

**2020 SUMMARY OF MATERIAL  
MODIFICATIONS (SMM) FOR THE  
RR DONNELLEY FLEXIBLE BENEFITS PLAN &  
RR DONNELLEY GROUP BENEFITS PLAN  
RE: COVID-19 SUSPENSION OF DEADLINES**

February 15, 2022

# INTRODUCTION

The material that follows is a legally required notice of benefit plan changes. It describes changes to certain benefit programs (Programs) provided under the RR Donnelley Flexible Benefits Plan (the “Flexible Benefits Plan”) and the RR Donnelley Group Benefits Plan (the “Group Benefits Plan” and, together with the Flexible Benefits Plan, the “Plans”). It applies to the following Programs:

- Group Health Program
- Dental Benefit Program
- Vision Care Program
- Disability Benefit Program
- Life and Accident Insurance Program
- Employee Assistance Program
- Supplemental Benefits Program
- Health Care Spending Program

The general rules related to each benefit Program are detailed in each Program’s Summary Plan Description (SPD), and any notices (such as this one) that constitute a Summary of Material Modifications (SMM) to that SPD, including but not limited to the annual Benefits Enrollment Guides. If a capitalized term is not defined in this SMM, such term will have the definition set forth in the applicable SPD. To make sure you have the most up-to-date information, keep this document with your SPD. You can also access the SPDs and SMMs at <http://myrrdbenefits.com>.

This SMM was prepared to highlight clarifications to the terms of the Plans as a result of the COVID-19 National Emergency, and its provisions were generally effective March 1, 2020. In particular, this SMM addresses important changes to the following SPD program booklets under the Group Benefits Plan:

- Group Health Program Booklets (collectively the “Group Health Program”)
  - Group Health Program Booklet
  - Group Health Program HPN Booklet
  - Blue Cross Blue Shield of IL HMO Booklet
  - Dean Health HMO Booklet
  - Kaiser California HMO Booklet
  - Kaiser Oregon HMO Booklet
- Dental Benefit Program Booklet
- Vision Care Program Booklet
- Short-Term Disability Benefits Booklet
- Long-Term Disability Benefits Booklet
- Life and Accident Insurance Program Booklet
- Employee Assistance Program Booklet
- Supplemental Benefits Program Booklet
- Plan Administration Information Booklet

This SMM also addresses changes to the following RR Donnelley Flexible Benefits Plan SPD program booklets:

- Flexible Spending Account Program Booklet

Note that this SMM does not apply to the Dependent Day Care Spending Program (a component of the Flexible Benefits Plan also described in the Flexible Spending Account Program Booklet).

As described more fully in the SPDs, the SPD program booklets and any appendices thereto, along with any SMMs (including this SMM), are intended to be a complete, accurate, and up-to-date description of your coverage under the Plans.

If there is any inconsistency between this SMM and the SPD program booklets, this SMM will control. However, if there is any discrepancy between this SMM and the insurance Certificates of Coverage, if any, the Certificates of Coverage govern.

Nothing in this SMM, the SPD program booklets or their appendices should be interpreted as an employment contract. This SMM merely describes the material changes to the coverages and benefits offered to eligible participants described in the applicable SPD. R.R. Donnelley & Sons Company (RR Donnelley) reserves the right to amend, change, or terminate the Plans or their component programs, in whole or in part, at any time.

This SMM contains a summary in English to supplement the information provided in the SPDs. If you have difficulty understanding any part of this content, call the RR Donnelley Benefits Center at **1-877-RRD-4BEN (1-877-773-4236)**. RR Donnelley Benefits Center Representatives are available from 7 a.m. to 7 p.m. CT, Monday through Friday, except holidays.

# SUMMARY OF MATERIAL MODIFICATIONS

This SMM describes the temporary modifications to certain timeframes applicable to benefits provided by the Plans during the COVID-19 Outbreak Period (defined below).

On May 4, 2020, the Internal Revenue Service (IRS) and Department of Labor (DOL) issued a joint notice requiring employee benefit plans to suspend certain plan deadlines during the period from March 1, 2020, until 60 days after the announced end of the National Emergency due to COVID-19, or such other date announced by the IRS and/or the DOL in a future notification (the “Outbreak Period”). On February 26, 2021, the IRS and DOL issued additional guidance clarifying that each deadline extended by those regulations would only be extended for a maximum of 12 months each. In other words, during the Outbreak Period, the Plan tolls or “stops the clock” for up to 12 months for certain deadlines described below.

## Temporary Suspension of Plan Deadlines for Claims, Appeals, and Special Enrollment

Effective from March 1, 2020, until the end of the Outbreak Period, the Plans will disregard up to 12 months of elapsed time in determining whether you have met the Plan deadlines listed below:

- The deadline to file a benefit claim with the applicable claims administrator.
- The deadline to file an appeal of a denied claim under the Plans’ appeals procedures.

In addition, for the Group Health Program only, the following deadlines are similarly extended:

- The deadline to file a request for external review and the deadline to perfect a request for external review upon a finding that the request was not complete.
- The 30-day deadline to request special enrollment in the Group Health Program due to a loss of other coverage, your marriage, or the birth, adoption, or placement for adoption with you of a new dependent, and the 60-day deadline to request special enrollment in the Medical Program due to the loss of Medicaid or CHIP coverage.

Please refer to the SPD for each Program and the Plan Administrative Information Booklet for the applicable claim filing deadlines.

These extensions do not apply to the Dependent Day Care Spending Program (a component of the Flexible Benefits Plan).

**Example.** Employee A adopts a child on March 1, 2021. Normally, Employee A would have 60 days\* after the date of the qualifying event to request special enrollment in the Group Health Program, so the deadline would normally be April 30, 2021. However, because the COVID-19 National Emergency is ongoing, the deadline for Employee A to request special enrollment is the earlier of April 30, 2022 (12 months from April 30, 2021) or the end of the Outbreak Period. If the COVID-19 National Emergency were to end on February 15, 2022, the Outbreak Period would end 60 days later on April 2, 2022. Employee A's deadline to request special enrollment would be April 2, 2022 (which is earlier than April 30, 2022).

\* **Note:** The Group Health Program provides a more generous time frame to enroll than the 30 days required by law for the addition of new children under certain circumstances described in this paragraph. If you are adding a newborn child, a newly adopted child, or a child newly placed with you for adoption, you generally have up to 60 days to report such event to the eligibility administrator under the Plan's more generous policy. However, if you are already enrolled in one of the self-funded national Medical Program options at the Employee + Child(ren) or Family levels, you will have up to 90 days to report such event to the eligibility administrator to add your new child to coverage, since this election does not require any change in your premiums or approval of any insurance company. Many components of the Regional Medical Options Program also offer more generous timeframes to enroll than required by law for the addition of new children, which varies by insurance carrier. See the carrier documents for more information. To request special enrollment or if you have questions about special enrollment rights, contact the RRD Benefits Center at **1-877-RRD-4BEN (1-887-773-4236)**.

## Temporary Suspension of Plan Deadlines for COBRA Continuation Coverage

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) allows Plan participants and their enrolled dependents to elect a temporary continuation of group health plan coverage at their own expense when coverage is lost due to a COBRA qualifying event. This section describes temporary modifications to certain timeframes and deadlines applicable to COBRA elections and premium payments as a result of the COVID-19 National Emergency during the Outbreak Period.

For the Group Health Program, the Dental Benefit Program, the Vision Care Program, and the Health Care Spending Program under the Flexible Benefits Plan (each a "Group Health Plan"), the Outbreak Period will be disregarded in determining whether you have met the Plan COBRA deadlines listed below:

- The COBRA election deadline (normally 60 days after the later of the date you are furnished the election notice or the date you would lose coverage);
- The initial COBRA premium payment deadline (normally 45 days after the COBRA election);
- All ongoing COBRA premium deadline(s);

- The deadline to notify the Plan of any COBRA qualifying events (e.g., divorce or legal separation, a dependent child ceasing to be a dependent under the terms of the Plan, etc.); and
- The deadline to notify the Plan of a disability determination.

See the examples below for more information.

**Example.** Employee A has a qualifying event that is a termination of employment and Employee A's coverage under the Group Health Plans will terminate effective April 30, 2022. Employee A has 60 days after the date of the qualifying event to make a COBRA election, so the deadline to submit the election would normally be June 29, 2022. If the COVID-19 National Emergency ends on July 1, 2022, the Outbreak Period would end 60 days later on August 30, 2022. Employee A's deadline to make a COBRA election is August 30, 2022 (earlier than June 29, 2023, which is 12 months after June 29, 2022).

Assume Employee A elects COBRA coverage for the period beginning May 1 and Employee A's election is postmarked August 30, 2022. COBRA premiums for a month are typically due on the first day of the month, subject to a 30-day grace period. Employee A's initial premium payment deadline is due 45 days after August 30, 2022, which is October 14, 2022. There is no extension of this deadline because the COVID-19 National Emergency ended on July 1, 2022. Employee A's initial premium (for May) and the premiums for June, July, August, and September are due by October 14, 2022. The premium for October 2022 is due by October 31, 2022 (30 days after October 1, 2022).

**IMPORTANTLY, A GROUP HEALTH PLAN DOES NOT NEED TO PAY ANY BENEFITS FOR CLAIMS INCURRED DURING A MONTH UNTIL PREMIUMS ARE ACTUALLY PAID FOR THAT MONTH. PREMIUMS THAT ARE PAID WILL BE APPLIED TO THE OLDEST INVOICE FIRST. THIS MEANS NONE OF YOUR BENEFIT CLAIMS (IF ANY) WILL BE PAID BY A GROUP HEALTH PLAN UNLESS AND UNTIL YOU PAY THE PREMIUM AMOUNTS OWED FROM THE DATE OF YOUR ELECTION UP TO AND INCLUDING THE MONTH IN WHICH THE CLAIM WAS INCURRED.**

**Example.** In the Example above, if Employee A incurred claims in September 2022, Employee A must timely pay the premiums for May, June, July, and August in order to have the September claims paid under the Plan.

On October 6, 2021, the IRS released Notice 2021-58 to clarify how the 12-month tolling limit applies with respect to COBRA. Those rules can be summarized as follows:

- There is a 12-month combined extension for the 60-day COBRA election period and the 45-day initial premium payment period.
  - This means you may have up to 12 months and 60 days to elect COBRA after the date the election notice was provided to you, and up to 12 months and 105 days to make the first payment after the date the election notice was provided to you (assuming the Outbreak Period does not end sooner).
  - **Example.** Employee B waited six months and 60 days to elect COBRA after receiving an election notice. Employee B would have only six months remaining of the original 12-month tolling period to apply to the deadline for making the first premium payment. Assuming the Outbreak Period does not end sooner, Employee B would

have six months and 45 days after submitting the COBRA election to make the first premium payment (which is normally due 45 days after submitting the COBRA election).

- For each subsequent COBRA premium payment, you may have up to 12 months to make the payment after the date the payment originally would have been due (including the mandatory 30-day grace period) in the absence of these tolling extensions (assuming the Outbreak Period does not end sooner); however see the note above regarding the Plans' obligations to pay claims incurred before the premium payments are made.
- There are special transition relief provisions for payments that would have been due prior to November 1, 2021. In no event will you be required to make the initial premium payment before November 1, 2021, even if November 1, 2021, is more than 12 months and 105 days after the date the election notice was received, provided you make the initial premium payment within 12 months and 45 days after the date of the election.