

LSC BENEFITS 2024

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



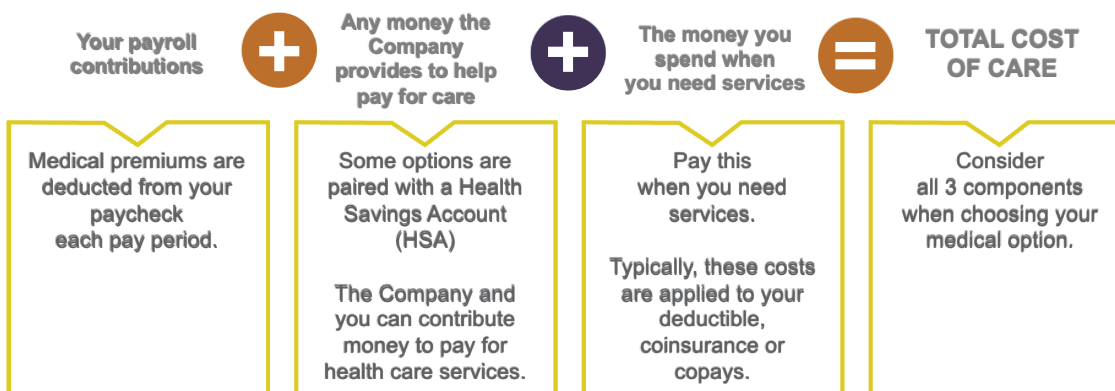
LSC COMMUNICATIONS

Hi! Thank you for joining us to learn about the 2024 benefits available to you and your family.

Before we dive into your benefits for 2024, let's take a minute to go over how your Medical Plan costs are determined ...

Understanding Medical Plan Costs

The cost of care under the Medical Plan consists of three parts:



Quantum Health's Care Coordinators can help you find ways to lower your out-of-pocket costs.

As an employee, the cost of care under the Medical Plan consists of three parts: medical premiums, money the Company gives you to help pay for Medical Plan services, and what you spend at the time care is needed.

First, medical premiums, or what is deducted from your paychecks to have access to health care, can often be the most expensive part of the health care equation. That's why it's important to fully understand each medical option, the ongoing care you may need, if any, and any expected need for care in the coming year. This will help you determine if you are enrolled in the right option for your needs. For example, if you do not have any ongoing care needs and don't expect any in the coming year, paying for the most expensive medical option – may not be the best option.

Second, when you look at your expenses, you should take into account any FREE money the Company provides to help you pay for your medical costs. That's right, the Company provides free money in the form of a Health Savings Account contribution to help you pay for some services in eligible plans. We'll learn more about the benefits of a Health Savings Account later in the presentation.

Finally, if you only look at what you pay at the time of service, this may leave you overpaying for your health coverage. That's why understanding how to be an informed health care consumer is important. LSC Benefits provides an advocacy and navigation service, called Quantum Health. Quantum Health's Care Coordinators are available to help you price out services, seek lower-cost options, use in-network providers, etc. -- all of which help to lower your out-of-pocket costs.

LSC MEDICAL PLAN

Supporting Your Health



Let's take a look at how the LSC Medical Plan supports you and your family...

Preventive Care Is Covered!

- **FREE preventive care** lets you stay ahead of your health care needs
- **Avoid time-wasting illness** and have peace of mind that you can act on any health risks as soon as possible
- **Get certain preventive medications for FREE**, and, if enrolled in an HSA option, you may be able to waive your deductible for additional preventive drugs, as part of the preventive drug benefit program.



NEED HELP FINDING A PROVIDER?

Contact Quantum Health at 1-844-460-2803, via their app, or through mylscbenefits.com

Preventive Care Examples

- Annual physicals
- Mammograms
- Colonoscopies
- Vaccinations / flu shots
- Well child visits
- Some preventive prescriptions
- And more!

IMPORTANT: Diagnostic care to identify health risks is covered according to Plan benefits, even if done during a preventive visit. If your doctor finds a new condition or potential risk during your appointment, the services may be billed as diagnostic medicine and result in some out-of-pocket costs.

One of the best ways to help ensure you receive great care, is by developing a relationship with a primary care physician (or PCP) through preventive care. Preventive care is FREE! That's right FREE! Don't miss out on this opportunity to see your provider at no cost.

Getting your annual physical is a great first step, but secondary screenings like a mammogram or colonoscopy are important as well. These screenings really do help catch things early. That is why we offer these for FREE, too!

When you need these secondary screenings may be based on your gender at birth and your age, but it is still important to receive these services, so you can reduce your health care costs by detecting issues early to address long-term health conditions. Talk to your PCP about any secondary screenings they recommend for you.

But remember - diagnostic care to identify health risks is covered according to Plan benefits, even if done during a preventive care visit. So, if your doctor finds a new condition or potential risk during your appointment, the services may be billed as diagnostic medicine and result in some out-of-pocket costs. **Make sure you speak with your doctor to ensure they will bill your visit as preventive care!**

DID YOU ALSO KNOW?: Certain preventive medications are FREE. These include eligible generic cholesterol and blood pressure medication, as well as prescriptions related to certain women's preventive care. In addition, **if you are enrolled in HSA Core or HSA Value, you may be able to waive your deductible for additional preventive drugs** as part of the preventive drug benefit program!

Medical Plan Details

		HSA CORE		HSA VALUE		COPAY ADVANTAGE	
		Employee Only	Employee + Dependents	Employee Only	Employee + Dependents	Employee Only	Employee + Dependents
Deductible	In-Network	\$7,000	\$14,000	\$2,500	\$5,000	\$1,500	\$3,000
	Out-of-Network	\$14,000	\$28,000	\$5,000	\$10,000	\$2,500	\$5,000
Coinsurance	In-Network	0%		20%		20%	
	Out-of-Network	0%		50%		40%	
Out-of-Pocket Maximum	In-Network	\$7,000	\$14,000	\$5,000	\$10,000	\$5,000	\$10,000
	Out-of-Network	\$14,000	\$28,000	\$10,000	\$19,600	\$10,000	\$19,600
Prescription Drugs		You pay 0% after deductible and out-of-pocket maximum		Once you meet your deductible, you pay 20% until you reach your out-of-pocket maximum		You pay 20%, subject to minimum and maximum copays (does not apply to your deductible but does apply to your out-of-pocket maximum)	

Deductible + Coinsurance Maximum = Out-of-pocket Maximum:
Once you meet the out-of-pocket maximum, LSC Benefits pays 100% of eligible charges.

LSC Benefits offers three medical options: HSA Core, HSA Value and Copay Advantage.

You will continue to have access to both in-network and out-of-network care. In all medical options, it is important that we use in-network providers. This helps us pay the least possible when we need care. If you choose to visit a provider who does not participate in the BCBS network, you will pay more for care.

It's also important to be aware of how the deductible and out-of-pocket maximum work if you cover dependents:

- **For HSA Core, no one in your family pays more than the individual deductible, which is the same as the individual out-of-pocket maximum, before the Plan starts paying 100% of his/her covered expenses.** For example, if your covered spouse has a hospital stay and incurs \$11,000 in covered expenses, he/she would pay \$7,000 to meet the individual deductible and out-of-pocket maximum; the Plan would pay \$4,000. The Plan would also begin paying 100% of your spouse's covered expenses for the rest of the year. After total expenses for all enrolled family members reach the family deductible, the Plan starts paying 100% of covered expenses for everyone.
- **For HSA Value and Copay Advantage, there is no individual cap on the deductible; the Plan starts paying benefits for an individual's claims only after the total deductible for the coverage category (e.g., Family) has been met — even if those expenses are incurred by only one individual.** The out-of-pocket maximum, however, works differently. No one in your family pays more than the individual out-of-pocket maximum before the Plan starts paying 100% of his/her covered expenses.

As we mentioned earlier, going in-network is a great way to save money. But it's not always easy to know where to go for care. Let's talk about your options...

Knowing Where to Go Can Save Time & Money



MDLIVE — See a doctor or licensed behavioral health specialist in just a few minutes from wherever you are — 24/7.

\$



Primary Care Physician — Preventive care or treatment for a current or new health concern.

\$\$



Urgent Care — You need care quickly, but it is not life threatening.

\$\$\$



Emergency Room — Immediate treatment for a serious life-threatening condition.*

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* If a situation seems life threatening, call 911 or your local emergency number right away.

REMEMBER: If you go to an emergency room for non-emergency services, you will **pay an additional \$500.**

Understanding all the resources that LSC Benefits has available can help you save money and time. Medical situations always seem to arise after hours or on the weekends, and sometimes you can't avoid the ER. But, if your medical situation is not an emergency, use one of the less-expensive alternatives.

REMEMBER: If you go to an emergency room for non-emergency services, you will **pay an additional \$500.**

MDLIVE for Virtual Care

Access a doctor or licensed behavioral health specialist via phone or computer 24/7/365

ADDRESS A WIDE RANGE OF HEALTH NEEDS



- Allergies
- Anxiety
- Bronchitis
- Cold & flu
- Pink eye
- Rashes
- Stress
- And more...

MDLIVE

HSA CORE

\$10

Applies to the deductible

HSA VALUE

\$10

Applies to the deductible

COPAY ADVANTAGE

\$25

Start by registering
at mdlive.com/bcbsil

To make an appointment,
call **1-888-676-4204** or
download the
MDLIVE app

MDLIVE is available to all participants enrolled in the LSC Medical Plan. If you have a minor health condition or a behavioral health issue, you can see a licensed doctor or behavioral health specialist without leaving the comfort of your own home. You can speak with a provider, review your symptoms and get a prescription – all from your cell phone, tablet or home computer.

MDLIVE is cheaper than the ER, urgent care or an in-person visit: Pay \$10 if you are enrolled in **HSA Core** or **HSA Value**, and it counts toward your deductible. Pay \$25 if you are enrolled in **Copay Advantage**.

Get started by registering at mdlive.com/bcbsil.

MEDICAL PLAN RESOURCES



Let's walk through other resources to help you save money while getting the care you need.

Quantum Health for Health Care & Benefits Help

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



Contact Quantum Health:

- 1-844-460-2803
- Download the app
- Online via mylscbenefits.com



Imagine having access to a caring and experienced care coordinator.

If you are enrolled in the LSC Benefits Medical Plan, you do! Quantum Health Care Coordinators are a team of nurses, benefits experts and claims specialists who will do whatever it takes to support your unique health care and benefits needs.





Quantum Health is your single point of contact to:

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

You can reach Quantum Health via mylscbenefits.com, downloading their app, or by calling **1-844-460-2803**.

Personalized Health Support

LSC Benefits offers resources to help you personalize your health:

 Digital program to help end musculoskeletal pain	 Diabetes and hypertension programs	 Guidance throughout the surgery process	 Weight loss and health improvement
<ul style="list-style-type: none"> • Reduce chronic back, hip or knee pain • Digital exercise program you can do anywhere, anytime • May include unlimited one-on-one coaching • For employees and covered dependents ages 18+ <p>hinge.health/lsccommunications</p>	<ul style="list-style-type: none"> • Interactive programs to help you lose weight, avoid/manage diabetes and improve blood pressure • Wireless smart scale and/or blood pressure monitor • Dedicated health coach with a plan curated for you • For employees and covered dependents ages 18+ <p>omadahealth.com/lsc</p>	<ul style="list-style-type: none"> • Help finding a board-certified surgeon • Access to the best information • Most you will pay for a covered surgery is \$1,600. (Surgical costs are payable prior to surgery.) • For employees and covered dependents <p>my.surgeryplus.com</p>	<ul style="list-style-type: none"> • Personalized program to help you build the skills, habits and mindset for eating the right way • For employees and covered dependents ages 18+ <p>wondrhealth.com/LSC</p>
TIP: Download the vendor apps from the iPhone App Store or Google Play Store			

LSC Benefits offers resources that can provide personalized support for your health. These voluntary programs are included with your Medical Plan at no additional cost.

Hinge Health can help you end musculoskeletal pain. As part of your medical coverage, you and your covered dependents ages 18 or older have FREE access to this innovative digital program designed to help reduce chronic back, hip or knee pain. This digital exercise program can be done anywhere and anytime. Your personalized program may include wearable sensors to guide stretches, personalized exercise therapy, and unlimited one-on-one health coaching.

Omada offers interactive diabetes and hypertension programs to help participants lose weight and avoid or manage conditions. These come with dedicated health coaches and individual plans. These programs also include wireless smart scales and/or blood pressure monitors. Some participants in the diabetes program may be eligible for a free glucose monitor and test strips. Omada is available, **at no cost**, to you and your covered dependents ages 18 or older.

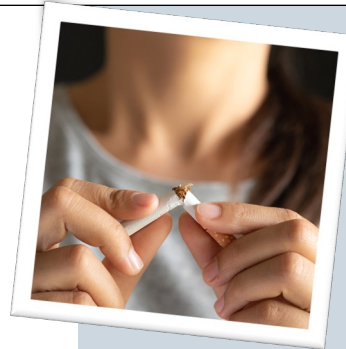
SurgeryPlus provides resources to help you make the best decisions regarding your care, including how to find a board-certified surgeon. The program is included in your medical benefits at no additional cost for you and your covered dependents, and it is completely voluntary. What’s more, using a SurgeryPlus provider helps you save money! **The most you will pay for a covered surgery is \$1,600.** A Care Advocate will ensure you have access to the best information as you make decisions about your care and will provide guidance throughout the course of treatment.

Wondr can help you learn how to lose weight and improve your health while eating the foods you love. Wondr is a **FREE**, personalized program that can help you build the skills, habits and mindset for eating the right way. This program is available to you and your covered dependents age 18 and older.

Visit Quantum Health or the individual vendor websites for more information.

The Tobacco-free Pledge

- Tobacco use puts you — and others — at risk for many health conditions.
- We reward you with a credit toward your medical premiums for being tobacco-free (or pledging to complete the tobacco cessation program).
- If you and/or your spouse use tobacco and do not make the Tobacco-free Pledge, a surcharge **up to \$1,000 will be added to your medical premium**: \$500 more for you; \$500 more for your spouse.



Get help kicking the habit for good with the tobacco cessation program. It's totally free for all employees and dependents. Sign up through the Quantum Health Wellbeing program at **1-844-460-2803**.

If you or your spouse use tobacco but make the pledge to complete the tobacco cessation program, the program must be completed between January 1, 2024 and November 30, 2024.

Tobacco use puts you — and others — at risk for many health conditions.

The Medical Plan provides a tobacco credit for those who are tobacco free or pledge to complete the tobacco cessation program; the credit is already reflected in the medical premiums listed on the enrollment website. If you and/or your spouse are not tobacco-free and do NOT make the Tobacco-free Pledge, you will be charged up to an additional \$1,000: \$500 more for you; \$500 more for your spouse. get help kicking the habit for good with the tobacco cessation program. It's totally free for all employees and dependents. Sign up through the Quantum Health Wellbeing program at **1-844-460-2803**.

If you or your spouse use tobacco but make the pledge to complete the tobacco cessation program, the program must be completed between January 1, 2024 and November 30, 2024, or a retroactive surcharge will be taken from your pay in 2025. If you think you might be unable to meet the program's requirements for avoiding a surcharge, you might qualify by different means; please contact Quantum Health to work with them and, if you wish, your physician.

HEALTH SAVINGS ACCOUNT (HSA)



In addition to providing FREE preventive care, the Company provides FREE money by making a contribution to your Health Savings Account if you enroll in the HSA Value or HSA Core medical option. Let's dig in a little deeper to understand how the Health Savings Account can work for you.

Use Your HSA Like a Debit Card for Medical Expenses



WHAT'S AN HSA?

- A Health Savings Account (HSA) is a savings account that lets you **pay for health care with tax-free dollars**.
- You contribute through **paycheck deductions**, up to an annual amount set by the IRS.
- The **HSA funds are yours**, including the Company contribution, even if you change medical options or leave the Company.
- By building up your HSA from year to year, you can **use the money for future medical expenses**, including during retirement.

See your 2024 premiums rate sheet at myscbenefits.com for the Company HSA contribution.

A Health Savings Account (or HSA) is a great tool! It's a pre-tax savings account that you can think of as a 401(k) for health care.

You add money to the account from your paycheck, and you can use it for eligible health care expenses. Even better, it rolls over each year. You DO NOT have to use-it-or-lose it. That is why it is called a SAVINGS account. It is designed to help you save up funds. Whether you need to spend it tomorrow, two years from now or two decades.

These funds are triple-tax advantaged, meaning you do not pay federal taxes: 1) when the funds are deducted from your paycheck, 2) when you use the funds for eligible expense, or 3) when you receive any earnings from investments. There is no limit to the balance in the account, only to the amount you can contribute each year.

Quick Note: If you are enrolled in Medicare, even Part B, you are not eligible to contribute to an HSA; this includes the Company contribution.

OTHER BENEFITS



Wow! The LSC Medical Plan has a lot of resources to offer...let's take a few minutes to look at other great programs available through LSC Benefits.

Dental & Vision

- Both the dental plan and the vision plan have two levels of coverage to choose from.
- Both coverage levels offer the same services and use the same in-network providers. But the prices you pay will be different.

Dental Plan Options		Vision Plan Options	
MetLife PPO Plus	<ul style="list-style-type: none"> • Pay more from your paycheck, but you'll pay less when you need care. • Good for those who anticipate major needs or orthodontic services. 	EyeMed Enhanced	Pay more from your paycheck, but you'll pay less when you need care.
MetLife PPO	<ul style="list-style-type: none"> • Pay less from your paycheck, but you may pay more when you need care. • Does NOT cover orthodontia. • Good option for those who don't anticipate major needs. 	EyeMed	Pay less from your paycheck, but you'll pay more when you need care.

LSC Benefits offers two dental and vision plans. Both coverage levels offer the same service and access to the same providers, but the price you pay – through your paycheck and at the time of service – are different.

Quick fact: Sometime chronic conditions like diabetes and heart disease can be seen through dental or vision exams before you begin noticing symptoms...make sure you are not only getting your medical preventive care, but also any annual exams through your dental and vision plans – if you are enrolled.

Dental Details

Both options offer two cleanings a year: don't forget to schedule your dental checkups.

BENEFIT DESCRIPTION	METLIFE PPO	METLIFE PPO PLUS
	In-Network & Out-of-Network	In-Network & Out-of-Network
Deductible (no deductible applies 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 Benefit	Not covered	\$2,000 per individual receiving treatment per lifetime
Preventive — Type A (exams, cleanings, bitewing x-rays, fluoride application, sealants, etc.)	FREE	FREE
Basic — Type B (fillings, full mouth x-rays, routine extractions, non-surgical periodontics, oral surgery, etc.)	You pay 50% after deductible	You pay 20% after deductible
Major — Type C (crowns, dentures, bridges, implants, bruxing appliances, periodontal surgery, surgical impacted extractions, root canal, general anesthesia, etc.)	You pay 50% after deductible	You pay 50% after deductible
Orthodontia — Type D	Not covered	You pay 50% after deductible

Both dental options are offered through MetLife...these options cover most of the same services, but how much they cover on an annual basis differs.

It's important to note that both dental options also cover preventive care at 100% - that's right, two cleaning per year for FREE...Dental care is a crucial piece of your total health so make sure you are taking advantage of this benefit.

Vision Details

Visiting your eye doctor regularly can help identify signs of eye disease at an early stage, when treatment can have the greatest impact.

BENEFIT DESCRIPTION	EYEMED		EYEMED ENHANCED	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Frequency of Vision Service (months)	• 12-month exam • 12-month frame • 12-month lens			
Routine Vision Exam	\$10 copay	Up to \$35 allowance	\$0 copay	Up to \$35 allowance
Retinal Imaging	\$15	Not Covered	\$15	Not Covered
Frames	\$0 copay — \$130 allowance; 20% off balance over \$130	Up to \$60 allowance	\$0 copay — \$160 allowance; 20% off balance over \$160	Up to \$80 allowance
Lens (single vision)	\$20 copay	Up to \$25 allowance	\$10 copay	Up to \$25 allowance
Contacts	\$0 copay — \$150 allowance; 15% off balance over \$150	Up to \$150 allowance	\$0 copay — \$170 allowance; 15% off balance over \$170	Up to \$150 allowance
Diabetic Care – medical follow-up eye exam	\$0 copay	Up to \$77 allowance	\$0 copay	Up to \$77 allowance

Visiting your eye doctor regularly can help identify signs of eye disease at an early stage, when treatment can have the greatest impact.

Both vision options are offered through EyeMed. Both cover exams, frames and lenses every 12 months...what you pay for services is where you see the difference. Make sure you are choosing the right option for you and your family.

Basic Life Insurance, Optional Life and AD&D (Through MetLife)

BASIC LIFE INSURANCE

To help remedy the financial burden a death or serious injury may cause you and your family:

- **We provide Basic Life at no cost to you.**
- LSC Benefits provides all eligible employees 1x salary up to \$125,000.

OPTIONAL LIFE AND AD&D

For an extra layer of protection and peace of mind, **you can purchase additional coverage:**

- Optional Employee Life
- Optional AD&D (Employee or Family)
- Spouse Life
- Child Life

Evidence of insurability (EOI) is required for Optional Life and AD&D if you elect an amount greater than the guarantee issue amount. If you are newly eligible and wait until a future Annual Enrollment to elect coverage, you will have to submit EOI for any level of coverage.

Protecting your family's financial needs are important to the Company. That's why we provide Basic Life insurance to all employees at no cost. This covers 1 times your salary up to \$125,000. But you also have the option to purchase additional coverage for you and your family!

Disability Insurance

LSC Benefits provides disability insurance through The Hartford to help protect you and your family's financial needs in the event of an accident or illness.

SHORT-TERM DISABILITY PROVIDED AT NO COST TO YOU

- If you are out of work due to an illness — and if approved by The Hartford for STD — your disability benefits will begin after a 7-day waiting period.
- STD pays a monthly benefit of 60% of your pre-disability earnings for up to 26 weeks.

LONG-TERM DISABILITY PROVIDED AT NO COST TO YOU

- If your disability continues beyond the STD period and you are approved by The Hartford for LTD benefits, your LTD benefits will begin on the 181st day of the disabling condition (duration determined by the Plan).
- LTD pays you 50% of your monthly earnings, up to \$10,000 per month.

Purchase an additional 10% of LTD coverage for a total LTD benefit of 60% of your pre-disability earnings, up to \$10,000 a month.

- Evidence of insurability (EOI) will NOT be required for LTD Buy-up for this annual enrollment only.
- If you wait until a future Annual Enrollment to elect coverage, you will have to submit EOI for LTD Buy-up.

Have an unexpected illness, injury or surgery and need time to recover. LSC Benefits provides disability insurance through The Hartford to help protect you and your family's financial needs in the event of an accident or illness.

Short-term disability (or STD) is available to all eligible employees and pays a monthly benefit of 60% of your pre-disability earnings for up to 26 weeks.

In the unfortunate circumstance where your doctor indicates you need to be out of work for longer than 26-weeks, LSC Benefits provides you with long-term disability (or LTD). This FREE benefit from LSC protects your income and pays 50% of your monthly earning up to \$10,000 per month.

You also have the option to purchase an additional 10% of LTD coverage, which would provide a total LTD benefit of 60% of your pre-disability earnings, up to \$10,000 a month.

Evidence of insurability (EOI) will NOT be required for LTD Buy-up for this AE only. If you wait until a future Annual Enrollment to elect coverage, you will have to submit EOI for LTD Buy-up.

Supplemental Health Care with MetLife

ADDITIONAL LAYER OF SECURITY AND PEACE OF MIND

CRITICAL ILLNESS

Pays a lump sum benefit

- Get financial support to help you when a serious illness occurs such as: heart attack, stroke, end-stage renal failure, major organ failure or invasive cancer.
- Pays a lump-sum benefit (\$10,000 or \$20,000) to the insured.

ACCIDENT INSURANCE

(included with Critical Illness)

Pays a variable lump sum benefit

- Pays a lump-sum benefit to the insured, when a covered accident results in an injury such as a broken bone, concussion or laceration.
- Payment amount determined by services received.

Enroll in Critical Illness, and you and your covered dependents can each receive \$50 for completing a health screening!

Visit mylscbenefits.com for more information about supplemental health care benefits, including an Employee Briefing and MetLife plan documents.

Looking for an additional layer of security and peace of mind? Consider enrolling in a supplemental health care plan with MetLife.

Critical Illness pays a lump-sum benefit if you are diagnosed with a serious illness like a heart attack, stroke or invasive cancer. The plan also rewards you and your covered dependents with \$50 for completing a health screening or test, everything from annual physicals to colonoscopies and mammograms. For details, review the Health Screening Benefit flier on mylscbenefits.com, under Benefit Resources/Supplemental Health Care.

Accident coverage (included with Critical Illness) helps protect you from accident-related medical costs – because, we can't always avoid an accident.

Supplemental Health Care with MetLife (cont'd)

ADDITIONAL LAYER OF SECURITY AND PEACE OF MIND

Hospital Indemnity

Pays a cash payment

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

- \$350 for a hospital admission.
- \$200 per day for up to 31 days for a hospital stay.



Visit myscbenefits.com for more information about supplemental health care benefits, including an Employee Briefing and MetLife plan documents.

Your MetLife supplemental health care benefits also include Hospital Indemnity, which helps to protect you from the financial burden of a hospital visit. Hospital Indemnity provides you with a cash payment.

The payments from the three supplemental benefits plans – Critical Illness, Accident Insurance and Hospital Indemnity – are made directly to you. And while enrolling in these plans should never replace medical coverage, they can help you avoid putting a strain on your wallet if you need medical care for covered conditions.

Visit myscbenefits.com for more information about supplemental health care benefits, including an Employee Briefing and MetLife plan documents.

Flexible Spending Accounts with HealthEquity

FSA's allow you to pay for eligible health care or dependent care expenses on a pre-tax basis through payroll deductions.

	FULL-USE HEALTH FSA	LIMITED-USE HEALTH FSA	DEPENDENT CARE FSA
WHO CAN PARTICIPATE?	All benefits-eligible employees NOT enrolled in the HSA Core or HSA Value medical options	Employees enrolled in the HSA Core and HSA Value medical options	All benefits-eligible employees
HOW MUCH YOU CAN CONTRIBUTE ANNUALLY?		Up to \$3,050	<ul style="list-style-type: none"> Up to \$5,000 for individuals or married couples filing joint tax returns Up to \$2,500 if you are married and file separate tax returns
ELIGIBLE EXPENSES	Medical, prescription drug, dental and vision expenses not paid by your insurance — see IRS Publication 5021 for a complete list	<ul style="list-style-type: none"> Dental and vision expenses only until you meet your Medical Plan deductible. Once you meet your medical deductible and submit the appropriate verification form for approval, funds can also be used for medical expenses. 	Day care, preschool and after-school care for a dependent child under age 13 or for a tax dependent who is physically or mentally incapable of self-care

USE IT OR LOSE IT!

In general, you have until March 31, 2025, to submit claims for services incurred during 2024. Any unused FSA funds are forfeited, so plan carefully!

Flexible Spending Accounts (or FSAs) are pre-tax vehicles that allow you to save for your health care and dependent care expenses.

LSC Benefits offers three types of FSAs: Full-use Health Care, Limited-use Health Care, and Dependent Care.

Both the Full-use and Limited-use Health Care FSAs can be used for eligible medical, prescription drug, dental and vision expenses. You decide how much to put in the account for the year, and the full amount is credited to you so you can immediately start using your funds for eligible expenses. Note with the Limited-use Health Care FSA, you must meet your medical deductible before you can begin to use your funds for eligible medical and prescription drug expenses.

The Dependent care FSA – much like the Health Care FSA – allows you to put aside pre-tax dollars to help pay for care for your dependent children or disabled adults. It helps reimburse you for things like day care expenses, certain camps and in-home care as well. You choose the amount you want to contribute and then file for reimbursement for expenses. There is one thing different than the Health care FSA...before you can file for a reimbursement, the funds have to be in the account.

Unlike Health Savings Accounts that roll over every year, FSAs are considered “use it or lose it” accounts. Unused funds are forfeited at the end of the calendar year, so plan carefully.

Employee Assistance Program (EAP)

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

Use the 24/7 EAP for: Everyday stress and anxiety | Death in the family | Child going away to college | Cross-country move | Work/life and legal/financial services

Two ways to connect with the EAP (Administered by Carelon)

1. Call **1-877-409-1488** to talk to a professional specialist for confidential support.
2. Visit **carelonwellbeing.com/LSC** for articles, videos and audio files on topics to help make life easier. Also initiate virtual sessions or sign up to see a counselor.

6 Totally Free Counseling Sessions: You can book up to six face-to-face or virtual counseling sessions per issue, per year, totally FREE!

Each member of your household is eligible for up to 6 sessions, whether they are enrolled in other LSC Benefits or not.



Your voluntary participation in the program is always confidential.

We continue to hear (and see) that mental health is a top concern. The LSC Benefits Employee Assistance Program (or EAP) is here to help you. The EAP is administered by Carelon and provides information, guidance and support with things like: stress management, depression and anxiety, marriage and relationship issues, finding care for an aging parent, legal concerns, financial planning and more. And the help is FREE.

Whether you connect with a counselor online, via the app or through the phone, please reach out if you need assistance. Call **1-877-409-1488** or visit **carelonwellbeing.com/LSC** to get started. Participation is always voluntary and confidential.

Connect with a Licensed Counselor Via Phone or Laptop

- **Review your best provider match** based on your intake assessment.
- **Start your therapy by sending text, voice, or video messages.** Counselors respond daily during their business hours.
- **Your counselor stays with you** throughout your Talkspace journey.
- **Talkspace's counselors specialize in:**
 - Stress • Relationships • Eating disorders • Identity struggles • Anxiety • Healthy living • Substance use • ADHD • Depression • Trauma & grief • Sleep • and more



READY TO GET STARTED?

- To register, visit talkspace.com/carelonwellbeing and enter: LSC Communications
- Complete the QuickMatch™ questionnaire to share your preferences and review your best provider match

Our EAP offers 6 FREE counseling sessions per issue per year. With Talkspace, one session generally equals one week of access and the ability to send unlimited messages to your therapist, or one completed live video session.

Taking care of your mental health helps you show up as your best, most authentic self. With Talkspace, you'll be connected with a licensed counselor so you can share what's on your mind, wherever you are, from the convenience of your phone or laptop.

How it works: Review your best personal provider match based on your intake assessment and preferences. Start your therapy by sending text, voice, or video messages — messages can be as short or as detailed as you'd like. Counselors respond daily during their business hours, which often includes weekends. You can also book live sessions for real-time conversations. Your counselor stays with you throughout your Talkspace journey (but if you're not feeling the connection, it's easy to switch). Talkspace's clinical network includes thousands of licensed and verified counselors who specialize in things like:

- Stress •Relationships •Eating disorders •Identity struggles •Anxiety •Healthy living •Substance use •ADHD •Depression •Trauma & grief •Sleep •and more

Ready to get started?

- To register, visit talkspace.com/carelonwellbeing and enter: 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.

Your EAP offers 6 counseling sessions per issue per year. With Talkspace, one session generally equals one week of access and the ability to send unlimited messages to your therapist, or one completed live video session.

LSC 401(k) Savings Plan

No matter the point in your career, now is a great time to think about your future and save for retirement. **Contributing to a 401(k) now can help keep you financially secure later.**

- Receive a Company match (see your local HR rep for details).
- Enrolled employees are immediately eligible for the matching contribution – regardless of tenure with the Company.
- After 1 year of service, you are fully vested in the Company contribution.
- **If you're a new hire:** Watch for an enrollment kit from Empower Retirement.



The average American starts saving for retirement at age 27. But it's never too late!

Source: Annuity.org

It's never too early – or too late – to think about saving for retirement. Eligible employees can begin receiving a matching contribution immediately. You have to be with the Company for one year before you are vested in the Company contribution, but we encourage you to start saving today!

If you're a new hire: Watch for an enrollment kit from Empower Retirement.

ELIGIBILITY AND ENROLLMENT



We've looked at WHAT our plans cover. Now, let's look at WHO is eligible.

LSC Benefits Eligibility

- Full-time or part-time regular employees working 30 hours or more per week are eligible
- Eligible dependents:
 - **Legally married** spouse or domestic partner
 - **Child/children to age 26**, regardless of student or marital status
 - **Unmarried disabled dependent children of any age** (you will be required to provide proof of disability)

The benefits we're covering today are available to full-time or part-time regular employees. These employees can also add eligible dependents to their coverage. Typically, this includes your legally married spouse, domestic partner, children up to age 26, and unmarried disabled dependent children.

ACTION REQUIRED TO COVER DEPENDENTS

If you want to cover any dependents in 2024, you will need to enroll them as well as confirm their eligibility through the enrollment website. Visit mylscbenefits.com to review the required documentation for verifying dependents to help ensure you submit it correctly.

Examples include but are not limited to:

- For child(ren) — birth certificate, or court papers for adoption.
- For spouse — Joint federal tax return, or both spouses' returns if filing separately (first page only).

You have 60 days from the date annual enrollment closes to verify your dependents; otherwise, you can not add dependents to coverage until the next annual enrollment period or unless you experience a qualifying status change during the year (e.g., marriage or birth of a child).

If you DON'T take action, you will default to the HSA Value medical option for Employee Only and pay the tobacco surcharge.

Please note: We will verify all newly added dependents enrolled in any of our plans. We recommend you start collecting the necessary documents: birth certificates, federal tax returns, legal records, etc. It's important to start now as dependents must be verified within 60 days from the close of Annual Enrollment or, for new hires/newly eligible, 60 days from the date of hire or eligibility status change.

NEW: DIRECT BILLING WHEN ON LOA

If you are currently on a leave of absence or start a new leave as of January 1, 2024, you will be direct billed for your benefits coverage. You will receive monthly invoices, with payment coupons, at your primary address on file.

NEW: BENEFICIARY DESIGNATION

Designate your beneficiaries for life insurance, HSA and 401(k) directly with the benefit vendors, after January 1, 2024. See “Check Your Beneficiaries” under Benefit Resources at mylscbenefits.com for instructions.

When to Enroll

Monday, December 4 through Friday, December 15, 2023

Two Ways to Enroll

To Support You: Enrollment Made Easy!

Go Online

Visit mylscbenefits.com from your phone or web browser and click the LSC Benefits Center link to register/log in.

LSC BENEFITS CENTER 

Call the LSC Benefits Center

1-888-681-2241

Monday – Friday, 8:00 a.m. – 5:00 p.m.,
Central Time

We want to support you during enrollment; that's why we offer you two ways to enroll with the LSC Benefit Center: Online via mylscbenefits.com or through the toll-free number: **1-888-681-2241**. Representatives are available Monday through Friday from 8:00 am to 5:00 pm Central time.

What Happens if I Don't Enroll?

If you don't want coverage, you still must take action to avoid default elections.

NEW HIRE/NEWLY ELIGIBLE ENROLLMENT

If you choose not to take action during your enrollment period:

- **Your coverage will default to the following:**
 - HSA Value; Employee Only Coverage
 - Tobacco User Rates
 - Company-paid Benefits: Basic Life Insurance, Short-term Disability and Basic Long-term Disability



You cannot make changes outside of your enrollment period unless you have a qualifying life event.

You have 30 days from a life event to update your coverage. (A few events permit up to 60 days to make changes.)

Don't want LSC Benefits coverage? You still need to take action to avoid default elections and to designate beneficiaries for your Company-provided benefits.

If you are a new hire -- or newly eligible for benefits -- and choose NOT to take action during your enrollment period, your coverage will default to the following:

- HSA Value; Employee Only Coverage
- Tobacco User Rates
- Company-paid Benefits: Basic Life Insurance, Short-term Disability and Basic Long-term Disability

You cannot make changes outside of your enrollment period unless you have a qualifying life event, such as: marriage, divorce, birth and/or adoption, or a change in status for you or a spouse/dependent.

You have 30 days from a life event to update your coverage. (A few events permit up to 60 days to make changes.)

Otherwise, you must wait until the next Annual Enrollment period to change your coverage.

After You Enroll

- **Verify any new dependents** you are adding to coverage.
 - Review the list of approved verification documents on mylscbenefits.com.
- **Review your Confirmation of Enrollment** for accuracy.
 - If there are any discrepancies, call the LSC Benefits Center immediately.
- **Watch your mail for:**
 - Your Quantum/BCBS medical & prescription drug ID card.
 - New MetLife dental and EyeMed vision cards if you elected dental and/or vision benefits.
 - SurgeryPlus ID card.

Here is what you need to do after you enroll:

- Verify any new dependents you are adding to coverage. Review the list of approved verification documents on mylscbenefits.com for more information.
- Review your Confirmation of Enrollment for accuracy. If there are any discrepancies, call the LSC Benefits Center immediately.
- Watch your mail for a Quantum/BCBS medical & prescription drug ID card.
- You will also receive new MetLife dental and EyeMed vision cards if you elected dental and/or vision benefits.
- Also watch your mail for a SurgeryPlus ID card. This ID card is specific to the SurgeryPlus benefit and is NOT your medical/prescription drug ID card. Your Quantum/BCBS ID is still your day-to-day medical & prescription drug ID card.

THANK YOU!

ABOUT THIS PRESENTATION: This presentation describes the coverage offered to the majority of benefits-eligible employees under the LSC Group Benefits Plan and LSC Flexible Benefits Plan (collectively, the “Plan”). Your benefits eligibility will determine the coverage that is offered to you, your spouse/domestic partner and any dependent child(ren). More details on benefits eligibility are available in the Plan’s Summary Plan Description (SPD) and Summaries of Material Modifications (SMMs) online at myscbenefits.com. This presentation also serves as an SMM and describes updates that affect the Plan’s SPD. Please read this presentation carefully and keep it with your SPD for future reference.

IMPORTANT: The descriptions provided in this presentation are based on the official Plan documents. Every effort has been made to ensure the accuracy of this material. In the unlikely event there is a discrepancy between this document, the SPD, SMMs, Summary of Benefits and Coverage (SBC) or any other materials summarizing the Plan and the official Plan documents, the official Plan documents will control. LSC Communications LLC reserves the right to amend, change or terminate any or all of the benefit plans it sponsors, including without limitation, the Plan and the LSC Separation Pay Plan, in whole or in part, at any time.

Thank you for your attention today. We appreciate you taking the time to learn about all the great benefits the Company has to offer.