REAL LIFE.
REAL SUPPORT.
HEALTH • MONEY • HOME • COMMUNITY



Time to Enroll in Your 2027 Benefits

2027 ANNUAL ENROLLMENT OCT. 19–30

EVERYONE MUST TAKE ACTION—IF YOU DO NOT ENROLL, YOU WILL NOT HAVE COVERAGE IN 2027!

HERFF JONES.

Lakeside Book

TOPS™ PRODUCTS

LSC COMMUNICATIONS

Why Benefits Matter

The cost of health care continues to rise, but our commitment to your well-being remains constant. That's why we invest in medical plans that work harder for you—giving you more choices, better tools, and real support when you need it. Your benefits are more than coverage; they're about supporting the life you're building.

TAKE ACTION!

Action is required to:

- Enroll in your benefit plans
- Contribute to an HSA or FSA
- Affirm your and your covered spouse's tobacco-free status to retain your medical premium credit
- Verify your dependents

New this year: If you do not enroll, you will not have coverage in 2027. Your benefits will not carry over to next year, and you must affirm your tobacco-free status to retain your credit.

IMPORTANT!
2027 ANNUAL ENROLLMENT OCT. 19–30

What to Expect in 2027

Your medical plan options* remain the same, giving you stability and clarity about your coverage. We've added tools to help you get the most from your benefits, whether that's managing a health condition, planning surgery, or choosing care that makes sense for your family. Take time before you enroll to review what's new and what's staying the same.

Key updates:

- **Dependent verification audit.** During Annual Enrollment, we will conduct a dependent verification audit to verify dependent eligibility for dependents who were verified prior to January 1, 2025. Be on the lookout for communications with instructions and details on the supporting documentation you will need to submit during the audit.
- **New website to make benefits navigation simpler.** We've redesigned the benefits website from the ground up. You'll find easy-to-use tools and faster access to everything you need to understand your coverage.
- **New health care concierge.** Health Advocacy Solutions (HAS) is our new health care concierge, replacing the Coupe Health Valet and Quantum Health. This is a change in service provider only; your coverage and benefits remain the same. Your HAS Advocate can help you understand your benefits, find in-network providers, compare care options, and resolve claims or billing issues. You can contact HAS at 888-895-6985 M–F, 6:00 a.m.–11:00 p.m. CT or online at **bcbsil.com**.
- **Increased health care savings potential.** The IRS has increased Health Savings Account (HSA) contribution limits to $4,500 for individuals and $9,000 for all other coverage levels. Health Care Flexible Spending Account (FSA) limits have been increased to $3,400.
- **New Wellness Program partner.** The Wellness Program requirements and savings will remain the same, but how you register and track your progress will move to a new platform, Navigate, in early 2027. More information to follow early next year.

Together, we can tackle rising health care costs and build a healthier future.

** Coupe PPO has a new name, Copay PPO. The plan is the same.*

BENEFITS INFORMATION AT YOUR FINGERTIPS

We're updating the benefits website to make it easier for you to understand your coverage, find answers, and manage your benefits. You'll find everything you need to make an informed decision about your benefits:

Key updates:



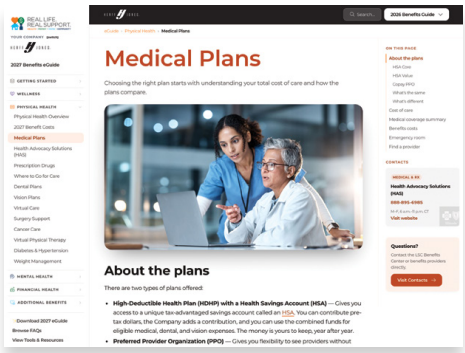
- **Benefits eGuide** – Quick reference for plan details, costs, and what's covered
- **Medical Matchup tool** – See how each plan works for your health care needs and budget
- **Plan comparisons** – Easy-to-read charts showing deductibles, copays, and out-of-pocket limits
- **Carrier contacts and FAQs** – Fast answers to your benefits questions
- **Benefits resources** – Learn how to get the most from your coverage
- **Get connected** – Stay informed about your benefits throughout the year

The best part is that all this information is available to you and your family anytime, anywhere. There's no login needed.

GET CONNECTED!

Do you prefer email or text? We're making it easier to stay informed about your benefits. Complete the Get Connected form on **mylscbenefits.com** to tell us which benefit topics matter to you the most. You'll receive information about how our benefits and programs can support your everyday life.





LSC Benefits Center



If you have questions or need help logging into the enrollment website, call the LSC Benefits Center at **888-681-2241**, M-F, 7:00 a.m.–7:00 p.m. CT.

COVERAGE CHANGES

The choices you make during Annual Enrollment will begin on January 1, 2027, and will remain in effect until December 31, 2027. **If you do not enroll, you will not have coverage in 2027.** You may be eligible to change your elections during the year if you experience a qualifying life event such as marriage, birth or adoption of a child, or loss of coverage. Review the eGuide for a list of qualifying life events and more details.

Your Medical Plan Options

We will continue to offer the same three medical plans with the same plan design—HSA Core, HSA Value, and Copay PPO—so you can select the coverage that fits your health care needs and budget. All three plans give you access to the same quality providers and networks. The difference is in how you pay and the tools available to manage your costs.

The Coupe PPO becomes the Copay PPO in 2027. The plan stays the same but you will now contact HAS for support.

How they're the same:

- Access to the BCBS network you trust
- Free, in-network preventive care like annual physicals and screenings
- Low-cost virtual visits with Teladoc Health
- Protection with an annual out-of-pocket maximum
- Access to Health Advocacy Solutions (HAS) to help answer questions and navigate the health plans

How they differ:

The plans differ in how you pay for care. The plans also differ in what you pay in premiums each pay period. Your paycheck contribution is a key part of your total health care spend, so weigh it alongside deductibles, coinsurance, and copays when choosing a plan.

HSA Core and HSA Value plans: After you receive care, you will pay the deductible or coinsurance. These plans include a Health Savings Account where you can contribute pre-tax dollars, and the Company will contribute a set amount to your HSA.

Copay PPO: Offers predictable, transparent copays for all services, so there are no surprise bills.

2027 MEDICAL COVERAGE AT-A-GLANCE

		HSA CORE		HSA VALUE	
		Employee Only	Employee+ Dependents	Employee Only	Employee+ Dependents
Deductible[1]	**In-Network**	$7,000	$14,000	$2,500	$5,000
	Out-of-Network	$14,000	$28,000	$5,000	$10,000
Coinsurance[2]	**In-Network**	0% after deductible		20% after deductible	
	Out-of-Network	0% after deductible		50% after deductible	
Out-of-Pocket Maximum[3]	**In-Network**	$7,000	$14,000	$5,000	$10,000
	Out-of-Network	$14,000	$28,000	$10,000	$19,600
Preventive Care	**In-Network**	FREE		FREE	
	Out-of-Network	0% after deductible		50% after deductible	
Office Visits	**In-Network**	0% after deductible		20% after deductible	
	Out-of-Network	0% after deductible		50% after deductible	
Prescription Drugs (Retail and Mail Order)		0% after deductible		20% after deductible until you reach your out-of-pocket maximum	

[1] See your enrollment guide for how the deductible works when you cover dependents.[2] What you pay after you meet the deductible. [3] The most you pay before the plan pays 100% of eligible expenses; see the eGuide for how the out-of-pocket maximum works if you cover dependents.

	COPAY PPO			
	TIER 1	TIER 2	TIER 3	Out-of-Network
Deductible	$0			
Out-of-Pocket Maximum	$6,500 (Employee Only) / $13,000 (Employee + Dependents)			NA
Preventive Care	$0			
Primary Care Office Visit	$35	$70	$105	$200
Specialist Office Visit	$75	$150	$225	$350
Prescription Drugs	**RETAIL**		**MAIL**	
Generic	20% ($20 min / $50 max)		20% ($50 min / $125 max)	
Preferred Brand	20% ($60 min / $95 max)		20% ($150 min / $237.50 max)	
Non-Preferred Brand	30% ($75 min / $150 max)		30% ($187.50 min / $375 max)	
Specialty	$250		More than 30-day supply not allowed	

GET THE MOST FROM YOUR COVERAGE

Support for Hypertension and Diabetes

Managing chronic conditions is easier with the right support. If you have hypertension or diabetes, you have access to Omada. Omada connects you with remote monitoring, coaching, and personalized guidance, all designed to help you stay healthy.

Surgery Cost Certainty with Lantern

When you need surgery and are enrolled in HSA Core or HSA Value, you'll work with Lantern to plan your procedure. Lantern helps you find quality surgical care and understand your costs upfront. **If you need spine, joint, or bariatric surgery, you must use Lantern for your procedure.** In addition to working with high-quality care providers, you'll have predictable out-of-pocket costs, as your out-of-pocket costs for surgery are capped at $1,750 for Employee Only coverage or $3,500 for Employee + Dependents coverage, so there are no surprise bills.

VIRTUAL CARE WITH TELADOC HEALTH

Quick care doesn't have to mean going to an emergency room or urgent care clinic. Teladoc Health lets you see a doctor by phone or video for non-urgent medical issues—and now you can choose a virtual primary care doctor to manage your routine and sick visits. **All visits are just $10 across all medical plans.**

With Teladoc Health, you get:

- A dedicated care team available 24/7
- Same-day or scheduled appointments
- Treatment for primary care, behavioral health, and dermatology
- Referrals to specialists when you need them

HEALTH SAVINGS ACCOUNT (HSA)

If you're enrolled in HSA Core or HSA Value plans, you are eligible to contribute pre-tax dollars to an HSA to pay for eligible health care expenses now or save for retirement. The Company will match $1 up to $500 per year (maximum of $125 per quarter) if you have Employee Only medical coverage, or $1,000 per year (maximum of $250 per quarter) if you cover dependents. The IRS has increased the contribution limits, allowing you to save more for now or in the future.



Coverage Level	Company Matching Contribution Maximum	2027 IRS Contribution Limit*	Your 2027 Annual Contribution Limit*
Employee Only	$500	$4,500	$4,000
Employee + Spouse/ DP, Child(ren), or Family	$1,000	$9,000	$8,000

** Does not include $1,000 catch-up contributions for those age 55 or older.*

FLEXIBLE SPENDING ACCOUNT (FSA)

An FSA is available to all employees to help you save pre-tax dollars to pay for eligible health care or dependent care expenses. Contributions are made through convenient payroll deductions.

- Contribute up to $3,400 per year in pre-tax dollars with the Full-Use Health Care FSA or Limited-Use Health Care FSA.
- You can contribute up to $7,500 in pre-tax dollars to pay for eligible dependent care costs ($3,750 if married and filing separate tax returns).

Note: If you enroll in an HSA medical plan, you may only participate in the Limited-Use Health Care FSA, which can be used for eligible dental and vision expenses until you meet your medical deductible.



Remember! FSAs are use-it-or-lose-it accounts. You must use the funds in the account by December 31, or you will forfeit the money. Be sure to plan your care costs carefully.

Medical Costs

Managing health care costs is a team effort, and we need your help to make it work. Here's how we partner together:

Our part: We carefully evaluate carriers, offer quality medical plans, and invest in tools and resources to support your health.

Your part: Use your benefits wisely:

- **Build a healthy foundation.** Use preventive care to catch problems early. Conditions are less expensive to treat and typically have better outcomes when found early.
- **Manage your care wisely.** Follow your doctor's guidance, take medications as prescribed, and use low-cost options like in-network providers, in-network facilities, and virtual care with Teladoc Health.
- **Invest in your future.** Maximize pre-tax savings with an HSA and FSA, use Lantern for surgery planning, and lean on wellness programs and free medical plan resources.

When we work together, everyone wins.

PLEDGE TO BE TOBACCO-FREE

Choosing a tobacco-free lifestyle protects your health and your wallet. When you enroll, affirm your tobacco-free status and get a credit on your medical premium.

SAVE WITH WELLNESS

If you did not complete the wellness program requirements by September 24, 2026, you will pay an additional medical premium in 2027 of **up to $1,300 ($650 for yourself and $650 for your covered spouse).**

To avoid this additional charge in 2028, you must complete the wellness requirements between October 1, 2026, and September 1, 2027.

NEED HELP BECOMING TOBACCO-FREE?

If you use tobacco, work with Carelon Wellbeing for ***free*** support to quit. The tobacco counseling program includes coaching and the resources you need to break free from tobacco. Once you or your covered spouse completes the program, you'll receive the tobacco-free credit on a go-forward basis. Visit **carelonwellbeing.com/LSC** or call **877-409-1488** to get started.

2027 WEEKLY[1] MEDICAL PREMIUMS[2]

COVERAGE LEVEL	HSA CORE	HSA VALUE	COPAY PPO
Under $100,000 Salary[3]			
Employee Only	$4.31	$19.67	$35.71
Employee + Spouse	$54.43	$96.49	$144.74
Employee + Child(ren)	$26.29	$44.73	$73.30
Family	$77.78	$104.82	$157.23
$100,000+ Salary[3]			
Employee Only	$28.18	$33.26	$56.09
Employee + Spouse	$79.86	$113.23	$169.85
Employee + Child(ren)	$65.44	$67.10	$106.84
Family	$113.23	$141.53	$212.30

[1] If you are paid biweekly, multiply the rate by two to determine your per pay period amount.

[2] Premiums reflect the wellness and tobacco-free credits. [3] Base salary as of September 1, 2026.

2027 Wellness Program

OCTOBER 1, 2026–SEPTEMBER 1, 2027

The Wellness Program is designed to help support your health and well-being by catching potential health concerns before they become more serious conditions. This also helps us work together to manage rising health care costs and save you money by avoiding paying additional medical premiums.

Requirements of the 2027 Program

To complete the Wellness Program, employees and covered spouses/domestic partners enrolled in the LSC medical plan as of April 1, 2027, need to:

- Complete a Wellness Assessment on eHealthScreenings
- Complete a screening and upload any required forms on eHealthScreenings

If You Don't Complete the 2027 Program

You will pay up to an additional $1,300 for 2028 medical coverage ($650 for you and $650 for your spouse) if you don't complete the 2027 program by September 1, 2027.

Log in or register for the Wellness Program



Eligible participants will need to download a form to be completed at an offsite lab or by a primary care physician, or even a Teladoc virtual primary care doctor. When you book your screening through the eHealthScreenings portal, the offsite lab will complete and upload the form for you automatically. If you see your primary care physician, you will need to upload the completed form and lab report yourself. Log in to eHealthScreenings to select how you will complete your screening and the Wellness Assessment. For employees to receive the full incentive in 2028, eligible spouses/domestic partners must create their own eHealthScreenings account and complete the two steps.

New to eHealthScreenings?	Previously completed a screening with eHealthScreenings?
1. Go to **ehealthscreenings.com/signup**. 2. Under the NOT YET REGISTERED? box, enter the screening key: **LOC434** and click Submit. 3. Enter your assigned default username and password: a. **USERNAME:** First initial + last initial + date of birth (MMDDYYYY) (for example, John Smith born April 23, 1975, is JS04231975) b. **PASSWORD:** Last name + last four digits from your Social Security number (for example, John Smith with Social Security number 123456789 is Smith6789) 4. Click Verify My Account, then follow the prompts. You'll be able to select the Offsite Lab section or the Physician Screening section.	1. Go to **ehealthscreenings.com**. 2. Enter your username and password and click Submit. 3. Enter the screening key: **LOC434** and click Schedule Screening.

HEADS UP!

Our Wellness Program will move to Navigate in 2027. Look out for more information next year.

How to Enroll in 2027 Benefits

YOUR ENROLLMENT CHECKLIST

***Before* You Enroll**

Visit the benefits website at **mylscbenefits.com** to review your options.

- Read the eGuide that includes 2027 benefits costs.
- Use the Medical Matchup tool to compare plans.
- Collect the required dependent verification documents. See **mylscbenefits.com** for the full list.
- Make sure you know your login for the Benefits portal. Click on *Enroll* on **mylscbenefits.com** and register or log in.

***During* Enrollment (October 19–30, 2026)**

- Make your benefit elections online by the October 30 deadline. If you do not take action, your 2026 elections **WILL NOT** carry over, except for Life insurance and Long-Term Disability buy-up coverage.
- You and your spouse **must affirm your tobacco-free status** to retain your medical premium credit.
- Add dependents.
- Update or designate your beneficiaries.

***After* You Enroll**

- Complete your dependent verification for any dependents you add during enrollment and any dependents who were previously verified prior to January 1, 2025.
- Review your Confirmation Statement for accuracy. You must contact the LSC Benefits Center immediately if there are any errors.
- Watch for new ID cards in January 2027.

YOU MUST ENROLL BY OCTOBER 30 TO HAVE BENEFITS IN 2027.

IMPORTANT INFORMATION

Your benefits eligibility will determine the coverage that is offered to you, your spouse, and any dependent child(ren). More details on benefits eligibility are available in the Plan's Summary Plan Description (SPD) and Summaries of Material Modifications (SMMs) online at **mylscbenefits.com**.

This brochure also serves as an SMM and describes updates that affect the Plan's SPD. Please read this summary carefully and keep it for future reference. All information provided through the LSC Wellness Program is strictly confidential and protected. Your employer will only receive confirmation of participation and completion status. Individual results or personal health information will never be shared. Only aggregate data is used to assess overall program outcomes. Results or information disclosed through the LSC Wellness Program will never be used to make employment-related decisions.

NOTE: References to spouses throug hout this brochure include covered domestic partners. References to dependents include spouses and/or child(ren).

Legal Notices & SBCs

At **mylscbenefits.com**, you may access the most recent important notices that we are legally required to provide to you with respect to the LSC Group Benefits Plan and the LSC Flexible Benefits Plan (collectively, the "Plan")—as well as Summaries of Benefits and Coverage (SBCs) to help you compare your medical options and better understand the coverage and out-of-pocket costs for each. The legal notices describe important information regarding coverage provided under the Plan. If you would like a paper copy of any of the legal notices or SBCs, free of charge, please contact the LSC Benefits Center at **888-681-2241**.

NOTE: The descriptions provided in this brochure are based on the 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 SPD, SMMs, SBCs, or any other materials summarizing the Plan and the official Plan documents, the official Plan documents will control. LSC Communications LLC reserves the right to amend, change, or terminate any or all of the benefit plans it sponsors, including without limitation, the Plan and the LSC Separation Pay Plan, in whole or in part, at any time.



2027 Annual Enrollment is here!

OCT. 19–30

Look inside to review what's new for 2027. Scan the QR code or visit **mylscbenefits.com** for more details.

REAL LIFE.
REAL SUPPORT.
HEALTH • MONEY • HOME • COMMUNITY

LSC Benefits Center
PO Box 804057
Chicago, IL 60680