

IMPORTANT NOTICES and DISCLOSURES



HIPAA Privacy Notice

As a participant in the LSC Group Benefits Plan or the LSC Flexible Benefits Plan (collectively, the “Plan”), you are entitled to receive the HIPAA Privacy Notice. This Notice describes how the Plan creates, receives, uses, maintains and discloses health information about participating employees and dependents in the course of providing health benefits. The Plan is required to inform participants of the Plan’s duties and privacy practices with respect to covered individuals’ protected health information. You may view a copy of the HIPAA Privacy Notice on mylscbenefits.com, or you may request a copy from the HIPAA Privacy Official for the Plan by writing to:

LSC Communications LLC, c/o HIPAA Privacy Official, 4101 Winfield Rd., Warrenville, IL 60555

Special Enrollment Period for Group Health Coverage

If you decline health coverage for yourself or your dependents because you/your dependents have other coverage and you/your dependents later lose that other coverage (or if the employer stops contributing toward your or your dependent’s other coverage), you may qualify for special enrollment in health coverage under the Plan outside of the normal open enrollment period.

Your loss of other health coverage qualifies for special enrollment treatment only if **both** of the following apply:

- + You/your dependents were covered under another group health care plan or health insurance coverage at the time you were offered coverage under the Plan; and
- + You/your dependents lost the other coverage because you/they exhausted your/their right to COBRA continuation coverage, you/they were no longer eligible under that other plan or an employer’s contributions for coverage terminated.

You must enroll within 30 days after your/your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and/or your dependents for coverage under the Plan. Generally, you must enroll within 30 days after such event. You may also be able to enroll if you/your dependents lose eligibility for coverage under Medicaid or a state Children’s Health Insurance Plan (CHIP) and enroll within 60 days of losing Medicaid or CHIP. Also, you may be able to enroll if you/your dependents become eligible for premium assistance from Medicaid or CHIP toward the cost of the group health plan, and enroll within 60 days of eligibility for state premium assistance. To request special enrollment or if you have questions regarding special enrollment rights, please contact the LSC Benefits Center at **1-888-681-2241**.

Women’s Health and Cancer Rights Act

Important information about benefits that may be available to women who have had or are going to have a mastectomy:

If you or one of your covered dependents have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- + All stages of reconstruction of the breast on which the mastectomy was performed;
- + Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- + Prosthesis; and
- + Treatment of physical complications of the mastectomy, including lymphedema.

Such coverage is subject to all Plan provisions, limitations and requirements, including any annual deductible and coinsurance limitations, outlined in your Summary Plan Description (SPD) and any related summaries of material modifications (SMMs). If you would like more information, visit the Plan’s website at mylscbenefits.com or call the LSC Benefits Center at **1-888-681-2241**.