



# Support for your **best life.**

## **2022 Benefits Enrollment Guide**

Choose Your 2022 RRD Benefits | **November 1 - 12, 2021**

## Support for your health, wealth & life.

RRD has you covered with a variety of benefits to support your health, financial well-being and life. During Annual Enrollment, we encourage you to review your benefits and make the best choices for you 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.

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

Remember, Annual Enrollment is your only chance to choose your 2022 benefits unless you experience a life event or qualified status change (e.g., marriage, divorce, birth of a child) during the year.

# Enrolling for Benefits

## Before You Enroll

### Read your enrollment materials.



Check out your **2022 Enrollment Highlights Guide** for a list of what's new and changing for 2022 and this Enrollment Guide to understand your benefit options.

### 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 further 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.

### 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

### Enroll Monday, November 1 – Friday, November 12, 2021:



- **Online** or
- By phone at **1-877-RRD-4BEN (1-877-773-4236)** Monday – Friday, 7 a.m. – 7 p.m. CT

## After You Enroll

### 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 12, 2021, 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 2022 with these exceptions:



- **HSA contributions.** To contribute up to the new 2022 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 amount will carry over.
- **FSA contributions.** You must enroll during Annual Enrollment to participate in an FSA in 2022.
- **Child life insurance elections.**



# 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), including two new National Medical Program options: HSA Select and Copay Select (offered in limited areas in 2020 as Copay Value Select).

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

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

### All medical options include:

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

Learn more about all these benefits and other resources available to support you at [myRRDbenefits.com](https://myRRDbenefits.com).



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

## How the National Medical Options Differ

View the Medical Program options side-by-side starting on [page 7](#).

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

### Use In-Network Providers

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

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

### Get Your Preventive Care

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

## BCBSIL Program Requirements for Cost-Effective Health Care

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

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

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

## How to Use Your Prescription Drug Benefits

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

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



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





“

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

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

You will be automatically enrolled in PrudentRx. If you enroll in one of the Copay medical options (Copay Value, Copay Select or Copay Advantage), you will have access to the PrudentRx Copay 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. The PrudentRx Copay Program currently targets specialty medications in the following therapy classes: hepatitis C, autoimmune, oncology and multiple sclerosis. If you currently take medication included in the Prudent's exclusive specialty drug list, you'll receive a welcome letter and phone call from PrudentRx.

If you want to opt out of the Copay Program, you must call **1-800-578-4403** to disenroll. If you disenroll, then you will be responsible to pay 30% coinsurance for any specialty medications you take that are eligible for the Copay Program. **If you are required to pay this 30% coinsurance for a specialty medication that is considered a “non-essential health benefit,” then you will be required to continue paying this amount even if you've otherwise met the Plan's out-of-pocket maximum.** See [pages 7-9](#) for more information about the applicable copay or coinsurance for specialty medications under each National Medical Program option. [Learn more.](#)

### **Save on Prescription Medications with Rx Savings Solutions**

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

## Your 2022 National Medical Program Options

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

	HSA Advantage				Copay Advantage			
	Employee Only		Family		Employee Only		Family	
Medical	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	\$3,050		\$6,100		\$3,000		\$6,000	
Annual Out-of-Pocket Maximum <sup>1</sup>	\$6,900		\$13,800; Individual cap of \$6,900		\$6,900		\$13,800; Individual cap of \$6,900	
Office Visit after deductible	20%	40%	20%	40%	\$25 PCP or Mental Health; \$40 Specialist	40% after deductible	\$25 PCP or Mental Health; \$40 Specialist	40% after deductible
Preventive Care	0%	40% after deductible	0%	40% after deductible	0%	40% after deductible	0%	40% after deductible
Emergency Room after deductible	20%	20% if true emergency; otherwise 40%	20%	20% if true emergency; otherwise 40%	\$500 copay + 20% of remaining balance	\$500 copay + 20% of remaining balance if true emergency; otherwise 50% of remaining balance after deductible <sup>2</sup>	\$500 copay + 20% of remaining balance	\$500 copay + 20% of remaining balance if true emergency; otherwise 50% 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/\$40 max); no deductible		20% (\$25 min/\$100 max); no deductible	
Brand Formulary	30% after deductible				30% (\$40 min/\$75 max); no deductible		30% (\$100 min/\$185 max); no deductible	
Brand Non-Formulary	40% after deductible				40% (\$55 min/\$125 max); no deductible		40% (\$140 min/\$315 max); no deductible	
Specialty	40% after deductible				If not covered by PrudentRx: \$150; no deductible <sup>4</sup> If covered by PrudentRx: 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 Copay Program so your cost-sharing is reduced to \$0. **See the list of specialty medications covered under the Copay Program.** If you opt out of the Prudent Rx Copay Program, you will pay 30% coinsurance for specialty medications that are covered by the PrudentRx Copay Program. If your specialty medication is not covered by the PrudentRx Copay Program, then you will be responsible for the \$150 copay listed in this chart. The Plan and the PrudentRx Copay Program categorize specialty medications as either "essential health benefits" or "non-essential health benefits." Employee cost-sharing for "essential health benefits" counts toward the Plan out-of-pocket maximum but does not count toward the Plan deductible. On the other hand, employee cost-sharing for "non-essential health benefits" does not count toward either the Plan deductible or out-of-pocket maximum. Also, even if you reach your out-of-pocket maximum, you will still be responsible for your cost-sharing amount for specialty medications that are "non-essential health benefits." Specialty medications that have been deemed "non-essential health benefits" are denoted with a "1" on the list at the hyperlink above. If you have any questions, contact PrudentRx at **1-800-578-4403**.



## Your 2022 National Medical Program Options (Cont.)

	NEW! HSA Select		NEW! Copay Select Formerly Copay Value Select	
	Employee Only	Family	Employee Only	Family
<b>Medical</b>	In-Network Only		In-Network Only	
<b>Annual Deductible</b>	\$3,450	\$7,200	\$3,400	\$6,800
<b>Annual Out-of-Pocket Maximum<sup>1</sup></b>	\$6,900	\$13,800; Individual cap of \$6,900	\$6,900	\$13,800; Individual cap of \$6,900
<b>Office Visit after deductible</b>	20%		\$15 PCP or Mental Health; \$30 Specialist	
<b>Preventive Care</b>	0%		0%	
<b>Emergency Room after deductible</b>	20%		\$600 copay + 25% of remaining balance <sup>2</sup>	
<b>Prescription Drug<sup>3</sup></b>	Retail	Mail Order	Retail	Mail Order
<b>Generic</b>	20% after deductible		20% (\$10 min/\$45 max); no deductible	20% (\$25 min/\$115 max); no deductible
<b>Brand Formulary</b>	40% after deductible		40% (\$40 min/\$100 max); no deductible	40% (\$100 min/\$250 max); no deductible
<b>Brand Non-Formulary</b>	50% after deductible		50% (\$75 min/\$150 max); no deductible	50% (\$185 min/\$375 max); no deductible
<b>Specialty</b>	50% after deductible		If not covered by PrudentRx: \$210; no deductible <sup>4</sup> If covered by PrudentRx: 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 Copay Program so your cost-sharing is reduced to \$0. **See the list of specialty medications covered under the Copay Program.** If you opt out of the Prudent Rx Copay Program, you will pay 30% coinsurance for specialty medications that are covered by the PrudentRx Copay Program. If your specialty medication is not covered by the PrudentRx Copay Program, then you will be responsible for the \$210 copay listed in this chart. The Plan and the PrudentRx Copay Program categorize specialty medications as either "essential health benefits" or "non-essential health benefits." Employee cost-sharing for "essential health benefits" counts toward the Plan out-of-pocket maximum but does not count toward the Plan deductible. On the other hand, employee cost-sharing for "non-essential health benefits" does not count toward either the Plan deductible or out-of-pocket maximum. Also, even if you reach your out-of-pocket maximum, you will still be responsible for your cost-sharing amount for specialty medications that are "non-essential health benefits." Specialty medications that have been deemed "non-essential health benefits" are denoted with a "1" on the list at the hyperlink above. If you have any questions, contact PrudentRx at **1-800-578-4403**.

Continued on next page

## Your 2022 National Medical Program Options (Cont.)

	HSA Value				Copay Value			
	Employee Only		Family		Employee Only		Family	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Medical								
Annual Deductible	\$3,950		\$7,900		\$3,900		\$7,800	
Annual Out-of-Pocket Maximum¹	\$6,900		\$13,800; Individual cap of \$6,900		\$6,900		\$13,800; Individual cap of \$6,900	
Office Visit after deductible	25%	50%	25%	50%	\$25 PCP or Mental Health; \$50 Specialist	50% after deductible	\$25 PCP or Mental Health; \$50 Specialist	50% after deductible
Preventive Care	0%	50% after deductible	0%	50% after deductible	0%	50% after deductible	0%	50% after deductible
Emergency Room after deductible	25%	25% if true emergency; otherwise 50%	25%	25% if true emergency; otherwise 50%	\$600 copay + 25% of remaining balance	\$600 copay + 25% of remaining balance if true emergency; otherwise 50% of remaining balance after deductible²	\$600 copay + 25% of remaining balance	\$600 copay + 25% of remaining balance if true emergency; otherwise 50% of remaining balance after deductible²
Prescription Drug³	Retail		Mail Order		Retail		Mail Order	
Generic	25% after deductible				25% (\$10 min/\$45 max); no deductible		25% (\$25 min/\$115 max); no deductible	
Brand Formulary	40% after deductible				40% (\$40 min/\$100 max); no deductible		40% (\$100 min/\$250 max); no deductible	
Brand Non-Formulary	50% after deductible				50% (\$75 min/\$150 max); no deductible		50% (\$185 min/\$375 max); no deductible	
Specialty	50% after deductible				If not covered by PrudentRx: \$210; no deductible⁴ If covered by PrudentRx: 30%; no deductible⁴		More than 30-day supply not allowed	

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

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

3. Through CVS Caremark.

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



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

## 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. There are more than 150 covered conditions associated with an accident that could trigger benefits, including various injuries, hospitalization, medical services and treatments. Payments are made directly to you and can be used any way you see fit.

**NEW!**

**This benefit has been enhanced to include coverage for on- and off-the-job accidents**, plus a higher cash benefit for certain accidents (puncture wounds and occupational HIV/hepatitis, for example), as well as payouts for care at home or a skilled nursing facility, and an increase in benefits if an injury is sports-related.

*Continued on next page*



## Critical Illness Insurance

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

**NEW!** MetLife has added coverage for more **conditions**, including 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.

## 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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### For more information:

Visit [myRRDbenefits.com](https://myRRDbenefits.com) and watch your mail for additional details from MetLife.

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### For plan questions:

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

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### For general information and questions about eligibility:

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

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## Dental Benefits

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

### Find an In-Network Dentist

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

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

### At A Glance: Your Dental Program Options

Use this chart to compare your options. To view premiums for each option, go to [rrd.bswift.com](https://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> (Non-orthodontia)	\$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 Cigna for details
<b>Preventive Care</b> Type A	100%		100%		100%
<b>Basic Care</b> Type B	50%		80%		100%
<b>Major Care</b> Type C	50%		50%		60%
<b>Orthodontia</b> 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](https://eyemed.com) and look for the Vision Care Program network. Click "Find an eye doctor," enter your ZIP code, choose RRD's network ("Select" network), and click "Get Results." Prospective members can also call **1-866-299-1358** for assistance.

### At A Glance: Your Vision Program Options

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

	EyeMed Essential		EyeMed Enhanced	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Frequency of Service</b>				
Exam	Every 12 months		Every 12 months	
Frames	Every 24 months		Every 12 months	
Lenses	Every 12 months		Every 12 months	
<b>Routine Vision Exam</b>	\$10 copay	Up to \$35 allowance	\$0 copay	Up to \$35 allowance
<b>Frames</b>	\$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
<b>Lens*</b> Single Vision	\$20 copay	Up to \$25 allowance	\$10 copay	Up to \$25 allowance
<b>Contacts*</b>	\$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
<b>Laser Surgery</b>	\$15 off retail price or 5% off promotional price	N/A	\$15 off retail price or 5% off promotional price	N/A

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



# SUPPORT FOR Your Wealth

## Health Savings Account (HSA)

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

## How an HSA Works

**1**

### Enroll

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

**2**

### Pay for Eligible Expenses Tax Free

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

**3**

### Contribute Tax Free

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

**4**

### Invest in Your Future

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

“

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

## 2022 HSA Contribution Limits



### Employee only coverage:

\$3,650 (\$50 more than 2021)



### All other coverage categories:

\$7,300 (\$100 more than 2021)



### Catch-up Contribution:

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

For more information about eligibility, disqualifying coverage, and opening and using an HSA, review the **2022 Enrollment Highlights Guide** and **Guide to Your Health Savings Account**, IRS publication 969 at [irs.gov](https://www.irs.gov), or visit [healthequity.com/HSA](https://healthequity.com/HSA).

## Flexible Spending Accounts (FSAs)

Save money on eligible health care and dependent care expenses. RRD's FSAs are administered by HealthEquity. Learn more at [myRRDbenefits.com](https://myRRDbenefits.com) and [irs.gov](https://irs.gov).

### IMPORTANT!

#### Action Required to Participate

To continue or begin participating in the FSA program in 2022, you must enroll during Annual Enrollment.

Your FSA options include:

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

	Full-Use Health Care FSA	Limited-Use Health Care FSA	Dependent Day Care FSA
How much can I contribute in 2022?	\$200 - \$2,750	\$200 - \$2,750	\$200 - \$5,000 (depending on your federal income tax filing status) <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 qualifying status change.	You cannot change or stop your contributions during the year unless you have a qualifying status change.	You cannot change or stop your contributions during the year unless you have a qualifying status change.
What expenses can I use it for?	Eligible medical, prescription drug, dental and vision expenses	Eligible dental and vision expenses <b>at any time</b> , and eligible medical and prescription drug expenses <b>after</b> you've met your medical deductible <sup>2</sup> .  <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.	You lose any money remaining in your FSA at the end of the Plan year. You have until March 31 of the following year to submit claims for services incurred during the current Plan year.	You lose any money remaining in your FSA at the end of the Plan year. You have until March 31 of the following year to submit claims for services incurred during the current Plan year.

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

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



## Life & Accident Insurance

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

### Employee Life Insurance

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

### Optional Employee Life Insurance

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

### Optional Spouse/Domestic Partner & Child Life Insurance

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

Married employees cannot both cover their child(ren) under the Plan provisions; only one employee may cover the child(ren).

### 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](http://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.

### Short-Term Disability (STD)

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

### Long-Term Disability (LTD)

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

For full details about STD and LTD, refer to the SPDs at [myRRDbenefits.com](https://myRRDbenefits.com).



“

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

“

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

## SUPPORT FOR Your Life

### Voluntary Benefits

Customize and enhance your RRD benefits to fit your needs. During Annual Enrollment, you may elect Allstate Identity Protection and MetLife Legal Plans. If you are currently enrolled in either of these plans, your coverage will carry over to 2022.

#### Allstate Identity Protection

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

#### MetLife Legal Plans

Get convenient and affordable access to a qualified network of attorneys for everyday personal legal matters. Coverage will be in effect January 1 – December 31, 2022.



## Employee Assistance

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

### SupportLinc Employee Assistance Program

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

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

NEW!

### LifeSpeak

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

### Get the Details

Learn more about voluntary benefits and employee assistance resources at [myRRDbenefits.com](https://myRRDbenefits.com).

“

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

# 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

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

[myRRDbenefits.com](http://myRRDbenefits.com)

## Employee Assistance

### SupportLinc Employee Assistance Program (EAP)

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

### LifeSpeak

[rrd.lifespeak.com](http://rrd.lifespeak.com) (client password: rrd)

## Medical & Prescription Drug Benefits

### 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

### Livongo Diabetes & Hypertension Programs

[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 Benefits

### MetLife

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

**Eligibility information:** [rrd.bswift.com](https://rrd.bswift.com)

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

## Dental Benefits

### Cigna

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

## Disability Benefits

### The Hartford

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

## Vision Benefits

### EyeMed

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

## Voluntary Legal Benefits

### MetLife Legal Plans

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

## Health Savings Account (HSA)

### HealthEquity

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

## Voluntary Identity Protection

### Allstate

[myaip.com](https://myaip.com) | 1-800-789-2720, 24/7

## Flexible Spending Accounts (FSAs)

### HealthEquity

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

## RRD Savings Plan

### Empower Retirement™

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



**RRD BENEFITS**  
HEALTH | WEALTH | LIFE

### About This Guide

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