RRD BENEFITS
HEALTH | WEALTH | LIFE

2026 BENEFITS
ANNUAL ENROLLMENT

FAQs for legacy Williams Lea employees

*Please share this information with legacy Williams Lea employees during meetings/shift start-ups, when employees have questions, etc. For more information, direct employees to **myRRDbenefits.com**.*

Annual Enrollment

When is Annual Enrollment?
Annual Enrollment for 2026 RRD benefits is Wednesday, October 29 – Wednesday, November 12, 2025.

Where can I find my enrollment guide and other information about my benefits?
Your enrollment materials are online at **myRRDbenefits.com** You can also learn about your benefits by attending Benefits Bootcamp starting the week of October 13. Benefits Bootcamp is a series of 30- to 45-minute live webinars presented by our benefits vendors. All sessions are virtual, so you and your family members can attend and get answers to your questions.

Where can I get help to make informed decisions about my benefits?
Use Emma, your virtual assistant on the **enrollment website** to view your costs, compare your options, and help you choose the medical option that is right for you and your situation. Emma will guide you through the enrollment process by asking you a few simple questions, and then she'll suggest options based on your responses and individual needs.

Where can I view my premiums?
You can view your premiums on the enrollment website at **rrd.bswift.com** (accessible from **myRRDbenefits.com**) starting October 29.

What is the surcharge for tobacco users?
Tobacco users pay an annual medical premium surcharge of $500 per adult and $250 per child. You (and/or each of your enrolled dependents) who indicate "Yes" for Tobacco User status may qualify for the non-Tobacco User premium discounts by completing five coaching sessions during the Plan year. So long as the individual completes five coaching sessions by December 31, 2026, you will be refunded the tobacco medical plan surcharge for that individual. If you are enrolled in the Optional Life plans, those premium rates will be adjusted prospectively to reflect the non-tobacco premium discount effective on the first of the month following completion of five coaching sessions. Contact UBreathe at **1-888-882-5462** to participate in the program. (Alternate cessation recommendations by your physician will be accommodated.)

Do I need to add my dependents during Annual Enrollment?
If you want coverage for your dependents, you must enroll them and go through the verification process to confirm they are eligible under the RRD plan rules. To add your dependents, you will need their full name, Social Security number and birthdate to add to the enrollment site. Shortly after adding your dependents, you will be asked to upload the confirming documents. Follow the directions and complete this step as soon as possible.

How do I enroll online?
Go to **myRRDbenefits.com** to access the link to the enrollment website. Instructions on how to log in are listed on the enrollment site home page. You can also use the **bswift** app to enroll; just download the app from the App Store or Google Play to get started.

Can I enroll by phone?
Yes. If you don't have online access, you can enroll by phone starting October 29 at **1-877-RRD-4BEN** (**1-877-773-4236**), Monday – Friday, 7 a.m. – 7 p.m. CT. Phone enrollment ends on November 12 at 6:59 p.m. CT.

What if I need to make a change to my elections?
If you need to make changes or corrections after reviewing your confirmation statement, call the RRD Benefits Center at **1-877-RRD-4BEN** (**1-877-773-4236**). No changes can be made after December 31, 2025.

What happens if I don't enroll during Annual Enrollment?
If you're currently enrolled in a Williams Lea medical option and you don't elect a new medical option during Annual Enrollment, a new option will be assigned to you at the Employee Only coverage level (your dependents will not be added automatically):

- Gold → BCBS Coupe PPO
- Silver → HSA Advantage
- Bronze → HSA Value

You won't have any other coverage (vision, dental, etc.,) if you don't enroll. If you currently waive coverage, your coverage will continue to be waived. You cannot make changes during 2026 unless you experience a life event or qualified status change (e.g., marriage, divorce, birth of a child). For more information, read the Administration Information Booklet at **myRRDbenefits.com**.

What is a Qualified Status Change event?
A Qualified Status Change event is an event such as marriage, legal separation or divorce, birth or adoption of a child, change in dependent eligibility status, etc., that may allow you to change your benefit elections during the year. For a full explanation, refer to the **Group Benefits Plan Administration Information Booklet**.

Health

What are the four National Medical Program options?
The four National Medical Program options are HSA Value, HSA Advantage, Copay Advantage and BCBS Coupe PPO.

How is BCBS Coupe PPO different from other medical options?
Here are two main ways BCBS Coupe PPO is different than other health plans:

- All your health care purchases have a fixed price like a copay for your out-of-pocket costs. Copays are lower for higher-quality physicians and facilities because those providers take better care of you and reduce health care costs for you and your health plan over time.
- BCBS Coupe PPO participants have the option to select a health care financing card from Paytient during Annual Enrollment. 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.

How can I select the BCBS Coupe PPO health care financing card from Paytient?
You must select "yes" during Annual Enrollment on the enrollment website. Paytient will then reach out to you with next steps.

Can I sign up for the exclusive BCBS Coupe health care financing card from Paytient at a later time?
No, you can only sign up for the exclusive Paytient financing for BCBS Coupe PPO during Annual Enrollment.

How does BCBS Coupe PPO work?
BCBS Coupe PPO makes shopping for and using health care straightforward.

- When you need care, use the BCBS Coupe PPO member portal to find the best provider based on cost and quality rankings.
- Go to the provider to receive care. 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).

For full details about how BCBS Coupe PPO works, refer to the BCBS Coupe PPO Guide on **myRRDbenefits.com**.

With BCBS Coupe PPO, what happens if the bill for an ER or inpatient hospital visit is lower than the copay?
You pay the lower of the bill or the copay.

What programs and resources are included with BCBS Coupe PPO to help me manage my health?
If you elect BCBS Coupe PPO, your coverage will include access to:

- NEW! SleepCharge for better sleep
- NEW! OneImaging for medical imaging without the wait times and high costs
- NEW! WellTheory for personalized support for autoimmune and inflammatory conditions
- Goodpath whole-person care for chronic conditions
- Hinge Health for joint and muscle pain
- Twin Health for prediabetes and type 2 diabetes
- Hypertension Management by Teladoc Health
- Transform Diabetes Care
- Twin Healthy Weight
- Wondr Health for weight loss

Who can I call if I have questions about the BCBS Coupe PPO option?
The Coupe Health Pro Team will be available during Annual Enrollment to answer your questions. Call **1-800-882-5158** Monday through Friday, 8 a.m. – 8 p.m. CT or email **healthvalet@coupehealth.com.**

What are my options for dental coverage?
During Annual Enrollment, you must elect a dental option if you want coverage; any current coverage you have will not carry over. You have three options through Cigna:

- Dental HMO (available in certain areas; if available, you will see it as an option on the enrollment site when you log in)
- Dental PPO
- Dental PPO+

With the PPO options, you can choose any dentist, but you pay less out of your pocket if you use in-network dentists. With the Dental HMO option, you must choose an in-network dentist. For details, please refer to the *2026 Benefits Enrollment Guide*.

What are my options for vision coverage?
You have two options for vision coverage — EyeMed Essential and EyeMed Enhanced. You must elect a vision option during Annual Enrollment if you want coverage; any current coverage you have will not carry over. For details, please refer to the *2026 Benefits Enrollment Guide*.

What is OneImaging?
OneImaging makes it easy and convenient to get medical imaging — like MRIs, CT scans, X-rays and mammograms — without the wait times and high costs often found elsewhere. **Calling OneImaging for non-urgent and non-emergency MRIs and CTs will be mandatory for the four National Medical Program options**. There will be no coverage if you don't call.

What is SleepCharge?
SleepCharge is a new program that offers personalized support to help you sleep better and get the rest you need to improve your health, mood and daily energy. It's available at no cost to you as part of your National Medical Program option. If SleepCharge recommends testing or a medical device to assist in sleeping, those services/equipment will be billed to BCBSIL and are subject to deductible and coinsurance.

What is Maven?
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. It's available at no cost to you if you're enrolled in HSA Value, HSA Advantage or Copay Advantage.

What is WellTheory?
WellTheory provides expert guidance and personalized support for people with autoimmune and inflammatory conditions. Their care team works with you to manage symptoms, reduce inflammation and improve your overall well-being. It's available at no cost to you as part of your National Medical Program option.

What is Goodpath?
Goodpath is available at no cost to you as part of the National Medical Program options. Goodpath provides whole-person care by combining traditional medical treatments with complementary therapies (such as physical activity, nutrition and behavioral health support) to help you manage certain chronic health conditions (such as digestive issues, musculoskeletal pain, insomnia, long COVID, cancer survivorship, and mental health issues).

After completing a health questionnaire and using a simple digital platform, you'll get a care plan that's tailored to your unique needs and goals. To support you in your care journey, Goodpath also provides you with a health coach and medical items and devices.

What programs are available to help me lose weight?
As part of the National Medical Program options, you have two unique programs designed to help you lose weight and live a healthier life: Twin Health and Wondr Health. You may choose to participate in only one of these two programs.

Depending on your Body Mass Index (BMI) and other clinical health factors (which may include lab test results), you and your family members 18 years and older who are enrolled in a National Medical Program option may be eligible to participate in Twin Health's Healthy Weight program for weight loss. As part of the program, a Twin

Health coach meets with you virtually and then ships you a welcome kit containing smart devices and wearable sensors to gather real-time data and track your progress. Using health records and data from the sensors, Twin Health develops a Whole Body Digital Twin of your metabolism, along with a dynamic plan based on your needs and preferences. You'll have access to the online Twin Platform and mobile app. (Participation requires access to a mobile device.) You'll reach your goals with the help of daily and then quarterly check-ins; education; and real-time, in-app insights on how nutrition, activity, sleep and stress affect your metabolism.

Wondr Health is a digital well-being program that teaches clinically-proven, healthy habits that lead to less stress, better sleep, weight loss, and more – no restrictive diets, calorie-counting or specialty foods required. With this program, you'll learn to change when and how you eat, not what you eat, so you can improve your physical and mental health while eating the foods you love.

Who can participate in the diabetes management programs?
You and your family members who are enrolled in a National Medical Program option and who have or are at risk of developing diabetes are eligible to participate in Twin Health or the Transform Diabetes Care program from CVS Health. You may participate in only one of the programs — not both.

How do I know which diabetes program is right for me — Twin Health or the Transform Diabetes Care program from CVS Health?
Both programs can help make living with diabetes easier. If you're eligible, you may participate in only one of the two programs, so it's a good idea to learn about both so you can choose the one that most closely meets your health needs and goals.

If you're ready to reverse 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 of type 2 diabetes. Over time and under the supervision of your health care provider, you might be able to safely reduce or eliminate medication.

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.

Go to **myRRDbenefits.com** to learn more about these programs.

What if I have diabetes and hypertension?
If you have diabetes and hypertension, support for both your conditions is provided through Transform Diabetes Care as part of your National Medical Program options. Eligible members will receive information from the CVS Transform Diabetes Care Program.

Is there a program if I have hypertension but not diabetes?
Hypertension Management by Teladoc Health can make life easier for you or a covered family member with high blood pressure. It's offered at no cost to you and your dependents enrolled in an RRD National Medical Program option.

Are GLP-1 drugs covered for the treatment of diabetes?
Yes, GLP-1 drugs will continue to be covered by the National Medical Program options when prescribed to treat diabetes.

Are GLP-1 drugs covered for weight loss support?
No, GLP-1 drugs aren't covered when prescribed to help with weight loss, but you can take advantage of Twin Health Healthy Weight or Wondr Health, two weight-loss programs available as part of the National Medical Program options. Learn more about these programs at **myRRDbenefits.com**.

Is there a program to help me reduce musculoskeletal pain?
As part of your medical coverage through BCBSIL, you have access to Hinge Health, an innovative digital program designed to help reduce chronic back, hip, neck or knee pain. With the program app installed on your provided tablet, you'll use wearable sensors for personalized exercise therapy that is shown to reduce chronic pain. The program also includes unlimited one-on-one coaching, and you'll work with licensed physical therapists from the comfort of your home. Call **1-855-902-2777** to learn more and get started.

Goodpath, also available to you and your dependents enrolled in a National Medical Program, is another good option for help to manage back pain and other musculoskeletal issues.

What is Health Advocacy Solutions?
Health Advocacy Solutions is a FREE service from BCBSIL for members enrolled in HSA Value, HSA Advantage or Copay Advantage. This service can help you and your covered family members with all your health care matters. A health advocate is available 24/7 to help you understand and use your benefits; find high-quality, cost-effective providers; schedule appointments; find answers to your health care questions; deal with claims; and more. Learn more at **myRRDbenefits.com** or call **1-800-537-9765**. (Health Advocacy Solutions is not available with BCBS Coupe PPO. BCBS Coupe PPO members have access to a Health Valet.)

How can I find network providers?
Visit **bcbsil.com/rrd** or call BCBSIL at **1-800-537-9765**. Remember, using in-network providers saves you money. If you enroll in BCBS Coupe PPO, a Coupe Health Valet can help you find providers.

Do I have other medical options, in addition to the national options?
Depending on where you live, you might be eligible to enroll in a regional medical option (Dean Health Plan or Kaiser Permanente options). If a regional medical option is available to you, it will be listed on the enrollment website when you log in. You can find details about these options in the *2026 Regional Medical Options Enrollment Guide* on **myRRDbenefits.com**.

What is PrudentRx?
PrudentRx is a FREE program that reduces your cost to $0 for covered specialty medications filled at CVS Specialty Pharmacy. PrudentRx is available to everyone enrolled in an RRD National Medical Program option. **(If you enroll in an HSA National Medical Program option, you still must meet your deductible before PrudentRx benefits begin.)** PrudentRx currently targets specialty medications in these therapy classes: hepatitis C, autoimmune, oncology and multiple sclerosis.

How do I enroll in PrudentRx? Can I opt out?
You'll be automatically enrolled in PrudentRx, but you may opt out by calling **1-800-578-4403**. If you opt out, you'll pay 30% coinsurance for any specialty medications you take that are eligible for the program**.** If you're required to pay this 30% coinsurance, it's considered a "non-essential health benefit," and you'll be required to continue paying this amount even if you've otherwise met your Plan's out-of-pocket maximum.

Are there options available to supplement my medical coverage?
Yes, as a new employee or during Annual Enrollment, you can elect supplemental health care to complement your medical coverage. Your options include accident, critical illness and hospital indemnity insurance. Please refer to the *2026 Supplemental & Voluntary Benefits Guide* for details.

Will I get a new medical/prescription ID card?
Yes, BCBSIL will issue new ID cards. Cards should be mailed in December to your home address on file. You'll also receive a new prescription card from CVS Caremark if you elect one of the National Medical Program options.

What if I am in the middle of a medical treatment plan at year-end? Will the network change?
RRD uses the same BCBS PPO network for the National Medical Program options that Williams Lea has been using. You should not have issues continuing to see your same network provider.

What if I am in the middle of a dental treatment plan at year-end? Will the network change?
The Cigna dental network is likely different from the network you have been using. For any non-orthodontic treatments, you should finish the treatment under the guidelines of your prior dental plan. For orthodontics in progress, please reach out to Cigna to discuss continuity of care under the Dental HMO and Dental PPO options.

Wealth

How do I designate my beneficiaries?
Designate your beneficiaries for:

- Life insurance and supplemental health care coverage on **rrd.bswift.com** (Note: Your beneficiaries for life insurance will not carry over to RRD.)
- RRD 401(k) Savings Plan at **NetBenefits.com**
- HSA at **HealthEquity.com**

What are my life insurance options?
Basic employee life insurance provided through Securian is automatic, and RRD pays the full cost of coverage. You may purchase optional employee life insurance, spouse/domestic partner and child life insurance, and optional accidental death and dismemberment insurance. You may enroll in optional coverage at any time of the year on **rrd.bswift.com**. Evidence of insurability (EOI) may be required.

Your existing optional employee life and child life coverage with Williams Lea will automatically transfer to RRD at the same coverage level. Spouse/domestic partner life coverage will automatically transfer as close as possible (or rounded up to the next higher coverage level) without requiring EOI. If you choose to increase your optional employee life and/or spouse or domestic partner coverage, you'll be required to provide EOI. Your beneficiary records will not transfer to RRD, so you must add your beneficiary designations.

What is the BCBSIL Member Rewards program?
The Member Rewards program from BCBSIL (available if you are enrolled in HSA Value, HSA Advantage or Copay Advantage; not available with BCBS Coupe PPO) pays you to be a smart health care shopper. You can earn a cash reward when you compare costs and choose a cost-effective option for your care. Here's how it works:

- When a doctor suggests a medical procedure or service, log in to Blue Access for Members at **bcbsil.com**.
- Click the "Find Care" tab, then click "Find a Doctor or Hospital," and then "Member Rewards." Search to compare your choices and select a reward-eligible location.
- Have the procedure or service at your selected reward-eligible location. Once it's verified, you'll receive a check in the mail from Zelis, the Member Rewards program administrator.

Call a health advocate at **1-800-537-9765** for more information and for help to find reward-eligible locations.

What is Paytient?
Paytient is an easy way to pay for out-of-pocket health care expenses, and it's available to all benefits-eligible employees. Paytient is a fee-free and interest-free health care payment card with a $1,200 rolling limit that you can use to pay medical, pharmacy, mental health, dental, vision and even pet care costs. Paytient pays your provider, and you pay back money you borrow through payroll deduction or your HSA, FSA or bank account. (Note, you cannot use your HSA without incurring a penalty or your FSA to pay back money you borrow for veterinary expenses.)

What are the advantages of an HSA?
An HSA is a tax-free account you can use to help pay for eligible health care expenses now and in the future if you're enrolled in HSA Value, HSA Advantage or a Kaiser HSA medical option. The advantages of an HSA are hard to beat:

- You get triple tax advantages. You can contribute before-tax money to your account, your account can grow by earning tax-free interest, and you pay no taxes when you use the money for eligible expenses.
- You can use it now or save for later. You can use the money in your account to pay for current or future eligible health care costs.
- You can invest it. If you choose to let your account grow, you can invest the money in a choice of investment options.
- You can roll it over. Your unused account balance rolls over from year to year.
- You keep the money. The money in your account is always yours, even if you change medical options, change jobs or retire.

Will my HSA move to RRD/HealthEquity?
If you have an HSA with Williams Lea, it won't move to HealthEquity, RRD's HSA custodian, unless you transfer it. You also have the option to keep your HSA with Inspira.

How much can I contribute to my HSA in 2026?
The IRS contribution limits for 2026 are:

- $4,400 for Employee Only coverage
- $8,750 for other coverage tiers
- $1,000 catch-up contribution if you are or will be age 55 or older in 2026 and not enrolled in Medicare

You may change your HSA contribution at any time during the year.

How much can I contribute to an FSA in 2026?
You may contribute $200 – $3,300 to a Health Care or Limited-Use Health Care FSA, and $200 - $7,500 to a Dependent Day Care FSA. If you want to participate in an FSA in 2026, you must enroll during Annual Enrollment.

What happens to my 2025 FSA with Inspira?
If you currently have an FSA with Inspira, your 2025 account will remain with Inspira through completion of claim submission on March 31, 2026.

What's the difference between an HSA and the Health Care and Limited-Use Health Care FSAs?
An HSA and Health Care/Limited-Use Health Care FSA are accounts that allow you to set aside pre-tax funds from your pay to use for eligible health care expenses, but there are some important differences:

- HSA funds accumulate over time and carry over year to year. FSA funds, on the other hand, must be used during the plan year they are contributed. Per IRS rules, you forfeit any money remaining in your FSAs at

the end of the Plan year. However, you have until March 31 of the following year to submit claims for services incurred during the Plan year.

- You can change your HSA contributions at any time during the year, while FSA elections must be made during Annual Enrollment and cannot be changed during the year unless you have a Qualified Status Change event.
- You can use HSA funds as contributions are made, whereas the full amount you elect to contribute to a Health Care or Limited-Use Health Care FSA is immediately available.
- The IRS contribution limits for an HSA are based on your coverage tier: $4,400 for Employee Only and $8,750 for other coverage levels. The IRS contribution limit for Health Care and Limited-Use Health Care FSAs is $3,300.

How is the Health Care FSA different from the Limited-Use Health Care FSA?
With the Full-Use Health Care FSA, you can be reimbursed tax-free for qualifying medical, prescription drug, dental and vision expenses at any time throughout the year. With the Limited-Use Health Care FSA, you can also 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). You can't be reimbursed by both an FSA and an HSA for the same expense.

You can use the Limited-Use Health Care FSA if you enroll in HSA Value, HSA Advantage or a Kaiser HSA medical option. (The IRS prohibits contributions to both a full-use Health Care FSA and an HSA). BEFORE you meet the legally required minimum portion of your Medical Program deductible ($1,700 for Employee Only coverage and $3,400 for Employee + Spouse, Employee + Child(ren), and Family), you can use your Limited-Use Health Care FSA to pay for eligible dental and vision expenses only. AFTER you meet the legally required minimum portion of your Medical Program deductible, you can use it to pay for eligible dental and vision expenses AND eligible medical and prescription drug expenses.

Where can I learn more about how an HSA and FSA work?
Check out *Ways to Save and Pay for Care* on **myRRDbenefits.com** for more information.

Life

Where can I get support for mental and emotional health?
You and your immediate family members have free and confidential access to **SupportLinc**, our Employee Assistance Program (EAP) for professional counseling services, referrals to expert resources for legal and financial assistance, as well as support for issues such as dependent care, auto repair, home improvement and more. Learn more and access these resources at **myRRDbenefits.com**.

Can I elect MetLife Legal Plans after Annual Enrollment?
You may elect MetLife Legal Plans only during Annual Enrollment. Your coverage will be in effect January 1 – December 31 of the following year. If you're already enrolled, your election will carry over.

Can I enroll in voluntary benefits after Annual Enrollment?
Yes, you may enroll in the following voluntary benefits at any time during the year:

- Allstate Identity Protection
- Commuter Benefits
- Auto & Home Insurance

- Pet Insurance
- Long Term Care Insurance

You can find information about voluntary benefits on **myRRDbenefits.com**. Voluntary benefits are entirely optional and not sponsored by RRD. You may pay for them through payroll deductions on an after-tax basis.

What is BenefitHub?
BenefitHub is an online marketplace for discounts, voluntary benefits and rewards. You can visit BenefitHub for:

- Easy access to certain RRD voluntary benefits (e.g., Auto & Home, MetLife Pet insurance and Purchasing Power)
- Deals on things to do, see, eat and buy in your local area
- Discounts and rewards on travel, hotels, restaurants, car rentals, electronics, apparel, tickets and more
- Cash back on purchases from thousands of brands
- RRD-exclusive discounts

You can sign up for a free account at **rrd.benefithub.com/Welcome**.

What is Fidelity Medicare Services?
If you are becoming eligible for Medicare, Fidelity Medicare Services can help you navigate your Medicare options with confidence. They'll help you compare plans and choose coverage that fits your needs and budget.