

2027 Benefits eGuide

LSC Communications

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Benefits Overview

Annual Enrollment is coming soon! To have benefits in 2027, you must log in to [LSC Benefits Center](#) to make your elections and submit any required [dependent verification](#) documents.

Your 2026 elections **do not** carry over, and you will not have coverage for 2027 if you do not enroll during the Annual Enrollment window.

Outside this window, you can only make changes if you experience a qualifying [life event](#) until next year's Annual Enrollment.

Welcome to your 2027 Benefits eGuide, your go-to spot for all the benefits your Company has to offer! Before reviewing your benefits, be sure your employer is selected from the Company list in the top-left corner. Then dive into Getting Started or jump straight to what you're looking for.

Benefit categories

- **Getting Started** — Eligibility, enrollment, qualifying life events, and contacts
- **Wellness** — Wellness Program, preventive care, and tobacco status
- **Physical Health** — Medical, prescription drug, dental, vision, virtual care, and more
- **Mental Health** — Employee Assistance Program, Talkspace, virtual behavioral specialist, and stress relief
- **Financial Health** — 401(k) Savings Plan, HSA, FSAs, commuter benefits, supplemental health, life and AD&D insurance, and disability
- **Additional Benefits** — Leaves of absence and discount program

Tools & Resources

- Coming Soon: Medical Matchup
- Benefits Contacts
- FAQs
- Get Connected
- Learning Resources
- Important Documents

Questions?

Contact the LSC Benefits Center or benefits providers directly. LSC Benefits Center · 888-681-2241

Getting Started Overview

Your benefits are here to support your health, your finances, and your family this year and down the road. Before you enroll, get familiar with your Company's benefits, who's eligible, when you can make changes, and where to go if you have questions.

Explore more:

- **Eligibility & Enrollment** – Who's eligible, how to enroll, dependent verification, benefits start date.
- **Life Events** – Update your benefits – marriage, new baby, job loss, divorce
- **Benefits Coverage Ends** – Leaving the company, retiring, changing to benefits ineligible status

Before you enroll

A few things to know before you enroll:

- **If you have not enrolled in benefits, you must take action** to log in to the [LSC Benefits Center](#) to make selections or decline coverage within the enrollment deadline, or you won't have any benefits for the plan year.
- **Dependents must be verified within 30 days** of the date you submitted your elections, or they won't be added to your coverage.
- **You can enroll two ways:** Online via the [LSC Benefits Center](#) or by calling [888-681-2241](tel:888-681-2241), Monday–Friday, 7:00 a.m.–7:00 p.m. CT.
- **Outside of enrollment, only a qualifying [life event](#)** lets you make changes to your benefits during the year, and you'll typically have **30 days** to update your coverage. (A few events permit up to 60 days to make changes.)

Eligibility & Enrollment

Learn more about benefits eligibility and how to enroll in benefits.

Who's eligible

You're eligible for benefits if you're a full-time or part-time regular employee working **30 hours or more** per week.

Affordable Care Act (ACA)

If you worked a minimum number of hours in the prior year, you may also be eligible for Medical coverage under the ACA. You'll be notified if this applies to you. You may also be ACA-eligible if you move from benefits-eligible to ineligible. If so, your current medical coverage and HSA contribution (if applicable) will continue automatically for the rest of the year. Call the [LSC Benefits Center](#) at 888-681-2241 **within 14 days** of your status change if you'd like to decline coverage.

Who are considered eligible dependents?

- Your legal spouse, common-law spouse*, or domestic partner
- Your child(ren) and stepchild(ren) up to age 26
- Unmarried disabled dependent child(ren) of any age**

* Common-law spouse in states that recognize common-law marriage.

** Disabled child(ren) of any age who are incapable of self-support due to a mental or physical disability and are fully dependent on you for support as indicated on your federal tax return or court-ordered guardianship — are approved by your LSC Medical Plan to continue coverage past age 26.

Benefits eligible to ineligible status

If you move from benefits-eligible to benefits-ineligible, [click here](#) to view an overview of what generally happens to your benefits because of an employment status change.

Dependent verification

If you enroll your dependent(s) in coverage, proof of dependent status is required. To ensure your dependents qualify as eligible, documentation must be submitted for all dependents within **30 days** of submitting your benefits elections.

Required documents for verification

If documentation isn't received on time, your dependents **will not** be added to your coverage. Your next opportunity to enroll them will be during Annual Enrollment, unless you experience a qualifying [life event](#).

View the [Dependent Verification Required Documents](#) for a full list of acceptable documents for the verification process.

How to verify dependents online

- Visit the [LSC Benefits Center](#).
- Log in and have your dependent's full name, date of birth, Social Security number (SSN), and required verification documents ready.
 - You have 6 months after birth or adoption to provide an SSN, or their coverage will be dropped.

- After enrolling your dependent, go to the Home page, find the Common Actions section, and select Upload Verification Documents.
- Click View and Upload Documents next to the dependent you're verifying.
 - You can also view previously uploaded files in Uploaded Documents.
- Choose the Document Type, upload the file, add a title and document date, then click Save.

Benefits effective date

If eligible, your benefits coverage starts on:

- **New hires*** — The 1st of the month after you complete one full calendar month of employment
- **Newly benefits eligible** — Your eligibility status change date
- **Rehired:**
 - After 30+ days* — The 1st of the month after you complete one full calendar month of employment
 - Within 30 days — Your rehire date
- **Making changes** — The date of your qualifying [life event](#)
- **Annual Enrollment** — January 1 each year

* Example: If you're a new hire and your start date is January 4, your coverage will begin March 1.

Key deadlines

- **New hires** — Enroll before your benefits coverage start date
- **Newly benefits eligible** — Enroll within 14 days of your status change date
- **Rehired:**
 - After 30+ days — You're treated as a new hire and must enroll before your benefits coverage start date
 - Within 30 days — You do not need to re-enroll. Prior elections will restart on your rehire date
- **Making changes** — If you experience a qualifying [life event](#) during the year, you have 30 days from the event date to update your coverage
- **Annual Enrollment** — Look out for the Annual Enrollment window that generally occurs in October each year

How to enroll

- Visit the [LSC Benefits Center](#), or
- Call 888-681-2241, Monday–Friday, 7:00 a.m.–7:00 p.m. CT

Life Events

Outside of enrollment windows, you can only make changes to your benefits if you experience a qualifying life event.

What is a qualifying life event?

In most situations, IRS regulations require the benefits you choose each year to stay in place until the start of the next plan year. However, if you experience a major life change, you may be eligible to update your benefit elections to better align with your new circumstances.

- Marriage or gaining a domestic partner
- Divorce, legal separation, or losing a domestic partner that affects eligibility
- Birth, adoption, or legal placement of a child
- Employment changes for you or your dependents that affect coverage eligibility
- Loss or gain of other coverage such as Medicare, Medicaid, or CHIP
- Death of a dependent

Visit the [Update Coverage](#) page for more information on life events and checklists for several life event scenarios.

Key deadlines: You have **30 days** from the date of your life event to update your coverage. A few events allow up to **60 days**, such as the birth or adoption of a child or loss of coverage under Medicaid or CHIP. If you miss your window, you'll need to wait until the next Annual Enrollment period, or another qualifying life event, to make changes.

Benefit changes can only be made after the event occurs. For example, you must wait until the day of your wedding or within 30 days after to update your coverage.

How to report a life event

Report your life event and make your coverage changes:

- Log in to the [LSC Benefits Center](#), or
- Call 888-681-2241, Monday–Friday, 7:00 a.m.–7:00 p.m. CT

Proof required for life event changes: Benefit changes related to a qualifying life event require supporting documentation. Proof of the event must be submitted and verified before your coverage can be updated. Examples include:

- Marriage certificate or divorce decree
- Birth certificate or adoption papers
- Termination letter showing loss of coverage, etc.

Adding eligible dependents

If a life event has occurred that requires you to add a dependent to your coverage, your dependent will have to go through a verification process to prove they are an eligible dependent. View the [Dependent Verification](#) section on the [Eligibility & Enrollment](#) page for more information.

Removing ineligible dependents

You're responsible for removing dependents who are no longer eligible. Claims for ineligible dependents won't be paid. If an ineligible dependent is covered under COBRA for up to 60 days, premiums won't be refunded if the ineligibility is discovered.

Benefits start date

If you update your coverage by the deadline, your updated coverage will start on the day of the life event.

Benefits Coverage Ends

Your coverage doesn't just switch off — what happens next depends on why it's ending. Find your situation below to see what continues, what ends, what you can carry with you, and what you need to do next.

Which applies to you?

Leaving the Company

If you are leaving the Company (voluntary or involuntary), your coverage generally ends on your separation date, with COBRA available.

- [Medical, Dental, Vision](#), and [EAP](#) — coverage ends on your last day, and a COBRA kit is mailed to you automatically.
- [Life and AD&D Insurance](#) — also ends that day; you have 30 days to port or convert to an individual policy.
- [401\(k\)](#) — stays invested unless you request a distribution or rollover.
- [Health Savings Account \(HSA\)](#) — funds remain yours to use.
- [Flexible Spending Account \(FSA\)](#) — expenses incurred before separation can be reimbursed if submitted by March 31 of the following year.

See more about [Leaving the Company](#).

Retiring

If you are retiring, your coverage generally ends on your separation date, with COBRA available, but Medicare rules apply.

- If you're already Medicare-eligible, COBRA can run until your qualifying period ends, but it becomes secondary to Medicare, so you'll need Part A and Part B in place to avoid gaps.
- EAP ends 30 days after retirement unless you enroll in COBRA medical.
- Once you're on Medicare, HSA contributions stop, but existing funds stay usable tax-free.
- Your 401(k) distribution kit arrives within 30–60 days.

Learn more about [Retirement Transition](#).

Change to benefits ineligible status

If you are moving to a benefits-ineligible status (e.g., reduced hours), your coverage continues through month-end, then [Affordable Care Act \(ACA\)](#) coverage picks up automatically.

- Current medical, dental, and vision coverage runs through the end of the month.
- After that, you're automatically enrolled in ACA coverage at your same plan and tier — no action needed.
 - You have 14 days to drop it if you don't want it; otherwise, it continues through year-end.
- EAP continues up to 3 months under ACA or COBRA.
- Life insurance and AD&D end on your status-change date, with 31 days to convert.
- 401(k) participation is unaffected.

Learn more about [when you lose benefits eligibility](#).

Key deadlines — you have:

- **14 days** to drop automatic ACA coverage after a status change

- **30 days** to port or convert life and AD&D insurance after separation or retirement
- **31 days** to convert life insurance after a status change
- **March 31, following year** to submit FSA claims

Benefit-by-benefit comparison

[Learn more](#) about your benefits at separation.

What Happens to Your Benefits

Benefit	Leaving	Retiring	Status Change
Medical, Dental, & Vision	Ends day of; COBRA available	Ends day of; COBRA available (Medicare rules apply)	Continues to month-end, then ACA
EAP	Ends day of; Continues with COBRA medical	Ends in 30 days unless COBRA medical elected	Up to 3 months with ACA or COBRA
HSA	Usable; After-tax contributions under COBRA	Usable tax-free; No contributions on Medicare	Deductions continue under ACA; Can waive
Health & Dependent Care FSAs	Reimbursable to separation date; Claim by March 31 of next year		Reimbursable to status-change date
Life & AD&D Insurance	Ends day of; Port or convert in 30 days		Ends day of; Convert in 31 days
Disability	Ends day of; Continues if already disabled		
Accident, Critical Illness, & Hospital Indemnity	Auto-transfers to direct bill; Continues if paid		
401(k) Savings Plan	Distribute after 30-day wait, or stay invested	Distribute, roll over, or stay invested	Continues uninterrupted
Commuter Benefit	Contact vendor; Call by the 10th to stop deduction		

What is COBRA

COBRA gives you the option to keep your health coverage for a limited time after it would normally end, such as when you leave a job, lose eligibility, or experience certain life events. It allows you to stay on your employer's plan by paying the full cost of the coverage yourself, plus an administrative fee. COBRA helps bridge the gap, so you don't go without insurance while you transition to new coverage.

Who to contact

See the list below and associated contacts on the right side of the screen to contact benefit vendors:

- Benefits Support — [LSC Benefits Center](#)
- 401(k) Savings Plan — [Empower Retirement](#)
- HSA, FSA, and Commuter Benefit — [HealthEquity](#)
- Life & AD&D Insurance, Accident Insurance, Critical Illness, and Hospital Indemnity — [MetLife](#)
- Disability — [The Hartford](#)
- EAP — [Carelton](#)

Wellness Overview

Wellness benefits give you an easy way to stay on top of your health by rewarding the small, everyday choices that keep you feeling your best. Whether it's getting your annual checkup, completing a preventive screening, or taking part in healthy activities, these benefits build long-term well-being while helping you put cash back in your pocket.

Explore More

- **Wellness Program** – Save on medical premiums, wellness assessment, scheduling your screening
- **Preventive Care** – Free annual physical, lower medical premiums, find a provider
- **Tobacco Status** – Tobacco-free credit, quit for free, tobacco election

Partnering for better health

Wellness isn't a single moment — it's an ongoing process, and your benefits are designed to support you throughout that journey. Our role is to make sure you have access to reliable, meaningful coverage. Your role is to use those benefits intentionally:

- **Understand your health needs** — Take advantage of free in-network preventive care to stay healthy, manage risks, and catch issues early, before they become more serious or costly.
- **Take action** — Choose high-quality providers, follow your care plan, take medications as prescribed, and complete recommended follow-up visits.
- **Build confidence** — Contribute to your [Health Savings Account](#) or [Health Care Flexible Spending Account](#) to maximize pre-tax savings and tap into the many programs and resources available to you.

By doing our part together, we can help manage rising health care costs and make the most of the benefits and tools we all rely on.

Wellness Program

The Wellness Program is designed to help support your health and wellbeing 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.

2027 Wellness Program requirements

October 1, 2026–September 1, 2027

To complete the Wellness Program and save money on your 2028 medical premiums, you and your covered spouse/domestic partner enrolled in an LSC Medical Plan as of **April 1, 2027**, need to:

- **Step 1** — Complete a Wellness Assessment on [eHealthScreenings](#)
- **Step 2** — Complete a screening and upload required forms to [eHealthScreenings](#)

Key deadline: You must register on eHealthScreenings, download your physician screening or offsite lab form, and upload completed forms to eHealthScreenings by **September 1, 2027**.

If you don't complete the program

You'll 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**.

How screenings work

Log in to [eHealthScreenings](#) to select how you'll complete your screening and to complete your Wellness Assessment. Download the form to complete your screening at an offsite lab or with your Primary Care Physician (PCP).

- **Offsite lab:** They'll complete and upload the form for you automatically.
- **PCP:** You'll need to upload the completed form and your lab results to eHealthScreenings yourself.
- **Onsite screenings:** Available at select locations — more information will be shared in April 2027.

How to register

For employees to receive the full incentive in 2028, covered spouses/domestic partners must create their own eHealthScreenings account and complete the two steps.

New to eHealthScreenings?

- Go to ehealthscreenings.com/signup
- Under the NOT YET REGISTERED? box, enter the screening key: **LOC434** and click Submit.
- Enter your assigned default username and password:*
 - **USERNAME:** First initial + last initial + date of birth (MMDDYYYY) e.g., John Smith, born April 23, 1975, is JS04231975.
 - **PASSWORD:** Last name + last 4 digits of your Social Security number e.g., John Smith with SSN ending 6789 is Smith6789.
- Click Verify My Account then follow the prompts to select the Offsite Lab or Physician Screening section.

Previously completed a screening with eHealthScreenings?

- Go to ehealthscreenings.com
- Enter your username* and password* and click Submit
- Enter the screening key: **LOC434** and click Schedule Screening

* Username and password are case sensitive.

Preventive Care

Blue Cross and Blue Shield of Illinois (BCBSIL) helps you stay on top of your health with preventive care services. By understanding your current health and risks, and getting recommended screenings and immunizations at no cost, you can prevent illness and address concerns early, before they become more serious.

What's covered

When you enroll in any LSC Medical Plan administered by BCBSIL, in-network preventive care for you and all of your covered dependents is **free**! Preventive care covers services such as:

- Annual physicals
- Well-woman visits
- Well-child visits
- Flu shots
- Mammograms
- Colonoscopies
- Cancer detection blood test for ages 50+ (through [Galleri](#))

Free preventive medications

Many preventive prescriptions such as certain generic cholesterol and blood pressure medications, along with drugs tied to women's preventive care, are available at no cost.

View more about preventive medications by viewing the [HSA Preventive Drug Benefit Program](#).

Lower future medical premiums, schedule a preventive screening

You and your covered spouse/domestic partner can lower future medical premiums by scheduling a preventive wellness screening and by taking a wellness assessment online. By doing so, you can save up to \$1,300 (\$650 for you and \$650 for your covered spouse) on future medical premiums.

Learn how to save by visiting the [Wellness Program](#) page.

Find a provider

To find providers near you, [click here](#).

Tobacco Status

Want to be tobacco-free? The tobacco cessation program, administered by Carelon Wellbeing, is available free of charge to help employees and eligible dependents aged 18+ stop using tobacco.

Earn tobacco-free credits

To encourage a tobacco-free lifestyle, you and your covered spouse/domestic partner can earn up to a \$1,000 tobacco-free credit (\$500 each) per year. Tobacco-free credits are already reflected in the medical rates for individuals who do not use tobacco.

Employee	Spouse/Domestic Partner
\$500 tobacco-free credit per year	\$500 tobacco-free credit per year

How it works

The Carelon tobacco cessation program can help you overcome the psychological and physical addiction to tobacco use. The program recognizes there is not a one-size-fits-all approach and provides you access to:

- Coaching services* over the phone
- Interactive online programming
- An online support community

*All Carelon coaches have a degree in a related discipline.

Get help quitting for free

Tobacco use increases health risks for you and those around you. The tobacco cessation program through Carelon Wellbeing is completely **free** for all employees and your covered dependents aged 18+.

Did you know? The average person tries five to seven times before he or she quits forever. The good news is that with the help of the Carelon tobacco cessation program, you can do it.

Enrollment tobacco election

You **must take action** during your enrollment period to select the current tobacco status of you and your covered spouse/domestic partner.

Tobacco-user status

If you or your covered spouse/domestic partner elected the tobacco user status during enrollment, you and/or your spouse/domestic partner will not receive a tobacco-free credit and you will pay more per paycheck for your medical insurance.

Tobacco products include:

- Cigarettes and cigars
- Vapes and e-cigarettes
- Chewing tobacco
- Dissolvables
- Hookahs

- Pipes

Status change

If you or your spouse/domestic partner elected the tobacco-user status during enrollment, you can have the tobacco-user status changed and receive the tobacco-free credit going forward if you complete the tobacco cessation program before December 31. If you don't complete the program by the deadline, you will not receive the tobacco-free credit.

How to enroll

To start the program, call 877-409-1488.

Physical Health Overview

Your physical health benefits are built to cover you at every stage, from everyday care to major medical events. Explore your coverage, your care options, and the specialized support programs available to you and your family at no extra cost.

Explore more

- **2027 Benefit Costs** – Medical, dental, vision, life & AD&D, disability, supplemental plans
- **Medical Plans** – Compare the plans, what's the same, what's different, cost of care, find a provider
- **Health Advocacy Solutions (HAS)** – Personalized Support, book appointments, understand a bill
- **Prescription Drugs** – Prescription drug coverage, free preventive medications, find a pharmacy
- **Where to go for Care** – Virtual care, primary care provider, urgent care, emergency room
- **Dental Plans** – Compare the plans, orthodontia, find a provider
- **Vision Plans** – Compare the plans, LASIK, exclusive discounts, find a provider
- **Virtual Care** – Easy appointments, online or over the phone, no wait, \$10 virtual visits
- **Surgery Support** – Pre-surgery support, find a surgeon, save money
- **Cancer Care** – Cancer care support, early detection, connect with experts
- **Virtual Physical Therapy** – Digital musculoskeletal clinic, personalized treatment plan, unlimited one-on-one coaching
- **Diabetes & Hypertension** – Diabetes, hypertension, weight loss personalized program, free tools
- **Weight Management** – Build healthy habits, free personalized program, one-on-one coaching

Summary of Benefits and Coverage – Availability Notice

The health benefits available to you represent a significant component of your compensation package. Health benefits provide important protection for you and your family in the case of illness or injury.

Choosing a LSC Medical Plan is an important decision. To help you make an informed choice, your Plan makes available a [Summary of Benefits and Coverage \(SBC\)](#), which summarizes important information about any LSC Medical Plans in a standard format to help you compare across options. A paper copy is also available, free of charge, by calling the [LSC Benefits Center](#) at [888-681-2241](#).

2027 Benefit Costs

Review your 2027 benefits costs in one place, then explore the eGuide to see everything those costs cover. This helps you quickly understand both what you're paying and the full range of benefits available to you.

Premiums & credits

As you look over the 2027 premiums, keep in mind:

- The [wellness credit](#) and the [tobacco-free credit](#) are already reflected in the medical premiums listed below.
- The Company will make a contribution to your [HSA](#) if you enroll in the HSA Core or HSA Value medical plan.
- Medical, dental, and vision premiums are generally taken pre-tax; all other premiums are deducted after-tax.

* The 2027 wellness requirements do not apply if you were newly enrolled in an LSC Medical Plan after April 1, 2026, in which case you and your spouse/domestic partner will automatically receive the credit.

Medical

Coverage Level	HSA Core	HSA Value	Copay PPO
Employees Who Earn Less Than \$100,000			
Employee Only	\$28.43	\$54.17	\$82.82
Employee + Spouse	\$186.90	\$238.96	\$310.64
Employee + Child(ren)	\$80.64	\$119.32	\$167.52
Family	\$203.91	\$271.23	\$352.60
Employees Who Earn \$100,000 or More			
Employee Only	\$62.56	\$135.69	\$188.80
Employee + Spouse	\$260.68	\$324.65	\$422.05
Employee + Child(ren)	\$143.34	\$169.93	\$233.32
Family	\$309.08	\$357.82	\$465.16

LSC Communications premium amounts shown are per biweekly paycheck.

Base salary as of September 1, 2026, determines your salary band.

Medical rates already include the wellness credit and the tobacco-free credit.

Health Savings Account (HSA)

Coverage Level	Company Match Maximum*
Employee Only	\$500 annually; \$125 per quarter
Employee + Spouse/Child(ren) or Family	\$1,000 annually; \$250 per quarter

* For every \$1 you contribute to your HSA, the Company matches \$1 up to the coverage level match maximum each quarter for HSA Core or HSA Value medical plan participants.

If you are aged 65 or older and Medicare-eligible, you'll need to opt out of the HSA Company contribution due to IRS rules.

2027 HSA IRS Contribution Limits

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

* For every \$1 you contribute to your HSA, the Company matches \$1 up to the coverage level match maximum each quarter for HSA Core or HSA Value medical plan participants. ** Employees aged 55+ can make an additional \$1,000 catch-up contribution each year. If you are aged 65 or older and Medicare-eligible, you'll need to opt out of the HSA Company contribution due to IRS rules.

Dental

Coverage Level	Metlife PPO	Metlife PPO Plus
Employee Only	\$14.07	\$22.65
Employee + Spouse	\$28.13	\$45.29
Employee + Child(ren)	\$27.42	\$44.16
Family	\$41.50	\$66.80

Premium amounts shown are per biweekly paycheck.

Vision

Coverage Level	EyeMed	EyeMed Enhanced
Employee Only	\$2.59	\$7.76
Employee + Spouse	\$4.73	\$14.16
Employee + Child(ren)	\$4.61	\$13.80
Family	\$6.37	\$19.08

Premium amounts shown are per biweekly paycheck.

Optional Life & AD&D Insurance

2027 Optional Life Insurance Monthly Premiums (per \$1,000 of coverage)

Age as of 12/31/2027	Employee Non-Tobacco User	Employee Tobacco User	Spouse Non-Tobacco User	Spouse Tobacco User
< 25	\$0.038	\$0.076	\$0.046	\$0.091
25–29	\$0.038	\$0.095	\$0.046	\$0.115
30–34	\$0.038	\$0.124	\$0.046	\$0.149
35–39	\$0.047	\$0.142	\$0.057	\$0.171
40–44	\$0.066	\$0.152	\$0.080	\$0.182
45–49	\$0.124	\$0.227	\$0.144	\$0.273
50–54	\$0.180	\$0.350	\$0.216	\$0.420
55–59	\$0.322	\$0.662	\$0.387	\$0.795
60–64	\$0.483	\$1.022	\$0.580	\$1.225
65–69	\$0.814	\$1.976	\$0.977	\$2.371
70+	\$1.684	\$3.177	\$1.978	\$3.812

Monthly premium per \$1,000 of coverage.

2027 Optional Child Life Insurance Monthly Rates (per \$1,000 of coverage)

Coverage	Rate per \$1,000 Monthly*
Dependent Child(ren)	\$0.131

* Dependent Child(ren): \$0.131 per \$1,000 of coverage.

Monthly premium per \$1,000 of coverage.

2027 Optional AD&D Insurance Monthly Rates (per \$1,000 of coverage)

Coverage	Rate per \$1,000 Monthly
Employee	\$0.019
Employee + Dependent	\$0.030

Monthly premium per \$1,000 of coverage.

Long-Term Disability (LTD) Buy-Up

2027 LTD Buy-Up Rates (per \$100 of covered monthly payroll)

Age Band	Premium per \$100 Covered Monthly Payroll
<25	\$0.039
25-29	\$0.047
30-34	\$0.069
35-39	\$0.101
40-44	\$0.163
45-49	\$0.231
50-54	\$0.323
55-59	\$0.379
60-64	\$0.398
65-69	\$0.400
70+	\$0.450

Premium per \$100 of covered monthly payroll. Covered monthly payroll = annual salary / 12; number of units = covered monthly payroll / 100; monthly premium = units x rate.

LTD Buy-Up Premium Worksheet — Sample Calculation

Step	Formula	Sample Calculation*
Step 1	Annual Salary / 12 = Covered Monthly Payroll	\$45,000 / 12 = \$3,750
Step 2	Covered Monthly Payroll / 100 = # Units	\$3,750 / 100 = 37.5
Step 3	# Units x Rate = Premium Per Month	37.5 x 0.101 = \$3.79

* The premium rate of \$0.101 (per \$100 covered monthly payroll) is of the 35-39 age-band and assumes a \$45,000 annual salary.

Accident Insurance

Coverage Level	Accident Premium
Employee Only	\$1.51
Employee + Spouse	\$2.79
Employee + Child(ren)	\$3.22

Coverage Level	Accident Premium
Family	\$4.03

Premium amounts shown are per biweekly paycheck.

Critical Illness

2027 Biweekly Critical Illness Premiums

Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
\$10,000 Coverage				
< 25	\$0.74	\$1.52	\$1.52	\$2.26
25–29	\$0.83	\$1.62	\$1.57	\$2.35
30–34	\$1.20	\$2.31	\$1.94	\$3.05
35–39	\$1.80	\$3.51	\$2.58	\$4.25
40–44	\$3.05	\$5.77	\$3.83	\$6.55
45–49	\$5.03	\$9.46	\$5.77	\$10.20
50–54	\$7.94	\$14.68	\$8.68	\$15.42
55–59	\$11.86	\$21.65	\$12.60	\$22.38
60–64	\$17.68	\$32.12	\$18.46	\$32.86
65–69	\$27.42	\$49.38	\$28.15	\$50.12
70+	\$40.94	\$74.77	\$41.68	\$75.51
\$20,000 Coverage				
< 25	\$1.48	\$3.05	\$3.05	\$4.52
25–29	\$1.66	\$3.23	\$3.14	\$4.71
30–34	\$2.40	\$4.62	\$3.88	\$6.09
35–39	\$3.60	\$7.02	\$5.17	\$8.49
40–44	\$6.09	\$11.54	\$7.66	\$13.11
45–49	\$10.06	\$18.92	\$11.54	\$20.40
50–54	\$15.88	\$29.35	\$17.35	\$30.83
55–59	\$23.72	\$43.29	\$25.20	\$44.77
60–64	\$35.35	\$64.25	\$36.92	\$65.72
65–69	\$54.83	\$98.77	\$56.31	\$100.25
70+	\$81.88	\$149.54	\$83.35	\$151.02

Premium amounts shown are per biweekly paycheck.

Premiums are based on your age and the coverage amount you elect (\$10,000 or \$20,000).

Hospital Indemnity

Coverage Level	Hospital Indemnity Premium
Employee Only	\$5.34
Employee + Spouse	\$12.05
Employee + Child(ren)	\$9.42
Family	\$16.95

Premium amounts shown are per biweekly paycheck.

Medical Plans

Choosing the right plan starts with understanding your total cost of care and how the plans compare.

About the plans

There are two types of plans offered:

- **High-Deductible Health Plan (HDHP) with a Health Savings Account (HSA)** — Gives you access to a unique tax-advantaged savings account called an [HSA](#). You can contribute pre-tax dollars, the Company adds a contribution, and you can use the combined funds for eligible medical, dental, and vision expenses. The money is yours to keep, year after year.
- **Preferred Provider Organization (PPO)** — Gives you flexibility to see providers without referrals and offers set copays for services. You choose providers by tier, and your copay is based on the provider's quality ranking.

There are three medical plan options:

HSA Core

The HSA Core plan is an HDHP paired with an HSA. You pay the full cost of care until you meet the out-of-pocket (OOP), then the plan pays 100% of covered services. In-network [preventive care](#) is **free**, and the Company contributes money to your HSA.

HSA Value

The HSA Value plan is another HDHP with an HSA, but with a lower deductible and OOP maximum than HSA Core. After you meet the deductible, you pay 20% coinsurance for in-network services until you meet your OOP maximum, then the plan pays 100% of covered services. In-network [preventive care](#) is **free**, and the Company contributes money to your HSA.

Copay PPO

The Copay PPO plan is a copay-based plan where you know your costs upfront. Providers are ranked in tier levels Top Preferred Provider, Preferred Provider, or Core Provider based on quality and efficiency, and your copay varies by tier. There is no deductible, and once you reach your OOP maximum, the plan pays 100% of covered services. In-network [preventive care](#) is **free**.

What's the same?

All three plans use the BCBSIL network to [offer trusted providers](#) near you, and include:

- **Free**, in-network preventive care, including annual physicals, wellness exams, cancer screenings, and immunizations
- Low-cost virtual visits with a doctor and behavioral health coverage
- Prescription drug coverage through Prime Therapeutics
- Protection for your wallet with an annual OOP maximum
- Access to [Health Advocacy Solutions \(HAS\)](#) for support

What's different?

HSA Core and HSA Value plans:

- Give you access to an [HSA](#) to contribute pre-tax dollars for eligible medical expenses

- Include a Company contribution to a HSA
- Have an in-network and out-of-network deductible

Copay PPO plan:

- Shows your total cost (copay) upfront, before you seek care
- Does not have a deductible
- Ranks providers into three copay tiers based on quality and efficiency:
 - Top Preferred Provider: Highest ranking providers / Pay the lowest copay
 - Preferred Provider: Mid-level ranking providers / Pay a moderate copay
 - Core Provider: Lower ranking providers / Pay the highest copay

Cost of care

Your payroll contributions — Medical premiums deducted from your paycheck each pay period

PLUS

Money spent on services — Typically, applied to your deductible, coinsurance, or copays

PLUS

Company contribution to help pay for care — Some plans are paired with a Health Savings Account (HSA) that both you and the Company can contribute to

EQUALS

Total cost of care — Worth considering all three when you choose your plan

Medical coverage summary

HSA Plans

Covered Services		HSA Core: Employee Only	HSA Core: Employee + Dependents	HSA Value: Employee Only	HSA Value: Employee + Dependents
Deductible*	In-Network	\$7,000	\$14,000	\$2,500	\$5,000
	Out-of-Network	\$14,000	\$28,000	\$5,000	\$10,000
Coinsurance**	In-Network	0% after deductible (HSA Core)	0% after deductible (HSA Core)	20% after deductible (HSA Value)	20% after deductible (HSA Value)
	Out-of-Network	0% after deductible (HSA Core)	0% after deductible (HSA Core)	50% after deductible (HSA Value)	50% after deductible (HSA Value)
Out-of-Pocket Maximum (OOP)***	In-Network	\$7,000	\$14,000	\$5,000	\$10,000
	Out-of-Network	\$14,000	\$28,000	\$10,000	\$19,600
Preventive Care (e.g., annual physical, flu shots, mammograms, well-child visits)	In-Network	Free (HSA Core)	Free (HSA Core)	Free (HSA Value)	Free (HSA Value)

Covered Services		HSA Core: Employee Only	HSA Core: Employee + Dependents	HSA Value: Employee Only	HSA Value: Employee + Dependents
	Out-of- Network	0% after deductible (HSA Core)	0% after deductible (HSA Core)	50% after deductible (HSA Value)	50% after deductible (HSA Value)
Office Visits	In-Net- work	0% after deductible (HSA Core)	0% after deductible (HSA Core)	20% after deductible (HSA Value)	20% after deductible (HSA Value)
	Out-of- Network	0% after deductible (HSA Core)	0% after deductible (HSA Core)	50% after deductible (HSA Value)	50% after deductible (HSA Value)
Emergency Room†	In-Net- work	0% after deductible (HSA Core)	0% after deductible (HSA Core)	20% after deductible (HSA Value)	20% after deductible (HSA Value)
	Out-of- Network	0% after deductible (HSA Core)	0% after deductible (HSA Core)	20% after deductible for emergency; 50% after deductible for non-emergency (HSA Value)	20% after deductible for emergency; 50% after deductible for non-emergency (HSA Value)

* For HSA Core, no one in your family pays more than the individual deductible/OOP maximum before the plan pays 100% of their covered expenses. For HSA Value, there's no individual cap on the deductible, but no one pays more than the individual OOP maximum.

** What you pay after the deductible is met.

*** The most you pay before the plan pays 100% of eligible expenses. Medical and Prescription Drug expenses are combined.

† If you use the ER for a non-emergency, you will be charged an additional \$500 that will NOT count toward your deductible or OOP maximum.

Copay PPO Plan

Covered Services	Top Preferred Provider	Preferred Provider	Core Provider	Out-of- Networ k
Deductible	\$0	\$0	\$0	\$0
Out-of-Pocket Maximum (OOP)*	\$6,500 — Employee Only; \$13,000 — Employee + Dependent(s)	\$6,500 — Employee Only; \$13,000 — Employee + Dependent(s)	\$6,500 — Employee Only; \$13,000 — Employee + Dependent(s)	N/A
Preventive Care (e.g., annual physical, flu shots, mammograms, well-child visits)	FREE	FREE	FREE	FREE
Primary Care Office Visit	\$35	\$70	\$105	\$200
Specialist Office Visit	\$75	\$150	\$225	\$350

* The most you pay before the plan pays 100% of eligible expenses. Medical and Prescription Drug expenses are combined.

Benefits costs

2027 Medical Premiums

Coverage Level	HSA Core	HSA Value	Copay PPO
Employees Who Earn Less Than \$100,000			

Coverage Level	HSA Core	HSA Value	Copay PPO
Employee Only	\$28.43	\$54.17	\$82.82
Employee + Spouse	\$186.90	\$238.96	\$310.64
Employee + Child(ren)	\$80.64	\$119.32	\$167.52
Family	\$203.91	\$271.23	\$352.60
Employees Who Earn \$100,000 or More			
Employee Only	\$62.56	\$135.69	\$188.80
Employee + Spouse	\$260.68	\$324.65	\$422.05
Employee + Child(ren)	\$143.34	\$169.93	\$233.32
Family	\$309.08	\$357.82	\$465.16

LSC Communications premium amounts shown are per biweekly paycheck.

Base salary as of September 1, 2026, determines your salary band.

Medical rates already include the wellness credit and the tobacco-free credit.

Find a provider

Find an in-network provider by visiting bcbsil.com/find-care.

IMPORTANT — EMERGENCY ROOM: If you use the ER for a non-emergency, you'll be charged an **additional \$500** that will not count toward your deductible or out-of-pocket maximum.

See [Where to Go for Care](#) to find the right level of care for your situation.

Prescription Drugs

Your Company offers comprehensive prescription drug coverage through Prime Therapeutics designed to fit your health care needs and budget.

Prescription drugs coverage

All three LSC Medical Plans include prescription drug coverage through Prime Therapeutics. What you pay depends on which [medical plan](#) you're enrolled in. View the [Prescription Drug Program Highlights](#) for more information.

Looking for the Prescription Drug Formulary List? [Click here](#).

HSA Core & HSA Value — Prescription Drug Coverage

	HSA Core	HSA Value
Retail & Mail-Order Prescriptions	0% after deductible	20% after deductible

Copay PPO — Prescription Drug Coverage

	Retail	Mail-Order
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 a 30-day supply is not allowed

Save money on prescriptions

Work with your doctor to choose a lower-cost medicine in treating your health condition:

- Make a list of all of your medications
- Share the list of medications with your doctor — ask if there are lower-cost or generic alternatives
- Have your doctor write any new prescriptions
- If your doctor does not feel a lower-cost medicine is right for you, discuss the reasoning and if necessary ask them to contact [Health Advocacy Solutions](#) for help with more options
- Fill your new prescription at an in-network retail pharmacy or through Amazon Pharmacy mail-order service

Free preventive medications

Certain preventive medications are **free**, including eligible generic cholesterol and blood pressure medication, and prescriptions related to certain women's preventive care.

HSA Core or HSA Value plan members may be able to waive the deductible for other preventive drug categories, such as contraception, diabetes, high blood pressure, and high cholesterol. View the [Standard HSA Common Preventive Drug List](#) to learn more.

Find a pharmacy

To find a pharmacy near you, [click here](#).

Dental Plans

The Company offers comprehensive dental through MetLife, designed to meet diverse coverage needs and budgets for employees and their families.

Dental coverage summary

There are two dental plans administered by MetLife. Both dental plans offer two cleanings a year, with the same providers but different pricing. The main difference between the two plans is that the PPO plan doesn't include orthodontia coverage, while the PPO Plus plan does. To see a full list of covered services, [click here](#).

Compare the Dental Plans

Covered Services	MetLife PPO	MetLife PPO Plus
Deductible (Does not apply for Type A services)	\$50 individual / \$150 family	\$50 individual / \$150 family
Annual Benefit Maximum (Non-Orthodontia)	\$1,500 per individual	\$2,000 per individual
Lifetime Orthodontia Maximum	Not covered	\$2,000 per individual
Preventive — Type A (Exams*, cleanings, bitewing X-rays, fluoride application, sealants***, etc.)	FREE	FREE
Basic — Type B (Fillings†, full-mouth X-rays, routine extractions, nonsurgical periodontics, oral surgery, etc.)	50% after deductible	20% after deductible
Major — Type C (Crowns, dentures, bridges, implants, bruxing appliances‡, periodontal surgery, surgical impacted extractions, root canal, general anesthesia, etc.)	50% after deductible	50% after deductible
Orthodontia — Type D	Not covered	50% after deductible

* Includes four periodontal maintenance visits per year; and one problem-focused visit per year

** Two per year for children and one per year for adults

*** One every 60 months until age 19

† Covers composite fillings for molar teeth

‡ One replacement in 24 months

Benefit cost

Coverage Level	Metlife PPO	Metlife PPO Plus
Employee Only	\$14.07	\$22.65
Employee + Spouse	\$28.13	\$45.29
Employee + Child(ren)	\$27.42	\$44.16
Family	\$41.50	\$66.80

Premium amounts shown are per biweekly paycheck.

Find a provider

Visit metlife.com/mybenefits to find a list of participating dentists and enter **LSC Communications** as the organization name.

Vision Plans

Receive comprehensive vision coverage administered by EyeMed, offering annual eye exams, prescription lenses, frames, and contact lenses to help you and your family maintain optimal eye health.

Vision coverage summary

The EyeMed vision plan covers annual exams and corrective lenses. You pay an exam copay, and the plan covers frames or lenses up to set allowances. You can use any provider, but in-network providers offer higher benefits.

The plan pays an allowance for **either contact lenses or eyeglass frames** once every 12 months — you can receive benefits for one or the other, not both, in the same period. Additional discounts are also available through EyeMed. See a full list of covered services:

- [Vision Overview — EyeMed](#)
- [Vision Overview — EyeMed Enhanced](#)

Compare the Vision Plans

Covered Services	EyeMed	EyeMed	EyeMed Enhanced	EyeMed Enhanced
	In Network	Out-of-network	In network	Out-of-network
Exam* (Once per year)	\$10 copay	Up to \$35	\$0 copay	Up to \$35
Retinal Imaging	\$0 copay	Up to \$20	\$0 copay	Up to \$20
Frames	\$0 copay; \$130 allowance & 20% off balance	Up to \$65	\$0 copay; \$170 allowance & 20% off balance	Up to \$85
Standard Lenses** (Single Vision)	\$20 copay	Up to \$25	\$0 copay	Up to \$25
Contacts**	\$0 copay; \$150 allowance & 15% off balance	Up to \$150	\$0 copay; \$170 allowance & 15% off balance	Up to \$150
Diabetic Care Services: Medical Follow-Up Exam	\$0 copay	Up to \$77	\$0 copay	Up to \$77
Diabetic Care Services: Fundus Photography Exam	\$0 copay	Up to \$50	\$0 copay	Up to \$50
Diabetic Care Services: Extended Ophthalmoscopy (Initial & subsequent)	\$0 copay	Up to \$15	\$0 copay	Up to \$15
Diabetic Care Services: Gonioscopy	\$0 copay	Up to \$15	\$0 copay	Up to \$15
Diabetic Care Services: Scanning Laser	\$0 copay	Up to \$33	\$0 copay	Up to \$33

* Allows an exam every 6 months for children under age 19.

** Once every calendar year. Benefit coverage is for either contact lenses OR frame lenses but not both.

Benefits costs

Coverage Level	EyeMed	EyeMed Enhanced
Employee Only	\$2.59	\$7.76
Employee + Spouse	\$4.73	\$14.16
Employee + Child(ren)	\$4.61	\$13.80
Family	\$6.37	\$19.08

Premium amounts shown are per biweekly paycheck.

Exclusive discounts

Members can get exclusive additional discounts and deals that are often stackable with their vision benefits at eyemed.com/member.

LASIK

Members enjoy exclusive savings on LASIK, including **up to \$1,000 off** at preferred providers or 5% off the in-store promotional price for you and your eligible dependents through EyeMed.

Find a provider

[Click here](#) to find an eye doctor near you or in-network online providers.

Virtual Care

With Teladoc Health, you can speak to a licensed doctor by phone or video, day or night. No waiting rooms, no travel, and no surprise costs.

How it works

When you need care quickly but can't make it to your regular doctor, Teladoc Health connects you to primary care, non-urgent medical issues, behavioral and mental health support, and even dermatology.

Teladoc Health doctors can help with:

- Cold, flu, and sinus infections
- Allergies and asthma
- Pink eye
- Ear infections
- Skin issues (rashes, eczema, insect bites)
- Stomach issues
- Urinary tract infections
- Minor injuries
- General medical questions

If appropriate, Teladoc Health doctors can also send prescriptions to your local pharmacy.

How much does it cost?

Virtual visits cost **just \$10** across all LSC Medical Plans, and for HSA Core and HSA Value plan participants, that \$10 applies to your deductible.

Virtual PCP

Teladoc Health also lets you choose a virtual primary care physician (PCP) and have all your routine and sick visits conducted by the same provider — no matter where you live or when you need care.

It's one of the fastest and most affordable ways to get support when you need it. Your provider can refer you to community-based specialists and order any necessary labs, X-rays, and imaging.

How to register

Visit teladoc.com/primary360.com.

Health Advocacy Solutions (HAS)

Health Advocacy Solutions (HAS) is a guided support service through Blue Cross and Blue Shield of Illinois (BCBSIL) that helps people find the right health care at the right time, cutting through the confusion of provider networks, benefits, costs, and care coordination.

Expert health care help

You'll never have to figure things out alone. All [LSC Medical Plans](#) provide personalized support when you need it most. Call a Health Advocate to:

- Understand your health care benefits
- Find an in-network provider and make an appointment
- Understand a bill or explanation of benefits
- Find an alternative to the ER for non-emergencies
- Save money by finding high-value providers
- Find out how much a service or procedure will cost
- Sort out a new diagnosis and what to do next

Where to Go for Care

Choosing the right level of care helps you get treatment quickly while avoiding unnecessary costs.

Choosing the right level of care

Knowing where to go for care can save you time and money. You have four different options to seek care:

- **Teladoc Health** — A quick, low-cost option for care. Connect with a doctor or licensed behavioral health provider anytime, day or night, from your phone or computer. Teladoc Health also offers virtual primary care, giving you an ongoing relationship with a provider for routine visits, chronic condition support, and referrals when in-person care is needed.
- **Primary Care Physician (PCP)** — See your in-network PCP in person for **free** preventive care and low-cost visits. Your PCP is your best resource for routine care, ongoing health management, and referrals to specialists.
- **Urgent Care** — A good option when you need help quickly but it's not life-threatening — think a sprained ankle, a bad ear infection, or a high fever that needs attention right away when your PCP isn't available.
- **Emergency Room** — Reserve the ER for true emergencies. **IMPORTANT:** A \$500 penalty applies for non-emergency services, and it does **not** count toward your deductible or out-of-pocket maximum.

How they compare

	Teladoc Health	Primary Care Physician	Urgent Care	Emergency Room
Speed of Service	Fast, available 24/7	Moderate	Fast	Long wait times
Cost	Lowest, \$10 per visit*	Low + free preventive visits**	Moderate	Highest
Treatment Types	Allergies, cold & flu, ear infections, pink eye, stress, depression	Annual physicals, flu shots, well-child visits, everyday health concerns	Back pain, migraines, sprains, minor fractures, cuts needing stitches	Chest pain, trouble breathing, severe injuries, broken bones
Process	Register at teladochealth.com	Schedule appointment or call HAS for help finding a doctor	Walk-ins welcome	Go to the nearest ER or call 911

* Teladoc Health virtual visits are \$10 per visit for employees and dependents enrolled in an LSC Medical Plan. ** In-network preventive care is free for employees and dependents enrolled in an LSC Medical Plan.

IMPORTANT — EMERGENCY ROOM: If you go to the ER for non-emergency services, you'll pay an **additional \$500 penalty**, and it does **not** count toward your deductible or out-of-pocket maximum.

Surgery Support

Through Lantern, access a network of high-quality surgeons and receive personalized support to help you navigate the surgical process with confidence.

Your guide to the best surgery care

Using a Lantern surgeon helps you get excellent care and save money. Lantern provides resources to help you make decisions about your care, including how to find a board-certified surgeon.

This benefit is available only to employees and their dependents enrolled in the HSA Core and HSA Value plans.

How it works

- Call a Care Advocate at 888-895-6985 to get started. They'll share more information about your benefits and ask about the care you're looking for.
- Based on your needs, your Care Advocate will match you with a hand-picked list of excellent surgeons.
- After you choose a surgeon, your Care Advocate will help set up appointments and guide you through every step of the experience.
- You make one payment* for all services from admission to discharge, including your surgeon, the facility, anesthesia, and more. No multiple bills or confusing billing.

* Surgical costs are payable prior to surgery.

Covered procedures

When you use a Lantern surgeon, you pay less: the most you'll pay for a covered surgery is **\$1,750** for Employee Only coverage, or **\$3,500** for Employee + Dependents coverage. Using a specialized, vetted doctor for these procedures helps you experience better outcomes and typically saves you between \$2,000 and \$4,000.

Common procedures covered by Lantern include:

- Spine*
- Orthopedics* / Spine & Ortho Injections*
- Ear, Nose & Throat
- Cardiac
- Gynecology
- General Surgery
- Gastrointestinal
- Urology
- Bariatrics*

* A Lantern surgeon is required for spine, joint, and bariatric surgeries to be covered.

What isn't covered by Lantern

Testing, scans, imaging, durable medical equipment, and physical therapy expenses may not be included. However, coverage may be available through your [medical plan](#).

Cancer Care

When it comes to cancer, our health care needs change. The Company offers benefits to detect and screen for cancer early through Galleri and, if diagnosed, provide personalized guidance and support to navigate treatment options through Carrum Health.

Galleri cancer detection

After age 50, the risk of cancer is 13 times greater, and when cancers are detected before they spread, the overall survival rate is 4 times higher.

With one simple blood draw, the Galleri test detects a shared cancer signal across 50+ different types of cancer. Galleri is offered as a preventive care benefit for you and your eligible dependents ages 50 or older, if enrolled in an [LSC Medical Plan](#).

How it works

- Request the test — Go to galleri.com/lsc to check your eligibility and request the Galleri test. It will take about 10 minutes to complete a health questionnaire.
 - Galleri is available by prescription only. By requesting the test and completing the questionnaire, you're requesting a prescription from an independent telemedicine provider.
- Receive a collection kit — If the telemedicine provider confirms your eligibility and prescribes Galleri, you will receive a collection kit in the mail.
- Provide your blood sample — A trained technician will draw your blood sample and ship the kit to the GRAIL lab.
- Receive your results — You'll get your results about 2 weeks after your blood is received at the GRAIL lab.

Superior cancer care through Carrum Health

Carrum Health works with the country's leading cancer centers of excellence to provide the best available treatment, based on the latest research. If you or a covered dependent (age 18+) are enrolled in an LSC Medical Plan and are diagnosed with cancer, Carrum Health connects you to experts who consult with your provider to confirm your diagnosis and build a treatment plan tailored to you.

How it works

Your Carrum Health benefit includes:

- Treatment from leading cancer centers for breast, thyroid, and blood cancers.
- Dedicated care navigator for complete coordination through your entire cancer journey.
- 24/7 access to Carrum Health resources, including virtual mental health support whenever it is needed
- Ongoing virtual support from cancer-certified nurses for up to 2 years.

Sign up to learn more at carrum.me/lsc.

Virtual Physical Therapy

Aches? Pains? Stiff joints slowing you down? Hinge Health brings virtual physical therapy right to your home so you can feel better, move better, and get back to what you love.

Your path to pain relief starts here

Hinge Health is a digital musculoskeletal clinic that delivers personalized, at-home physical therapy through a mobile app. It's designed to help reduce joint and muscle pain with guided exercise therapy, virtual physical therapy, and 1-on-1 support from licensed physical therapists and health coaches.

How it works

If you enroll in an [LSC Medical Plan](#), you and any covered dependents age 18 or older have **free** access to Hinge Health. This program can help reduce chronic back, muscle, or joint pain. This digital exercise program can be done anywhere, anytime.

You'll receive a personalized treatment plan from your care team, which may include:

- **Muscle and joint pain:** Ease back, neck, shoulder, knee, and joint pain at home with a personalized plan and real-time form feedback in the app.
- **Injury recovery:** Bounce back from a new strain, sprain, or pulled muscle, and keep it from becoming a long-term problem.
- **Pelvic Floor Therapy:** From the privacy of your home, you can treat bladder control, pelvic pain, and postpartum recovery with the help of a physical therapist who specializes in pelvic health.
- **Enso®:** Soothe pain anywhere with a small, FDA-cleared wearable that delivers drug-free relief in minutes. Quick, safe, and exclusive to Hinge Health.*

* Eligibility to receive Hinge Health Enso is based on the program in which you are placed, fulfillment of clinical eligibility criteria, and completion of a qualifying number of exercise sessions.

How to register

Take a short online questionnaire at hinge.health/lsccommunications to tell us about your pain. No referral or diagnosis from a doctor is needed.

Watch video

(Video on the website; not included in this document.)

Diabetes & Hypertension

Omada provides personalized support to help you manage diabetes or high blood pressure with confidence.

How it works

Omada is a personalized digital health program designed to help you build healthier habits without feeling overwhelmed. If you or your dependents aged 18+ are enrolled in an [LSC Medical Plan](#) and meet eligibility criteria, Omada is included in your benefits **at no cost to you**.

Your Omada program includes:

- A personal health coach and clinical specialist
- A customized care plan tailored to your goals
- Weekly interactive lessons
- Tools for managing stress
- Online peer groups and supportive communities
- Smart devices to help you monitor your progress

Tools you'll receive*

Diabetes program

- Two continuous glucose monitors (CGMs)
- A blood glucose meter
- All necessary lancets and test strips

Weight loss program

- A connected smart scale to help you understand what impacts your weight

Hypertension program

- A connected blood pressure monitor
- A smart scale

* Device availability depends on program eligibility and clinical requirements. CGMs require a prescription and compatible smartphone.

How to register

- Apply at omadahealth.com/lsc — Complete a quick application. You'll receive an eligibility email within 48 hours.
- Set up your account — Answer a few questions to personalize your experience.
- Receive your welcome kit — Your connected smart devices arrive ready to use.
- Meet your care team — Connect with your dedicated health coach and join your online peer group.
- Start your program — Kick off on a Sunday with an introduction from your coach and your first lesson.

Weight Management

Wondr is a digital weight-management program that helps you build healthier habits through simple, sustainable changes. With expert coaching, practical tools, and engaging weekly lessons, Wondr supports long-term weight loss, improved energy, and better overall well-being — without restrictive diets.

Get healthy your way

Wondr is a **free**, personalized program that helps you build the skills, habits, and mindset for eating the right way. Employees and covered dependents age 18+ who are enrolled in an [LSC Medical Plan](#) are eligible to register for the program.

How it works

Learn how to lose weight and improve your health while eating the foods you love.

- Learn simple, science-backed techniques through short weekly video lessons
- Build healthier habits without restrictive dieting or counting calories
- Get personalized coaching and support to keep you motivated
- Track progress with digital tools that help reinforce long-term success
- Access the program anytime from your phone, tablet, or computer

How to register

To learn more, visit wondrhealth.com/lsc.

Mental Health Overview

Your mental health matters just as much as your physical health. Your Company offers free, confidential access to support whether you need someone to talk to today or ongoing counseling over time.

Explore more

- **Employee Assistance Program** – Six free counseling sessions, legal & financial services, work & life support
- **Virtual Behavioral Specialist** – Licensed mental-health providers, virtual visits, \$10 per visit
- **Talkspace** – Therapy by text, voice, or video, six free sessions
- **Stress Relief** – Breathe, coping mechanisms, ask for help, resources

Six free counseling sessions

Through the [Employee Assistance Program](#), you or members of your household can book up to **six** face-to-face or virtual counseling sessions per issue, per year — totally **free**. Household members do not have to be enrolled in any other Company benefits to participate.

Employee Assistance Program

Everyday stress and anxiety. A death in the family. A child going away to college. A cross-country move. Turn to the Employee Assistance Program (EAP), administered by Celson Wellbeing, available 24/7 for support and resources to help balance life's challenges.

How it works

You don't have to face life's challenges alone — **free**, confidential help is available immediately through the EAP for you and your household members. Employees and household members do **not** need to participate in any other Company benefits to access this resource.

The EAP provides confidential information and guidance with:

- Stress management
- Depression and anxiety
- Marriage and relationship issues
- Finding care for an aging parent
- Legal concerns
- Financial planning

And more

You're automatically enrolled in this benefit, and the Company covers the cost because supporting your peace of mind is a priority.

Six free counseling sessions

You can book up to **six free** face-to-face or virtual counseling sessions per issue, per year. Each member of your household is eligible, whether they're enrolled in other Company benefits or not.

Schedule an appointment with a licensed professional counselor for confidential online or in-person sessions during times that work for you, even evenings and weekends. Choose from a network of caring clinicians who can help with a range of personal and work-related concerns.

Legal & financial services

You and your family may experience legal and financial hurdles at some point, which can lead to stress and worry. Celson can help you find discounts on these services and assist you with having a safe, confidential discussion with a legal or financial expert.

Work & life support services

Celson can help you successfully navigate personal, work, and family concerns. Celson provides referral services related to child and eldercare, education, growing families, consumer resources, home maintenance and repair, and daily living resources.

How to register

- Call 877-409-1488 to talk to a professional specialist for confidential support.
- Visit celsonwellbeing.com/LSC for resources online, including articles, videos, and audio files on topics to help make your life easier.

- Visit talkspace.com/carelonwellbeing (enter: LSC Communications) and be connected virtually with a licensed counselor so you can share what's on your mind, wherever you are, from the convenience of your phone or laptop. Dependents must be 13 years or older to schedule a session.

Virtual Behavioral Specialist

Through Teladoc Health, you can talk to a licensed behavioral health specialist anytime, 24 hours a day, 7 days a week — right from your phone or computer.

How it works

Talk to a licensed Behavioral Health Specialist 24/7/365

Behavioral Health Specialists at Teladoc are licensed mental-health providers who offer virtual counseling or psychiatric care for employees enrolled in an LSC [Medical Plan](#). Depending on your needs, this may include therapists, psychiatrists, and psychiatric nurse practitioners. It's one of the fastest and most affordable ways to get support when you need it. Your Teladoc Health provider can also refer you, if needed, to community-based specialists for ongoing care.

It's affordable

Virtual visits cost **just \$10** across all LSC Medical Plans. For HSA Core and HSA Value plan participants, that \$10 applies to your deductible.

Teladoc Behavioral Health Specialists provide support for:

- Anxiety and stress
- Depression and mood disorders
- Trauma and PTSD
- Relationship or family difficulties
- Grief
- Substance-use concerns
- Negative thought patterns
- Sleep issues
- Identity or life-transition challenges

How to register

Visit teladoc.com/primary360.com.

Cognitive behavioral therapy resources

Learn to manage stress, depression, anxiety, substance use, panic, and sleep issues. Digital support tools based on the principles of cognitive behavioral therapy are available online at any time through our [Employee Assistance Program \(EAP\)](#) provider Carelon Wellbeing.

Talkspace

Feeling stressed, stuck, or just needing someone to talk to? Talkspace gives you easy, confidential access to licensed therapists right from your phone, so support fits into your life whenever you need it.

Licensed counseling, wherever you are

Talkspace connects you virtually with a licensed counselor so you can share what's on your mind from the convenience of your phone or laptop — no waiting room, no commute.

Talkspace is available to you and members of your household (ages 13+) through the [Employee Assistance Program \(EAP\)](#) **free** of charge. You or your household members do not have to be enrolled in any Company benefits to receive this benefit.

How it works

You'll register your account and complete an intake assessment form. After completing your intake assessment, Talkspace matches you with a personal provider based on your needs and preferences.

You can start therapy right away through text, voice, or video messages, with daily responses during your provider's business hours and the option to book live sessions. Your therapist stays with you throughout your journey, and switching is easy if needed.

Talkspace's network includes licensed clinicians specializing in:

- Anxiety, depression, or stress
- Relationships or grief
- Eating disorders or substance use
- Trauma or sleep
- Identity concerns
- ADHD, healthy living, and more

Six free counseling sessions

Your EAP offers **six free** counseling sessions per issue per year per person. With Talkspace, one session generally equals one week of access and the ability to send unlimited messages to your therapist, or one complete live video session.

How to register

- Visit talkspace.com/carelonwellbeing and enter your Company name: **LSC Communications**
- Complete the QuickMatch questionnaire to share your preferences and review your best personal provider match
- Start messaging in your private digital room, or book a live session

Stress Relief

Stress shows up in all kinds of ways — work pressure, family demands, financial worry, or just the pace of everyday life. You don't have to manage it alone.

Simple steps for stress relief

While we can't avoid all of life's stresses, we can learn how to better handle stressful moments. Here are some proven ways to help you cope:

- **Do deep breathing** — Take a slow, deep breath in through your nose, letting your lower belly expand. Breathe out through your mouth or nose. Do this for several minutes.
- **Write in a journal** — Write about the strains of the day, how they made you feel, and how you reacted. This can help release anxiety and teach you how you deal with stress.
- **Practice good nutrition and exercise** — Start by making small changes. Avoid overeating or eating unhealthy foods to deal with stress. Find a physical outlet, such as brisk walking or dancing to your favorite song.
- **Get adequate sleep** — Try going to bed and waking up at the same time each day. Make your bedroom cool and dark. Avoid late-night snacking or alcohol, and don't watch TV or look at devices in bed.
- **Ask for help** — Ask others to listen to your concerns or to help with chores or childcare so you can have a few moments to yourself.

If stress continues to be a problem for you, talk to your doctor or other health care provider (see below).

Resources

- [EAP Counseling](#) — Talk to a specialist confidentially about what's causing your stress and get connected to the right resources, 24 hours a day, 7 days a week. Receive six free sessions for you or a member of your household.
- [Talkspace](#) — Connect virtually with a licensed counselor whenever stress feels like too much to carry alone.
- [Teladoc Health](#) — Talk to a licensed behavioral health specialist 24/7 for just \$10 a visit.
- [Behavioral Health Providers](#) — The LSC Medical Plan includes coverage for mental health care services. To search for in-network providers, [click here](#).
- [Online Resources](#) — The EAP, administered by Caelon Wellbeing, has articles, videos, and audio files designed to help make your life easier, plus the option to initiate a virtual session or sign up to see a counselor.

Financial Health Overview

Your financial wellbeing is just as important as your physical and mental health. These financial benefits are here to help you save for the future, cover unexpected costs, and protect your family and your income.

Explore More

- **401(k) Savings Plan** – Automatic enrollment, company match, investing your funds
- **Health Savings Account** – Triple tax advantage, company contribution, change my contributions, eligible expenses
- **Flexible Spending Accounts** – Types of FSAs, contribution limits eligible expenses, how to use your funds
- **Commuter Benefits** – Save on your commute, public transportation, eligible expenses
- **Accident Insurance** – Unexpected injury, lump-sum cash payment, earn money for health screening
- **Critical Illness** – Unexpected critical illness, lump-sum cash payment, earn money for health screening
- **Hospital indemnity** – Unexpected hospital stays, lump-sum cash payment, earn money for health screening
- **Life & AD&D Insurance** - Basic Life, Optional Life and AD&D coverage, free additional programs
- **Disability** – Short-term disability, long-term disability, long-term disability buy-up plan

Earn while you prepare

You and your covered dependents can each earn up to **\$150** by enrolling in supplemental health care coverage and completing a health screening — \$50 for each of Accident Insurance, Critical Illness, and Hospital Indemnity.

Disclaimer: *This information on this website is for educational purposes only and is not intended as investment, tax, or legal advice. Consult a qualified professional regarding your individual circumstances.*

401(k) Savings Plan

The Company offers a 401(k) Savings Plan through Empower Retirement to help you save for your future. Grow your savings even faster with a Company matching contribution.

Who's eligible

Most employees are eligible to participate in the 401(k) Savings Plan. However, check the [401\(k\) Savings Plan Description](#) to confirm your eligibility.

Enrollment

Getting started is simple, and in many cases, it happens automatically.

- **Automatic enrollment** — Unless you opt out, you'll be automatically enrolled and 3% of your pay will be contributed to the 401(k) Savings Plan on a pre-tax basis about 30 days after your hire date, or the date you become eligible.
- **Changed your mind?** — If you opt out within 30 days of your first automatic contribution, you can withdraw those automatic contributions.
- **Want to enroll sooner or choose your own rate?** — You can enroll, change your contribution amount, or update your investment elections anytime at empower-retirement.com/participant or by calling 844-243-4773.

When you enroll, you'll choose how much of your pay to contribute and how to invest it. If you don't make an investment election, your contributions default to the Target Date Fund closest to your 65th birthday.

Learn Something New Today: Empower offers free, easy-to-access, live and prerecorded webinars on financial wellness, retirement planning, and more. **No login needed — just click and watch.** Visit learningfromempower.com to sign up for live webinars and explore other learning resources they have to offer!

Contributions

Employee contributions

You control how much you save and how it's taxed. Contribute 1% to 85% of your pay — not to exceed the IRS maximum, through payroll deductions, in any combination of:

- **Pre-tax contributions:** Reduce your taxable income now; taxed when withdrawn each year automatically
- **Roth 401(k) contributions:** Taxed now; qualified withdrawals (including earnings) are tax-free
- **After-tax contributions:** Taxed now; only earnings are taxed on withdrawal
- **Catch-up contributions:** If you're 50 or older, you can contribute additional pre-tax or Roth dollars beyond the standard annual IRS limit
- **Rollovers:** You can roll over pre-tax or Roth dollars from a former employer's qualified plan or an IRA
- **Automatic increases:** Set your contribution rate to increase automatically each year, so your savings grow without you having to remember

Company match contributions

Employees are eligible for a Company matching contribution of 50% on the first 6% of their pay that they contribute to the 401(k) Savings Plan. A true-up contribution is added at year-end if fluctuations in your contribution rate during the year meant you missed out on the full match you were owed.

The Company may also make an **additional discretionary** matching contribution. To receive it, you generally need to be employed on December 31 of that plan year.

Vesting

You're always 100% vested in your own contributions and earnings. You are fully vested in the Company match after one year of service. If you leave the Company, the vested value of your account is yours.

Investing your funds

You choose how your account is invested, with options built for every level of involvement:

- Target date funds: A diversified, professionally managed mix that automatically becomes more conservative as you approach your target retirement age (65). This is the default if you don't make an election.
- Core investment funds: Build your own mix based on your risk tolerance and goals.
- Conservative income fund: A lower-risk option blending core investments.
- Brokerage account: For hands-on investors who want access to a wider range of publicly traded securities.

You can make separate elections for your existing balance and your future contributions and change them anytime online or by phone. An automatic rebalancing option is also available if you'd rather set it and forget it.

Disclaimer: As with any investment, account values can go up or down, and no option is guaranteed. Review your quarterly statement, including your elections and balances.

Designate your beneficiaries:

Don't forget! Designate your beneficiaries during enrollment and update anytime during the year. Your beneficiary is the person or people who receive your plan benefits if you die. If you're married, your spouse is automatically your beneficiary.

- Log in to empower-retirement.com/participant
- Choose LSC Savings Plan from the account list
- Click Beneficiaries under the Account Information section

If you pass away, your beneficiary receives the full value of your vested account. Spousal beneficiaries have added flexibility on timing; non-spouse beneficiaries generally must receive the full benefit within 10 years.

Health Savings Account

If you enroll in the HSA Core or HSA Value medical plan, you have access to a Health Savings Account (HSA) through HealthEquity. With this tax-advantaged account, you can use it to pay for eligible health care expenses for you and your eligible dependents, tax-free for federal income tax purposes (state laws may vary).

Key features

- **Benefit from a triple tax advantage** — Pre-tax contributions, tax-free earnings, and tax-free withdrawals for qualified expenses.
- **Jump-start your savings with free money** — The Company contributes to your account so you can pay for eligible health care expenses.
- **You own the account and all funds** — Even if you change medical plans or leave the Company.
- **Choose how to use your HSA** — Pay for current eligible health care expenses or save and let your balance grow.
- **Invest your HSA** — Once you reach a \$1,000 balance, with multiple investment options available.
- **Build long-term savings for future medical needs** — Including expenses in retirement. Unused funds roll over year to year.

Who's eligible?

Employees enrolled in the HSA Core or HSA Value medical plan.

Contributions

Employee contributions

Choose an amount to set aside for the year, up to the IRS limits below. The money is deducted from each of your paychecks on a pre-tax basis. You can start, stop, or adjust your contribution amount anytime during the year.

Company contributions

The Company contributes to your HSA to help you pay for eligible medical expenses up to a maximum value each year.

2027 HSA Company Match Contribution

Coverage Level	Company Match Maximum*
Employee Only	\$500 annually; \$125 per quarter
Employee + Spouse/Child(ren) or Family	\$1,000 annually; \$250 per quarter

* For every \$1 you contribute to your HSA, the Company matches \$1 up to the coverage level match maximum each quarter for HSA Core or HSA Value medical plan participants.

If you are aged 65 or older and Medicare-eligible, you'll need to opt out of the HSA Company contribution due to IRS rules.

Annual IRS contribution limits

The IRS sets a limits on the maximum amount you can contribute to your HSA each year. The Company's contribution and your contribution cannot exceed the below values.

- **2026** — individuals up to \$4,400 / family up to \$8,750
- **2027** — individuals up to \$4,500 / family up to \$9,000
- If you are aged 55+, you can make an additional \$1,000 catch-up contribution each year.

IMPORTANT: Make sure you track your HSA contributions throughout the year — exceeding the IRS annual limit can result in tax penalties. You are responsible for staying within the allowed maximum.

2027 HSA IRS Contribution Limits

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

* For every \$1 you contribute to your HSA, the Company matches \$1 up to the coverage level match maximum each quarter for HSA Core or HSA Value medical plan participants.

** Employees aged 55+ can make an additional \$1,000 catch-up contribution each year.

If you are aged 65 or older and Medicare-eligible, you'll need to opt out of the HSA Company contribution due to IRS rules.

Change my contributions

You can change the amount you contribute to your HSA at any time during the year by:

- Logging in to the [LSC Benefits Center](#) and clicking on Change Your HSA Election
- Calling 888-681-2241

Eligible expenses

Medical, prescription drug, dental, and vision expenses not covered by your insurance are all eligible. See the full list of IRS-approved expenses [here](#).

Funds

- **Availability of funds** — Funds are available as they're withheld from your paycheck and deposited into your account
- **Accessing funds** — Use a HealthEquity debit card for eligible expenses, or file claims directly for reimbursement

How to use your funds

For more information, check out the [Health Savings Account](#) briefing document.

- Pay for eligible health care expenses using your HealthEquity debit card, or you can submit claims via the EZ Receipts app ([Apple Store/Google Play](#)) or at [healthequity.com](#).

* Employees aged 55+ can make an additional \$1,000 catch-up contribution each year.

Designate your beneficiaries:

Don't forget! Designate your beneficiaries during enrollment and update anytime during the year. Your beneficiary is the person or people who receive your plan benefits if you die.

- Log in to [healthequity.com](#) to designate beneficiaries electronically
 - Click My Account and then Add/Edit Beneficiaries

- To submit your beneficiaries by mail
 - Click Docs & Forms and then Beneficiary Designation Form
 - Instructions are included in the document.

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) through HealthEquity let you pay for eligible health care or dependent care expenses on a pre-tax basis through payroll deductions.

Types of FSAs

There are three types of FSAs administered by HealthEquity that help you save significantly on taxes while paying for health care and/or dependent care expenses.

FSA contributions for highly compensated employees may be limited depending on the outcome of certain IRS nondiscrimination tests.

Health Care FSA

Who can participate?

All benefits-eligible employees who are **not** enrolled in the HSA Core or HSA Value plans.

Annual IRS contribution limit

- **2026** — up to \$3,300
- **2027** — up to \$3,400

Eligible expenses

Medical, prescription drug, dental, and vision expenses not covered by your insurance are eligible (see the full list of IRS-approved expenses [here](#)).

Funds

- **Availability of funds** — The full amount is available at the start of the year (or your benefits start date after you join)
- **Accessing funds** — Use a HealthEquity debit card for eligible expenses, or file claims directly for reimbursement

Limited-Use Health Care FSA

Who can participate?

Employees enrolled in the HSA Core or HSA Value medical plan.

Annual IRS contribution limit

- **2026** — up to \$3,300
- **2027** — up to \$3,400

Eligible expenses

Dental and vision expenses only, until you meet your medical plan deductible; once you meet your deductible and submit the appropriate verification form to HealthEquity, funds can also be used for medical expenses (see the full list of approved expenses [here](#)).

Funds

- **Availability of funds** — The full amount is available at the start of the year (or your benefits start date after you join)

- **Accessing funds** — Use a HealthEquity debit card for eligible expenses, or file claims directly for reimbursement

Dependent Care FSA

Who can participate?

All benefits-eligible employees.

Annual IRS contribution limit

- **Individuals and married filing jointly** — Up to \$7,500
- **Married filing separately** — Up to \$3,750

Eligible expenses

Day care, preschool, and after-school care for a dependent child under age 13 or a tax dependent who is physically or mentally incapable of self-care (see the full list of IRS-approved expenses [here](#)).

Funds

- **Availability of funds** — Funds are available as they're withheld from your paycheck and deposited into your account
- **Accessing funds** — File claims directly for reimbursement

Use-it-or-lose-it deadline

The **2026 deadline** to file claims is **March 31, 2027**, for eligible expenses you incur(red) between January 1, 2026, and December 31, 2026.

In general, you have until **March 31** of the following year to submit claims for services incurred between January 1 and December 31. Any unused FSA funds are forfeited.

How to use your funds

Save all itemized receipts!

- Estimate your anticipated health care and/or dependent care expenses for the year.
- Choose your annual contribution amount. To find your per-pay-period deduction, divide your annual election by the number of (or remaining) pay periods in the year.
- **2027 Health Care FSA and Limited-Use Health Care FSA Contributions:** Between \$260 and \$3,400.
- **2027 Dependent Care FSA Contributions:** Between \$260 and \$7,500 if married filing jointly or \$3,750 if married filing separately.
- Pay for eligible health care expenses using your HealthEquity debit card, or you can submit claims for health care and dependent care expenses via the EZ Receipts app ([Apple Store/Google Play](#)) or at [HealthEquity.com](#).
- Submit for reimbursement of eligible expenses incurred between January 1 and December 31 by March 31 of the following year. Reimbursement is available up to your annual election amount.
- Per IRS rules, FSAs follow a use-it-or-lose-it policy, meaning any unused funds at year-end are forfeited.

For more information, check out the [Flexible Spending Accounts](#) briefing document.

Leaving the Company

Your FSA coverage ends on your termination date.

You can request reimbursement for eligible expenses incurred up to that date, and you have until **March 31** of the following year to submit claims for services received within the plan year, up to your termination date. Any remaining balance is forfeited once eligible claims are paid, unless you enroll in COBRA coverage.

Commuter Benefits

A commuter transit benefit through HealthEquity lets you set aside pre-tax money from your paycheck to pay for eligible commuting costs, lowering your taxable income while you save on getting to and from work.

Smart ways to save

Whether you drive, rideshare, or take public transit, commuter benefits can help you put money back into your wallet.

- No “use-it-or-lose-it” — commuter funds never expire*
- Activate at any time — no need to wait for enrollment windows
- Pause, change, or update your contribution any time

How it works

- Elect a monthly pre-tax contribution amount, up to the [IRS limit](#) for the year.
- Funds are loaded onto a benefits debit card or reimbursed for eligible transit and parking expenses.
- Start or change your contributions at any time.

Common eligible commuter expenses include:

- Train
- Subway
- Bus
- Ferry
- Vanpool
- Parking

* Conditions apply. You must remain employed with the Company to roll over unused funds from year to year.

Accident Insurance

You can't always avoid accidents, but you can protect yourself from accident-related costs that strain your budget. Offered through MetLife, this plan is a supplement, not a replacement, to your medical coverage and is completely portable so you can take it with you if you leave the Company.

How it works

Accident Insurance provides an extra layer of financial protection by paying cash benefits directly to you when an unexpected injury occurs, such as a:

- Broken bone
- Concussion
- Laceration

The benefit is paid directly to you all at once to use for any purpose, such as paying out-of-pocket medical expenses, copays, deductibles, groceries, gas, utilities, and more. For a complete list of covered injuries and treatments, as well as exclusions and limitations, [click here](#).

Earn money for getting a health screening

Earn up to \$150 per covered participant

You and your covered dependents can each earn a **\$50 health screening benefit** for completing a health screening or test, covering everything from annual physicals to colonoscopies and mammograms. You'll earn **\$50 for each** supplemental health care coverage you and your covered dependents are enrolled in: Accident Insurance, Critical Illness, and Hospital Indemnity.

Claim your health screening benefit

- Visit [metlife.com/mybenefits](https://www.metlife.com/mybenefits), call, or file a claim using the MetLife Mobile App ([Apple](#)/[Google Play](#)).
- Provide a few details, including:
 - Name of the insured, SSN or EEID, and Group Name
 - Date of your screening
 - Type of screening completed
- Receive your \$50 health screening benefit. Once verified, payments can be made via EFT or by check.

You can submit claims for your covered spouse and/or dependent children. No hard copy proof is ever required. See the full list of eligible screening/prevention measures [here](#).

Benefit cost

Coverage Level	Accident Premium
Employee Only	\$1.51
Employee + Spouse	\$2.79
Employee + Child(ren)	\$3.22
Family	\$4.03

Premium amounts shown are per biweekly paycheck.

File a claim

To file a claim, visit metlife.com/mybenefits and enter **LSC Communications** as the organization name. Log in and follow the instructions listed on the website on how to file a claim.

Designate your beneficiaries:

Don't forget! Designate your beneficiaries during enrollment and update anytime during the year. Your beneficiary is the person or people who receive your plan benefits if you die.

- Log in to metlife.com/mybenefits:
 - Go to the benefit (Accident Insurance, Critical Illness, and/or Hospital Indemnity)
 - Select Update Beneficiaries from the I want to drop-down box
 - Follow the instructions
- To download a form to complete and mail:
 - Click Forms and then Beneficiary Change Form

Critical Illness

Get financial support to help when a serious illness strikes. Offered through MetLife, this plan is a supplement, not a replacement, to your medical coverage, and is completely portable so you can take it with you if you leave the Company.

How it works

Unexpected costs from a critical illness can add both financial and emotional stress. To help provide extra financial protection, an individual Critical Illness insurance policy is available for you to purchase through MetLife.

The plan pays a lump-sum benefit — **\$10,000 or \$20,000** — to you when diagnosed with a major illness such as:

- Heart attack
- Stroke
- End stage renal failure
- Major organ failure
- Invasive cancer

With this coverage, the benefit is paid directly to you all at once to use for any purpose, such as paying out-of-pocket medical expenses, copays, deductibles, groceries, gas, utilities, and more. See the full list of covered illnesses [here](#).

This benefit is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Earn money for getting a health screening

Earn up to \$150 per covered participant

You and your covered dependents can each earn a **\$50 health screening benefit** for completing a health screening or test covering everything from annual physicals to colonoscopies and mammograms. You'll earn **\$50 for each** supplemental health care coverage you and your covered dependents are enrolled in: Accident Insurance, Critical Illness, and Hospital Indemnity.

Claim your health screening benefit

- Visit [metlife.com/mybenefits](https://www.metlife.com/mybenefits), call 888-447-8996, or file a claim using the MetLife Mobile App.
- Provide a few details, including:
 - Name of the insured, SSN or EEID, and Group Name
 - Date of your screening
 - Type of screening completed
- Receive your \$50 health screening benefit. Once verified, payments can be made via EFT or by check.

You can submit claims for your covered spouse and/or dependent children. No hard copy proof is ever required. See the full list of eligible screening/prevention measures [here](#).

Benefit cost

2027 Biweekly Critical Illness Premiums

Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
\$10,000 Coverage				
< 25	\$0.74	\$1.52	\$1.52	\$2.26
25–29	\$0.83	\$1.62	\$1.57	\$2.35
30–34	\$1.20	\$2.31	\$1.94	\$3.05
35–39	\$1.80	\$3.51	\$2.58	\$4.25
40–44	\$3.05	\$5.77	\$3.83	\$6.55
45–49	\$5.03	\$9.46	\$5.77	\$10.20
50–54	\$7.94	\$14.68	\$8.68	\$15.42
55–59	\$11.86	\$21.65	\$12.60	\$22.38
60–64	\$17.68	\$32.12	\$18.46	\$32.86
65–69	\$27.42	\$49.38	\$28.15	\$50.12
70+	\$40.94	\$74.77	\$41.68	\$75.51
\$20,000 Coverage				
< 25	\$1.48	\$3.05	\$3.05	\$4.52
25–29	\$1.66	\$3.23	\$3.14	\$4.71
30–34	\$2.40	\$4.62	\$3.88	\$6.09
35–39	\$3.60	\$7.02	\$5.17	\$8.49
40–44	\$6.09	\$11.54	\$7.66	\$13.11
45–49	\$10.06	\$18.92	\$11.54	\$20.40
50–54	\$15.88	\$29.35	\$17.35	\$30.83
55–59	\$23.72	\$43.29	\$25.20	\$44.77
60–64	\$35.35	\$64.25	\$36.92	\$65.72
65–69	\$54.83	\$98.77	\$56.31	\$100.25
70+	\$81.88	\$149.54	\$83.35	\$151.02

Premium amounts shown are per biweekly paycheck.

Premiums are based on your age and the coverage amount you elect (\$10,000 or \$20,000).

File a claim

To file a claim, visit metlife.com/mybenefits and enter **LSC Communications** as the organization name. Log in and follow the instructions listed on the website on how to file a claim.

Designate your beneficiaries:

Don't forget! Designate your beneficiaries during enrollment and update anytime during the year. Your beneficiary is the person or people who receive your plan benefits if you die.

- Log in to metlife.com/mybenefits:
 - Go to the benefit (Accident Insurance, Critical Illness, and/or Hospital Indemnity)
 - Select Update Beneficiaries from the I want to drop-down box

- Follow the instructions
- To download a form to complete and mail:
 - Click Forms and then Beneficiary Change Form

Hospital Indemnity

Don't let the cost of a hospital visit weigh you down. Offered through MetLife, this plan is a supplement, not a replacement, to your medical coverage and is completely portable so you can take it with you if you leave the Company.

How it works

The plan pays a cash payment to you when an eligible accident or sickness puts you or a covered family member in the hospital:

- **\$500** for a hospital admission
- **\$250 per day** for up to 31 days for a hospital stay
- **\$100 per day** for up to 15 days for inpatient rehabilitation
- **\$100 per day** for up to 2 days for newborn nursery care

The benefit is paid directly to you all at once to use for any purpose, such as paying out-of-pocket medical expenses, copays, deductibles, groceries, gas, utilities, and more. See the full list of Hospital Indemnity benefits [here](#).

This benefit is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Earn money for getting a health screening

Earn up to \$150 per covered participant

You and your covered dependents can each earn a \$50 health screening benefit for completing a health screening or test covering everything from annual physicals to colonoscopies and mammograms.

You'll earn **\$50 for each** supplemental health care coverage you and your covered dependents are enrolled in: Accident Insurance, Critical Illness, and Hospital Indemnity.

Claim your health screening benefit

- Visit [metlife.com/mybenefits](https://www.metlife.com/mybenefits), call 888-447-8996, or file a claim using the MetLife Mobile App.
- Provide a few details, including:
 - Name of the insured, SSN or EEID, and Group Name
 - Date of your screening
 - Type of screening completed
- Receive your \$50 health screening benefit. Once verified, payments can be made via EFT or by check.

You can submit claims for your covered spouse and/or dependent children. No hard copy proof is ever required. See the full list of eligible screening/prevention measures [here](#).

Benefit cost

2027 Biweekly Hospital Indemnity Premiums

Coverage Level	Hospital Indemnity Premium
Employee Only	\$5.34
Employee + Spouse	\$12.05

Coverage Level	Hospital Indemnity Premium
Employee + Child(ren)	\$9.42
Family	\$16.95

Premium amounts shown are per biweekly paycheck.

File a claim

To file a claim, visit metlife.com/mybenefits and enter **LSC Communications** as the organization name. Log in and follow the instructions listed on the website on how to file a claim.

Designate your beneficiaries:

Don't forget! Designate your beneficiaries during enrollment and update anytime during the year. Your beneficiary is the person or people who receive your plan benefits if you die.

- Log in to metlife.com/mybenefits:
 - Go to the benefit (Accident Insurance, Critical Illness, and/or Hospital Indemnity)
 - Select Update Beneficiaries from the I want to drop-down box
 - Follow the instructions
- To download a form to complete and mail:
 - Click Forms and then Beneficiary Change Form

Life & AD&D Insurance

The Company offers Basic and Optional Life and Accidental Death & Dismemberment (AD&D) Insurance administered by MetLife to help remedy the financial burden a death may cause your family.

Types of Life & AD&D Insurance

Basic Life

The Company provides Basic Life Insurance of 1x your annual base pay, up to a maximum of \$300,000 — at no cost to you.

Optional Life & AD&D

You can purchase additional coverage for you and your family for extra protection and peace of mind. Costs are deducted from your paycheck. If you leave the Company, you may be able to take this coverage with you by paying premiums directly to MetLife, if you elect to do so in a timely manner. For more information, view the [MetLife Life and AD&D Insurance Flyer](#).

Optional AD&D benefit amount

The Optional AD&D amount a dependent would receive on claim approval differs for an employee and covered eligible dependents:

- **Spouse only (no children)** — 60% of your amount, up to a maximum \$750,000
- **Child(ren) only (no spouse)** — 25% of your amount, up to a maximum \$250,000
- **Spouse and child(ren)** — 50% of your amount for your spouse, up to a maximum \$750,000, and 20% for your child(ren), up to a maximum \$150,000

Important information

- You cannot cover another employee as a spouse or child under Life and AD&D Insurance.
- If you increase your Life Insurance coverage while on a leave of absence, the increase won't take effect until you're actively back at work.

Life & AD&D Insurance coverage summary

If you choose Optional Life and/or AD&D coverage for your family, you will need to indicate which dependents you want enrolled in coverage.

Coverage	Summary
Basic Life (Company-paid)	1x annual base pay up to maximum \$300,000*
Optional Employee Life	1x–8x annual base pay up to maximum \$2 million (combined Basic and Optional Life). New hires and newly eligible: Elect up to 3x annual base pay up to maximum \$500,000 without Evidence of Insurability (EOI).
Optional Spouse Life	\$10,000 up to \$200,000**. New hires and newly eligible: Elect up to \$25,000 without EOI.
Optional Child(ren) Life	Options of \$5,000, \$10,000, \$15,000, \$20,000, \$25,000
Optional AD&D (Employee only or family)	1x–8x annual base pay up to maximum \$2 million

Newly electing or increasing coverage will require Evidence of Insurability (EOI).

* The amount of coverage for active employees aged 65 and older is subject to annual age reductions in accordance with the plan. Please see the Life Insurance Certificate of Coverage & Schedule of Benefits on the [Important Documents](#) page for more information.

** The amount you elect for Optional Spouse Life cannot exceed the total of your employee Basic Life amount plus any Optional Employee Life coverage.

Benefit cost

2027 Optional Life Insurance Monthly Premiums (per \$1,000 of coverage)

Age as of 12/31/2027	Employee Non-Tobacco User	Employee Tobacco User	Spouse Non-Tobacco User	Spouse Tobacco User
< 25	\$0.038	\$0.076	\$0.046	\$0.091
25–29	\$0.038	\$0.095	\$0.046	\$0.115
30–34	\$0.038	\$0.124	\$0.046	\$0.149
35–39	\$0.047	\$0.142	\$0.057	\$0.171
40–44	\$0.066	\$0.152	\$0.080	\$0.182
45–49	\$0.124	\$0.227	\$0.144	\$0.273
50–54	\$0.180	\$0.350	\$0.216	\$0.420
55–59	\$0.322	\$0.662	\$0.387	\$0.795
60–64	\$0.483	\$1.022	\$0.580	\$1.225
65–69	\$0.814	\$1.976	\$0.977	\$2.371
70+	\$1.684	\$3.177	\$1.978	\$3.812

Monthly premium per \$1,000 of coverage.

2027 Optional AD&D Insurance Monthly Rates (per \$1,000 of coverage)

Coverage	Rate per \$1,000 Monthly
Employee	\$0.019
Employee + Dependent	\$0.030

Monthly premium per \$1,000 of coverage.

File a claim

To report a death and file a claim for spouse/domestic partner or child life insurance, please call MetLife at 888-447-8996, press 3 (for life insurance), and then press 2 to report a death. In the event of your death, a family member or other representative should contact Human Resources, who will provide information to MetLife.

Free additional programs

Included with Basic Life

- **Online will preparation:** Easily prepare or update a will, living will, or power of attorney online 24/7 with MetLife's [willscenter.com](https://www.willscenter.com).
- **Digital estate planning:** You can receive unlimited access to MetLife's Digital Estate Planning. Create estate planning documents online by answering just a few simple questions at legalplans.com/estateplanning.

- **Funeral discounts and planning:** Tap into an extensive network of funeral homes and cemeteries to pre-plan with a licensed counselor and receive a discount on funeral services through Dignity Memorial. Call 866-853-0954 or visit finalwishesplanning.com.
- **Grief counseling:** You and your dependents will have up to five private, face-to-face or over-the phone counseling sessions per event with a professional grief counselor. Connect with LifeWorks, US Inc. 24/7 at 888-319-7819 or at metlifegc.lifeworks.com (username: **metlifeassist** / password: **support**).

Included with Supplemental Life

Everything that's included with MetLife Basic Life Insurance coverage plus:

- **Will preparation:** Meet in person with an attorney to prepare or update a will, living will, or power of attorney. Call MetLife Legal Plans' toll-free number at 800-821-6400.
- **Estate resolution services:** Feel confident you've made the right decisions with unlimited consultations with an attorney, even in court. Create an account at legalplans.com/estateplanning.

Designate your beneficiaries:

Don't forget! Designate your beneficiaries during enrollment and update anytime during the year. Your beneficiary is the person or people who receive your plan benefits if you die.

Log in to the [LSC Benefits Center](#). You can review and update your beneficiaries under the Common Actions section of the home page.

Disability

Disability insurance, administered by The Hartford, helps protect you and your family's financial needs in the event you are disabled or unable to work and is provided to you by the Company free of charge.

Types of disability

Short-Term Disability (STD)

If you're out of work due to an illness or injury and approved by The Hartford for STD benefits, your disability benefits begin after a seven-day waiting period. STD pays a weekly benefit of 60% of your pre-disability base pay earnings for up to 26 weeks.

Long-Term Disability (LTD)

Basic LTD

If your disability continues beyond the STD period and you're approved by The Hartford for LTD benefits, your LTD benefits begin after **180 days** of the disabling condition (duration determined by the Plan). Basic LTD pays **50% of your monthly base pay earnings**, up to **\$10,000 per month**.

Buy-up LTD*

You may purchase an additional 10% of LTD coverage, providing a total LTD benefit of **60% of your pre-disability earnings**, up to **\$10,000 a month**. This can help protect your income and pay your bills while you're on the road to recovery.

* Evidence of Insurability (EOI) is required for LTD Buy-Up if you're electing it for the first time but not if you're newly eligible for the coverage. If you're newly eligible and wait until a future Annual Enrollment to elect this coverage, you'll need to submit EOI.

Benefit cost

LTD Buy-Up Premium Worksheet — Sample Calculation

Step	Formula	Sample Calculation*
Step 1	Annual Salary / 12 = Covered Monthly Payroll	\$45,000 / 12 = \$3,750
Step 2	Covered Monthly Payroll / 100 = # Units	\$3,750 / 100 = 37.5
Step 3	# Units x Rate = Premium Per Month	37.5 x 0.101 = \$3.79

* The premium rate of \$0.101 (per \$100 covered monthly payroll) is of the 35-39 age-band and assumes a \$45,000 annual salary.

2027 LTD Buy-Up Rates (per \$100 of covered monthly payroll)

Age Band	Premium per \$100 Covered Monthly Payroll
<25	\$0.039
25-29	\$0.047
30-34	\$0.069
35-39	\$0.101
40-44	\$0.163
45-49	\$0.231
50-54	\$0.323

Age Band	Premium per \$100 Covered Monthly Payroll
55-59	\$0.379
60-64	\$0.398
65-69	\$0.400
70+	\$0.450

Premium per \$100 of covered monthly payroll. Covered monthly payroll = annual salary / 12; number of units = covered monthly payroll / 100; monthly premium = units x rate.

File a claim

- The Hartford manages all disability and leave requests:
 - Submit your request by calling 888-437-8671 or apply online by creating an account at abilityadvantage.thehartford.com
 - Complete all required steps
 - The Hartford evaluates your eligibility and notifies you once a decision is made
- You may also qualify for state-provided leave — contact your state agency for eligibility and details
- **Don't forget** to inform your manager and Human Resources of your upcoming leave

Additional Benefits Overview

Your benefits package also includes additional benefits to make life a little easier. These programs offer extra support for everyday needs, helping you get the most out of your coverage throughout the year.

Explore More

Leaves of Absence (LOA) – Types of Leave, how to request LOA, pay benefits by direct bill

Discount Program – Save money with sales, promos, and cash back rewards

Leaves of Absence (LOA)

We recognize that extended time away from work is important and sometimes necessary due to illness, injury, or other personal circumstances that may require a leave of absence (LOA). Whether you take extended time off for military service, to stay at home and bond with a newborn, or to care for yourself or a loved one, we provide eligible employees with various LOA options.

Types of leave

- **Family and Medical Leave (FMLA)** — If you take an approved leave under FMLA or applicable state or local law, your coverage may continue for up to 12 weeks (or 26 weeks for qualifying military caregiver leave), or longer if required by law.
- **Military LOA** — Active military service with a written, granted leave. Coverage may continue for up to 24 months.
- **General LOA** — Documented leave of absence (other than FMLA or Military Leave).

Depending on the laws in your state of residence, you may be eligible for state-provided leave. Contact the appropriate state agency for eligibility requirements and additional information.

How to request a LOA

- The Hartford manages all leave requests:
 - Submit your leave request by calling 888-437-8671 or apply online by creating an account at abilityadvantage.thehartford.com
 - Complete all required steps
 - The Hartford evaluates your eligibility and notifies you once a decision is made
- You may also qualify for state-provided leave — contact your state agency for eligibility and details
- **Don't forget** to inform your manager and Human Resources of your upcoming leave

How to pay for benefits

If you are on a LOA, the Company will direct bill you for most of your benefits. Your contributions to the HSA, Health Care and Dependent Care FSAs, and commuter benefits will **not** be direct billed while you are on a LOA.

When are payments due

Direct billing starts the pay period after your leave begins, or the first day of the second pay period if you're paid weekly. You'll receive monthly statements with biweekly or weekly coupons based on your normal pay schedule, prorated from your leave start date. You may pay each coupon individually or all at once. A 30-day grace period applies from each invoice due date.

All payments must be made in full by the end of the grace period to avoid losing coverage

Making payments

You'll receive monthly invoices at your primary address. If you'll be staying somewhere else during your leave, contact Billing Services to update your temporary address. You can pay by:

- Mailing a check or money order with your invoice
 - Billing Services, P.O. Box 860620, Minneapolis, MN 55486-0620

- Or send an overnight delivery to Lockbox 860620, 1200 Energy Park Dr, St Paul, MN 55108
- Setting up recurring ACH payments via the [LSC Benefits Center](#)
 - Log in, click Manage Billing and Payments, then Manage Accounts
- Making a one-time online payment via the [LSC Benefits Center](#)
 - Log in and click Pay Now

Returning to work

Direct billing ends the day before the pay period in which you return to work. Any unpaid premiums from your leave will be collected through payroll deductions, and any prepaid premiums will be refunded by Billing Services.

When you return, your HSA, Health Care FSA, and Dependent Care FSA contributions will start being deducted from your pay check. You do not have to re-enroll to start your contributions again.

Life Insurance coverage

If you increase your [Life Insurance](#) coverage while on a leave of absence, the increase will not take effect until you're actively back at work.

Discount Program

With the BenefitHub discount program, you can find discounts on travel, concert tickets, sporting events, and more.

How it works

Transform every purchase with **3% to 12% off** digital gift cards from over 100 brands, with new brands added regularly. Maximize your savings with sales, promos, and cash back rewards.

- Visit lsccommunications.benefithub.com to register
- If it's your first time logging in, click on the Don't have an account? Sign up link
 - Use the Registration Referral Code: **83ZM9A**
- Fill out the requested information to finish your registration

Benefits Contacts

Find all the key contacts you need in one place. Whether you have questions, need support, or want to learn more about your benefits, the right resources are just a click away.

Benefits Support

Company	Benefit	Phone	Hours	Website	Mobile App
LSC Benefits Center	Benefits Support	888-681-2241	M–F, 7:00 a.m.–7:00 p.m. CT	secure.bswift.com/default.aspx	
LSC Benefits Center	COBRA & Billing Services	888-681-2241	M–F, 7:00 a.m.–4:00 p.m. CT	secure.bswift.com/default.aspx	

Physical Health & Wellness

Company	Benefit	Phone	Hours	Website	Mobile App
Quantum Health	2026 Medical & Rx <i>HSA Value & HSA Core Plan</i>	844-460-2803	M–F, 7:30 a.m.–9:00 p.m. CT	mylscmedicalplan.com	App Store Google Play
Coupe Health	2026 Medical & Rx <i>Coupe PPO Plan</i>	800-882-5158	M–F, 8:00 a.m.–8:00 p.m. CT	findcare.coupehealth.com	App Store Google Play
Health Advocacy Solutions (HAS)	2027 Medical & Rx <i>BCBSIL Health Care Concierge</i>	888-895-6985	M–F, 6:00 a.m.–11:00 p.m. CT	bcbsil.com	App Store Google Play
eHealthScreenings	Wellness Program <i>Screening Key: LOC434</i>	888-708-8807	M–F, 7:00 a.m.–6:00 p.m. CT	ehealthscreenings.com/signup	
MetLife	Dental	888-447-8996	M–F, 7:00 a.m.–10:00 p.m. CT	metlife.com/mybenefits	App Store Google Play
EyeMed	Vision	866-723-0514	M–Sat, 6:30 a.m.–10:00 p.m. CT; Sun, 10:00 a.m.–7:00 p.m. CT	eyemed.com	App Store Google Play
Teladoc Health	Virtual Care	800-835-2362 (1-800-TELADOC)	Available 24/7	teladochealth.com	App Store Google Play
Lantern	Surgery Support <i>HSA Core & HSA Value plan members</i>	888-895-6985	M–F, 6:00 a.m.–11:00 p.m. CT	my.lanterncare.com	App Store Google Play
Carrum Health	Cancer Care			carrum.me/LSC	App Store Google Play
Galleri	Cancer Detection (Ages 50+)	888-895-6985	M–F, 6:00 a.m.–11:00 p.m. CT	galleri.com/lsc	

Company	Benefit	Phone	Hours	Website	Mobile App
Hinge Health	Virtual Physical Therapy	855-902-2777	Available 24/7	hinge.health/lsccommunications	App Store Google Play
Omada	Diabetes & Hypertension			omadahealth.com/lsc	App Store Google Play
Wondr Health	Weight Management			wondrhealth.com/lsc	App Store Google Play
Carelon Wellbeing	Tobacco Cessation	877-409-1488	Available 24/7	carelonwellbeing.com/LSC	App Store Google Play
Social Security Administration	Medicare & Social Security	800-772-1213	M–F, 8:00 a.m.–7:00 p.m.	ssa.gov	

Mental Health

Company	Benefit	Phone	Hours	Website	Mobile App
Carelon Wellbeing	Employee Assistance Program	877-409-1488	Available 24/7	carelonwellbeing.com/LSC	App Store Google Play
Talkspace	Virtual Counseling <i>Enter “LSC Communications”</i>			talkspace.com/carelonwellbeing	App Store Google Play
Teladoc Health	Virtual Behavioral Specialist	800-835-2362 (1-800-TELADOC)	Available 24/7	teladochealth.com	App Store Google Play

Financial Health & Additional Benefits

Company	Benefit	Phone	Hours	Website	Mobile App
Empower Retirement	401(k) Savings Plan	844-243-4773	M–F, 7:00 a.m.–9:00 p.m. CT	empower-retirement.com/participant	App Store Google Play
HealthEquity	Health Savings Account	844-281-0928	Available 24/7	healthequity.com	App Store Google Play
HealthEquity	Flexible Spending Accounts	877-924-3967	Available 24/7	healthequity.com	App Store Google Play
HealthEquity	Commuter Benefits			healthequity.com/learn/commuter	App Store Google Play
MetLife	Accident Insurance	888-447-8996	M–F, 7:00 a.m.–10:00 p.m. CT	metlife.com/mybenefits	App Store Google Play
MetLife	Critical Illness	888-447-8996	M–F, 7:00 a.m.–10:00 p.m. CT	metlife.com/mybenefits	App Store Google Play
MetLife	Hospital Indemnity	888-447-8996	M–F, 7:00 a.m.–10:00 p.m. CT	metlife.com/mybenefits	App Store Google Play
The Hartford	Disability & Leaves of Absence	888-437-8671	M–F, 7:00 a.m.–7:00 p.m. CT	abilityadvantage.thehartford.com	App Store Google Play

Company	Benefit	Phone	Hours	Website	Mobile App
MetLife	Life & AD&D Insurance	888-447-8996	M–F, 7:00 a.m.–10:00 p.m. CT	metlife.com/mybenefits	App Store Google Play
MetLife Legal Plans	Digital Estate Planning <i>Included with MetLife Basic Life Insurance</i>	800-821-6400	M–F, 7:00 a.m.–7:00 p.m. CT	legalplans.com/estateplanning	App Store Google Play
MetLife Legal Plans	Estate Resolution Services <i>Included with MetLife Supplemental Life Insurance</i>			legalplans.com/estateplanning	App Store Google Play
MetLife Legal Plans	Will Preparation Online <i>Included with MetLife Basic Life Insurance</i>			willscenter.com	App Store Google Play
MetLife Legal Plans	Will Preparation In Person <i>Included with MetLife Supplemental Life Insurance</i>	800-821-6400	M–F, 7:00 a.m.–7:00 p.m. CT		App Store Google Play
MetLife	Grief Counseling <i>Included with MetLife Basic Life Insurance.</i> Username: metlifeassist; Password: support	888-319-7819		metlifegc.lifeworks.com	App Store Google Play
MetLife	Funeral Discounts & Planning <i>Included with MetLife Basic Life Insurance</i>	866-853-0954		finalwishesplanning.com	App Store Google Play
BenefitHub	Discount Program <i>Registration Referral Code: 83ZM9A</i>			lsccommunications.benefithub.com	App Store Google Play