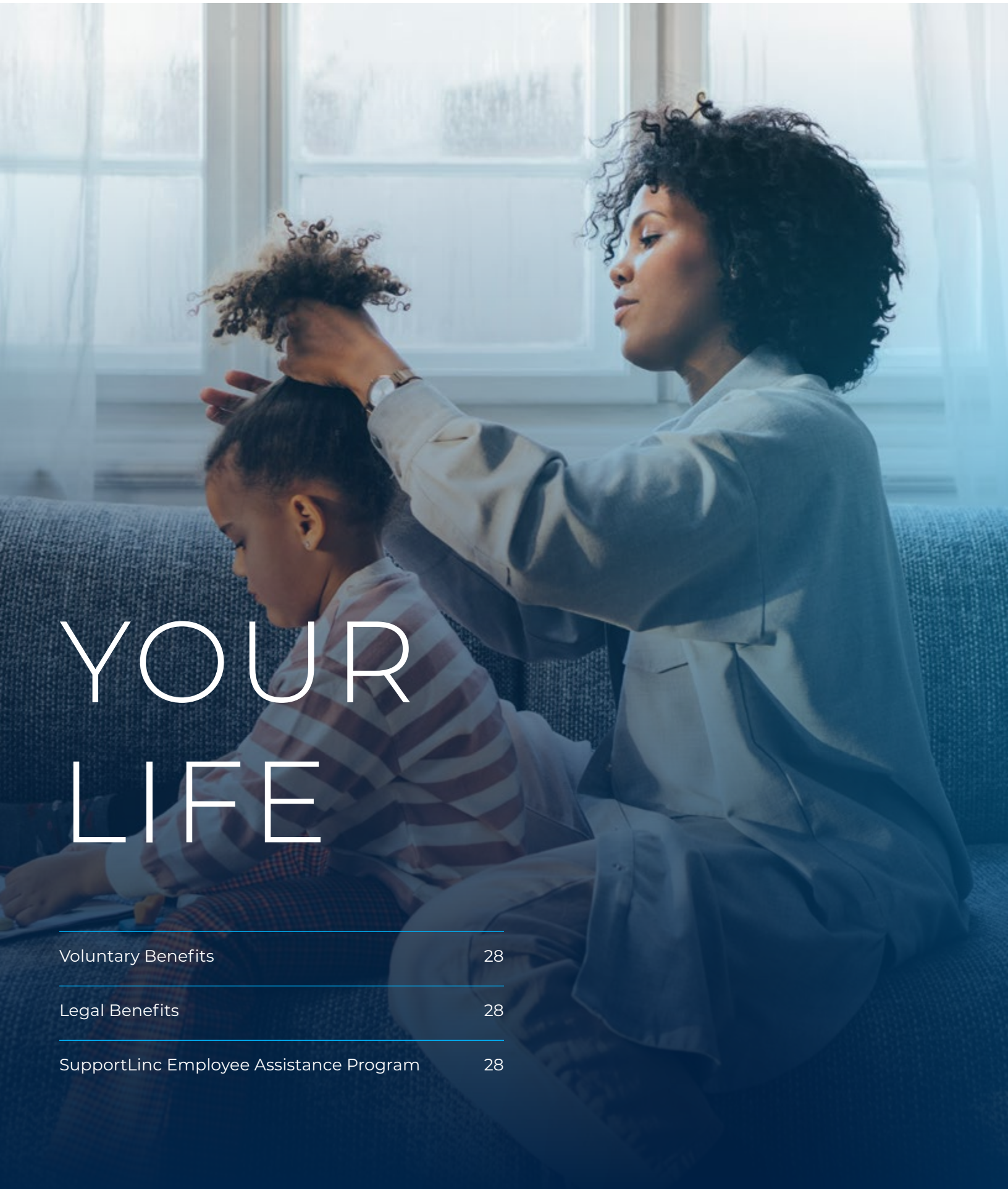
Short-Term Disability (STD)

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 LTD benefits duration schedule may vary. LTD benefits end after 24 months for mental health and substance use disabilities. For details about STD and LTD, refer to the **SPDs**.

NOTE: Effective January 1, 2026, Lincoln Financial will administer STD and provide LTD insurance coverage. The Hartford will continue to administer disability claims incurred prior to January 1, 2026, for RRD employees. Unum will continue to administer disability claims incurred prior to January 1, 2026, for legacy Williams Lea employees. Administration for concurrent Family and Medical Leave (FMLA) claims will move to Lincoln on January 1, 2026.



YOUR LIFE

VOLUNTARY BENEFITS

Customize and enhance your RRD benefits to fit your needs.

Learn more about all the voluntary benefits (Allstate Identity Protection, commuter benefits, auto and home insurance, pet insurance and Purchasing Power) available to you at:

- **myRRDbenefits.com/voluntary-benefits**
- **myRRDbenefits.com/benefithub**

LEGAL BENEFITS

During Annual Enrollment, you may elect MetLife Legal Plans.

Get convenient and affordable access to a qualified network of attorneys for everyday personal legal matters. Coverage will be in effect January 1 – December 31, 2026. If you are currently enrolled, your coverage will carry over to 2026.

SUPPORTLINC EMPLOYEE ASSISTANCE PROGRAM

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

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.

YOUR CONTACTS

rrd.bswift.com

RRD Benefits Center
1-877-RRD-4BEN (1-877-773-4236),
Mon. – Fri., 7 a.m. – 7 p.m. CT

myRRDbenefits.com

Benefits information, including Summary Plan Descriptions (SPDs), Summaries of Material Modifications (SMMs), and Summaries of Benefits and Coverage (SBCs)

See all contacts →

MEDICAL & PRESCRIPTION DRUG

Blue Cross and Blue Shield of Illinois (BCBSIL)
bcbsil.com/rrd
1-800-537-9765, Mon. – Fri., 7 a.m. – 7 p.m. CT

BCBS Coupe PPO
employers.coupehealth.com/RRD
healthvalet@coupehealth.com
1-800-882-5158, 8 a.m. – 8 p.m. CT

CVS Caremark (Prescription Drug Benefits)
caremark.com
1-866-273-8402, 24/7

Twin Health (Diabetes & Weight Management)
partner.twinhealth.com/rr-donnelley

Transform Diabetes Care
caremark.com
1-800-348-5238

Teladoc Health (Hypertension Management)
teladochealth.com/expert-care/condition-management/hypertension (registration code: RRD)
1-800-Teladoc (1-800-835-2362)

PrudentRx
1-800-578-4403, Mon. – Fri., 7 a.m. – 7 p.m. CT

Well onTarget (BCBSIL Member Wellness)
wellontarget.com

Wondr Health (Weight Management)
wondrhealth.com/RRD

AccessHope (Cancer Support)
1-800-537-9765

Goodpath (Whole-Person Care)
goodpath.com/enroll/rrd

NEW! SleepCharge (Available Jan. 1, 2026)
sleepcharge.com/rrd
1-877-615-7257

NEW! WellTheory (Available Jan. 1, 2026)
welltheory.com/partner/rrd
760-288-8258

NEW! OneImaging (Available Jan. 1, 2026)
join.oneimaging.com/RRD
For Members: Call or text 1-833-619-0837, or email help@oneimaging.com

NEW! Maven (Available Jan. 1, 2026)
bcbsil.com/rrd
1-800-537-9765, Mon. – Fri., 7 a.m. – 7 p.m. CT

DENTAL (CIGNA)

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

VISION (EYEMED)

eyemed.com
1-866-723-0514,
Mon. – Sat., 6:30 a.m. – 10 p.m. CT
Sun., 10 a.m. – 7 p.m. CT

SUPPLEMENTAL HEALTH CARE (METLIFE)

metlife.com/mybenefits

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

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

HSA & FSAS (HEALTHEQUITY)

healthequity.com
1-866-346-5800, 24/7

HEALTH CARE PAYMENT CARD (PAYTIENT)

paytient.com/rrd
1-866-345-9591, 8 a.m. – 8 p.m. CT

EMPLOYEE ASSISTANCE PROGRAM (EAP) (SUPPORTLINC)

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

LIFE & ACCIDENT INSURANCE (SECURIAN)

securian.com/rrd-life-insurance

General Information
1-866-293-6047, Mon. – Fri., 7 a.m. – 6 p.m. CT

DISABILITY (LINCOLN FINANCIAL)

Effective Jan. 1, 2026

lincolnfinancial.com (company code: RRDONNELLEY)
1-800-331-4914, Mon. – Fri., 7 a.m. – 9 p.m. CT

- **RRD Employees:**
  The Hartford will continue to administer LTD claims incurred before Jan 1, 2026. Contact The Hartford at 1-866-271-0744 (Fax: 1-833-357-5153).
- **Legacy Williams Lea Employees:**
  Unum will continue to administer LTD claims incurred before Jan 1, 2026. Contact Unum at 1-866-868-6737 or portal.unum.com.

VOLUNTARY BENEFITS

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

BenefitHub (Auto, Home & Pet Insurance)
rrd.benefithub.com
1-866-664-4621

Allstate Identity Protection
1-800-789-2720

RRD SAVINGS PLAN (FIDELITY)

NetBenefits.com
1-800-835-5095, Mon. – Fri., 7 a.m. – 9 p.m. CT

About This Guide

This guide describes key changes to the coverage RRD will offer for 2026 to the majority of benefits-eligible employees and constitutes a Summary of Material Modifications (SMM) under the RR Donnelley Group Benefits Plan, the RR Donnelley Group Medical Plan and the RR Donnelley Flexible Benefits Plan (the "Plans"). Your benefits eligibility will determine the precise 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 Summary Plan Descriptions (SPDs), prior SMMs, and Certificates of Insurance at **myRRDbenefits.com**.

Important

The 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, SBCs, SMMs, any other materials summarizing 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 Plans or Programs at any time for any reason.