



2026 BENEFITS ENROLLMENT GUIDE

FOR ANNUAL ENROLLMENT
AND NEW HIRES



Benefits effective January 1, 2026

WHAT'S INSIDE

Eligibility and Enrollment 3

Our Wellness Partnership 6

Understanding and Choosing a Medical Option 9

Where to Go for Care 13

Health Savings Account (HSA) 14

Flexible Spending Accounts (FSAs) 16

Support from the Medical Plans 17

Dental and Vision 21

Extra Coverage — Supplemental Health Care 23

More Ways to Secure Your Wellbeing — Disability, Life and AD&D 24

Employee Assistance Program (EAP) 27

BenefitHub Discount Program 28

Useful Contacts for 2026 29

NOTE: Throughout this guide, references to:

- **Spouses** include covered domestic partners,
- **Dependents** include spouse and/or child(ren), and
- **New hires** include employees newly eligible for benefits, with the exception of the enrollment deadline as noted on page 5.



ELIGIBILITY AND ENROLLMENT

Who Is Eligible for Benefits?

Full-time or part-time regular employees working 30 hours or more per week.

Certain employees may be eligible under the Affordable Care Act (ACA), if they worked a minimum number of hours in the prior year. (You will be notified if this applies to you.)

Employees are also ACA-eligible if they move from benefits-eligible to ineligible. **In this case, their current medical coverage and current HSA contribution (if enrolled in an HSA) will continue automatically for the remainder of the year. They must call the LSC Benefits Center within 14 days of this status change if they wish to decline coverage.**

Who Are Eligible Dependents?

Employees can only enroll eligible family members in their benefits:

- Legally married spouse or domestic partner
- Children up 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)

We will verify that your dependents qualify to be enrolled in our plans. All dependents enrolled will require proof of eligibility (e.g., birth certificates, federal tax returns and legal records, if applicable). **See the Required Documentation to Verify Dependents at mylscbenefits.com under Summaries & Notices/SPDs.**



Dependents must be verified within 30 days of the date you submit your election.



* If you do not verify your dependent(s) in accordance with the plan administrator's rules, your unverified dependent(s) will not be added to coverage. The next opportunity to add your dependent(s) to coverage will be at Annual Enrollment or at the time of a qualifying life event.

What Happens if I Don't Enroll?

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

NEW HIRE / NEWLY ELIGIBLE ENROLLMENT	ANNUAL ENROLLMENT
If you choose not to take action during your enrollment period, your coverage will default to the following: • HSA Value Plan; Employee Only Coverage • Tobacco User Rates • Company-paid Benefits: Basic Life Insurance, Short-term Disability and Basic Long-term Disability	If you choose not to take action during Annual Enrollment, your current coverage will rollover to the following year, except: • Health Savings Account* • Flexible Spending Accounts* • Tobacco User Status (will reset to Tobacco User)

* Your contributions will default to \$0.

You cannot make changes outside of your enrollment period unless you have a qualifying life event, such as:

- Marriage
- Divorce
- Change in status for you or your spouse
- Birth and/or adoption
- Dependent no longer eligible for LSC coverage

You have 30 days from a life event to update your coverage. [A few events permit up to 60 days to make changes; refer to the Summary Plan Description (SPD) and any related Summary of Material Modifications (SMM) at mylscbenefits.com for more information.] Otherwise, you must wait until the next Annual Enrollment period to change your coverage.



How to Enroll

Enrollment Made Easy

LSC wants to support you during enrollment; that’s why we offer you two ways to enroll:

Go Online

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



Call the LSC Benefits Center

1-888-681-2241, Monday – Friday,
7:00 a.m. – 7:00 p.m., Central Time

New Hire?

If you are a new hire, coverage takes effect the first day of the month *after* you complete one full calendar month of employment regardless of the day of the month you started employment. For example, if your date of hire is any day in January (including the first day of the calendar month — i.e., January 1), your coverage will begin on March 1.

You have until your benefits effective date to complete enrollment for you and your dependents.

If you are rehired with a break in service greater than 30 days, you are considered a new hire for the purpose of benefits and must take action.

If you are rehired within 30 days of a break in service, your benefits are effective on your date of rehire.

Newly Eligible?

If you are employed by LSC for 30 days or more before becoming benefits-eligible, your benefits effective date is the date you become eligible; **you have up to 14 days after your status change date to enroll.**

See page 4 for what happens if you do not enroll or elect “No Coverage” before the deadline.

FOR NEW HIRES: WHEN COVERAGE BEGINS	
If you start any day (including the 1 st) in the month of...	Your coverage begins on...
January	March 1
February	April 1
March	May 1
April	June 1
May	July 1
June	August 1
July	September 1
August	October 1
September	November 1
October	December 1
November	January 1
December	February 1

OUR WELLNESS PARTNERSHIP



KNOW your risks.



TAKE action.



THRIVE with confidence.

Wellness is a journey, and your benefits are here to support you every step of the way, but we can't do it alone. It takes a partnership between you and the Company.

Our responsibility is to provide access to strong, supportive benefits.

Your responsibility is to use your plans wisely:

- **KNOW your health risks** — Get your free in-network preventive care to help you maintain good health, manage risk factors and detect any health problems early. Conditions that aren't detected early can become more serious — and more costly — to treat.
- **ACT** — Use providers who have the best outcomes, follow through on your provider's advice, take your medications regularly, and get the recommended follow-up care.
- **THRIVE with confidence** — Contribute to the HSA and/or Health Care FSA to take advantage of pre-tax savings, and use the many support programs and resources available to you.

When we work together, we can tackle rising health care costs through making the most of the available benefits and resources — because we all share in paying for them.



2026 Wellness Program

Requirements: To complete the 2026 Wellness Program and save money on 2027 medical premiums, employees and covered spouses/domestic partners enrolled in the LSC medical plan as of April 1, 2026 need to:

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

IMPORTANT DATES

- **Register at eHealthScreenings** and download the physician screening or offsite lab form by **August 24, 2026**.
- **Completed forms should be uploaded** to eHealthScreenings by **September 1, 2026**.

If You Don't Complete the 2026 Program

You will pay up to \$1,300 additional for 2027 medical coverage (\$650 for you and \$650 for your spouse) if you don't complete the 2026 program by September 1, 2026.

Register at eHealthScreenings for the Wellness Program

Everyone participating will need to download a form to be completed at an offsite lab or by a primary care physician. The offsite lab will complete and upload the form for you automatically; if you see a primary care physician, you will need to upload the completed form to eHealthScreenings yourself. Onsite screenings may be available at your work location as well. More information will be provided about this option in April 2026. Login to eHealthScreenings to select how you will be completing your screening and complete the Wellness Assessment.

How to Register at eHealthScreenings

1. Go to **ehealthscreenings.com/signup**.
2. Under the NOT YET REGISTERED? box, enter the screening key: **LOC387** and click Submit.
3. Enter your assigned default username and password:
 - **USERNAME:** First initial + last initial + date of birth (MMDDYYYY) (for example, John Smith born April, 23, 1975 is JS04231975)
 - **PASSWORD:** Last name + last 4 digits from your Social Security number (for example, John Smith with Social Security number 123456789 is Smith6789)
4. Click Verify My Account then follow the prompts. You'll be able to select the Offsite Lab section or the Physician Screening section.

* Username and password are case sensitive.



Take the Tobacco-free Pledge

Tobacco use puts you — and others — at risk for many health conditions. We want to reward those who are tobacco-free. Those who pledge that they are tobacco-free will receive a credit, as **already reflected** in the medical premiums: \$500 for employee and \$500 for spouse. Those who use tobacco (or don't make the Tobacco-free Pledge) will not see the credit in their medical premiums beginning in January 2026, but, if they complete the tobacco counseling program any time during 2026, they will earn the credit on a go-forward basis.

EMPLOYEE	SPOUSE
\$500 per year	\$500 per year

Get help kicking the habit for good with the tobacco counseling program through Caredon Wellbeing. It's totally FREE for all employees and spouses. Sign up at caredonwellbeing.com/lsc, download the app, or call or text **1-877-409-1488**.

Preventive Care: Take Action for Your Best Self

We mentioned it before, but it is worth repeating: When you enroll in any medical option, all of your eligible in-network preventive care is FREE! Yes, FREE!

Preventive care lets you stay ahead of your health care needs. By knowing your health status and risks and getting your recommended immunizations and screenings — all covered at no cost to you — you can avoid illness and have peace of mind that you can act on any risks as soon as possible. Some examples:

- Annual physical
- Flu shots
- Mammograms
- Well-child care visits
- Colonoscopies
- Cancer detection blood test for ages 50+ (see page 20)

DID YOU 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 other preventive drugs** as part of the preventive drug benefit program! This includes categories of prescription drugs that are often used for preventive purposes such as contraception, diabetes, high blood pressure, high cholesterol and more.



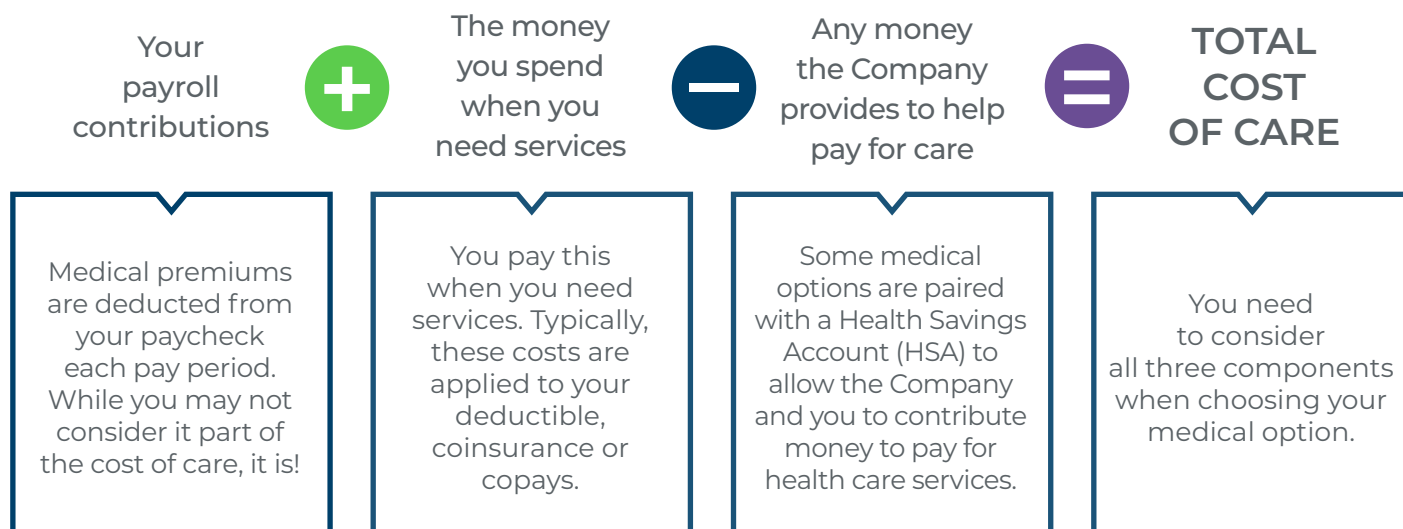
TIP: Make sure your provider's billing staff codes the visit as routine/preventive care to help your claim get paid fully.

UNDERSTANDING AND CHOOSING A MEDICAL OPTION



LSC Benefits offers three options for medical coverage: **HSA CORE**, **HSA VALUE** and **COUPE PPO**. When choosing your medical option, it is important to understand your total cost for medical coverage and the similarities and differences between each option.

The cost of care under the medical plan consists of three parts:



What's the Same

All our medical options use the BCBS network you know and trust and cover the same medical services, including:

- Free, in-network preventive care, such as 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 out-of-pocket maximum



Main Differences

HSA Core and HSA Value

With **HSA Core** and **HSA Value**, you get access to an HSA. That's a Health Savings Account, which lets you contribute funds pre-tax to pay for eligible health care expenses now or in the future, including in retirement. The Company also gives you money for your HSA.

Another difference with **HSA Core** and **HSA Value** is that you'll use **Quantum Health Coordinators** who are nurses, benefits experts and claims specialists who will do whatever it takes to support your unique health care and benefits needs. (The Coupe PPO has the Coupe Health Valet.)

Coupe PPO

With **Coupe PPO**, you get your total cost (your copay) for health care visits and procedures *upfront* before you seek care. You start by searching for providers/physicians on the Coupe app or website or by calling a Coupe Health Valet for help to find a high-quality provider. Your **Coupe Health Valet** can also help answer billing, provider or plan questions.* Coupe Health categorizes providers into three copay rankings based on quality and efficiency:



Note: The costs do not include prescription drug costs. When you need prescription drugs, you pay a portion of the cost through copays or coinsurance like with **HSA Core** and **HSA Value**.

How You'll Pay for Services When You Need to See a Provider

HSA CORE & HSA VALUE

-  **FIND** an in-network provider
-  **RECEIVE CARE**
-  **PAY** your deductible/coinsurance at time of service
-  **PLAN PAYS** its share
-  **DECIDE** if you want to pay your share out of pocket or use your HSA. If you don't use your HSA now, you can save it for eligible expenses down the road

COUPE PPO

-  **SEARCH** your condition/treatment services on the Coupe app or website
-  **SEE** prices for nearby providers at the various Tiers
-  **CHOOSE** the provider that is right for you at the Tier you're comfortable with
-  **RECEIVE CARE**
-  **PAY** the provider the assigned price at time of service
-  **PLAN PAYS** its share
-  **DECIDE** if you want to pay your share out of pocket or, if enrolled, use your Health Care FSA

* The Lantern program does not apply to Coupe PPO.

Your Medical Options At-a-Glance

 = Employee Only

 = Employee + Dependents

CATEGORY		HSA CORE		HSA VALUE	
		In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible		\$7,000	\$14,000	\$2,500	\$5,000
		\$14,000 ¹	\$28,000 ¹	\$5,000 ²	\$10,000 ²
Coinsurance <i>(What you pay after you meet the deductible)</i>		You pay 0% after deductible and out-of-pocket maximum		You pay 20% after deductible	You pay 50% after deductible
Annual Out-of-Pocket Maximum <i>(Medical and Prescription Drug combined)</i>		\$7,000	\$14,000	\$5,000	\$10,000
		\$14,000 ¹	\$28,000 ¹	\$10,000 ²	\$19,600 ²
Preventive Care <i>(e.g., annual physical, flu shots, mammograms, well-child care visits)</i>		FREE		FREE	You pay 50% after deductible
Office Visits		You pay 0% after deductible and out-of-pocket maximum		You pay 20% after deductible	You pay 50% after deductible
Emergency Room (ER) ³		You pay 0% after deductible and out-of-pocket maximum		You pay 20% after deductible	You pay 20% after deductible if true emergency, otherwise 50% after deductible
Deductible + Coinsurance + Copay = Annual Out-of-pocket Maximum Once you meet the out-of-pocket maximum, LSC Benefits pays 100% of covered services.					
Prescription Drugs — You pay ⁴ :					
		Retail and Mail-Order <i>(After Deductible and Out-of-Pocket Maximum)</i>		Retail and Mail-Order <i>(After Deductible)</i>	
• Generic		0%		20%	
• Brand Formulary					
• Brand Non-Formulary					
• Specialty					

1. 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.
2. For HSA Value, 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.
3. If you use the ER for a non-emergency, you will be charged an additional \$500 that will NOT count toward your deductible or out-of-pocket maximum.
4. Certain preventive medications are covered by LSC Benefits at 100%, so you pay nothing, and certain preventive medications apply directly to the out-of-pocket maximum. HSA Core and HSA Value: Call Quantum Health if you have questions. Coupe PPO: Call the Coupe Health Valet. If you use a discount such as a coupon from a drug manufacturer, only the amount you pay out of pocket will apply to your annual deductible and out-of-pocket maximum.

Your Medical Options At-a-Glance *(continued)*

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

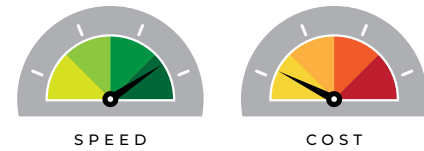
Note: A full list of copays is available on mylscbenefits.com.



WHERE TO GO FOR CARE

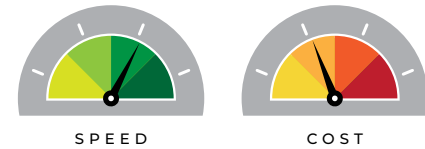
Teladoc Health

One of the fastest and lowest-cost choices is Teladoc Health. With Teladoc Health, you can talk to a doctor or licensed behavioral health specialist anytime, 24/7, right from your phone or computer. **Teladoc Health also offers virtual primary care**, which lets you build an ongoing relationship with a provider who can handle routine checkups, manage chronic conditions and connect you to in-person care when needed — all at the lowest cost. See page 18 for more about Teladoc Health.



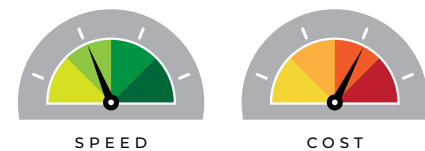
Primary Care Physician

You can see your in-network primary care physician (PCP) in person for free preventive care and for everyday health needs.



Urgent Care

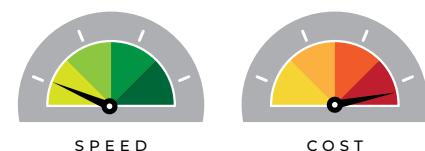
Urgent care centers are a good option if you need help quickly but it's not life-threatening. For example, if you have a sprained ankle, a bad ear infection or a high fever that needs attention right away and your PCP office is not available.



Emergency Room

The emergency room should only be used for true emergencies, like chest pain, trouble breathing or a serious injury such as a broken bone from a car accident.

And remember — **if you go to the ER for non-emergency services, you'll pay an additional \$500.**



HEALTH SAVINGS ACCOUNT (HSA)

If you enroll in the HSA Core or HSA Value medical option, you have access to a unique tax-advantaged savings account called a Health Savings Account, or HSA. You can use this account to pay for eligible health care expenses for you and your eligible dependents on a tax-free basis for federal income tax purposes (state laws may vary).

Basics of Using a Health Savings Account



LSC GIVES YOU MONEY

The Company contributes to your HSA to help you pay for eligible medical expenses. See your Rate Sheet at mylscbenefits.com for the amount and additional details.

NOTE: You will need to opt out of the HSA Company contribution if you keep working past age 65 (i.e., become Medicare-eligible), or if you do not wish to receive the Company contribution.



ADD YOUR OWN MONEY

Choose an amount to set aside in your HSA for the year, up to the IRS limits listed on page 15. The money comes from your paycheck, pre-tax in increments, each payday.

You can start, stop or adjust the amount anytime during the year.

USE YOUR HSA TO PAY

Use your HSA card like a debit card for eligible medical, dental and vision expenses (e.g., when the doctor sends a bill or when you pick up a prescription). Money stays in your account until you spend it — whether that is tomorrow, two years or two decades.

Key Features of a Health Savings Account (HSA)

Enjoy the Triple Tax Advantage	The money you put into your HSA: 1) Is before federal tax, 2) Is not taxed if used for qualified expenses, and 3) Can receive earnings, which aren't subject to federal tax
Jump Start Your Savings	The Company will contribute to your HSA. You can use this money to help pay for eligible expenses.
Own the Account	The HSA funds are yours, including the Company contribution, even if you change medical plans or leave the Company.
Control How You Use It	Use your HSA funds for qualified expenses, or pay out of pocket and save your funds for a later date.
Invest Your Savings	You have the option to invest in a variety of options once your HSA balance reaches a minimum level of \$1,000.
Save for Medical Expenses in the Future	By building up your HSA from year to year, you'll be able to use the money for future medical expenses, including during retirement.

2026 Health Savings Account Contribution Limits

The IRS sets limits on how much you can add to your HSA each year. The combined 2026 amount of what the Company contributes and what you contribute cannot be more than:

- **\$4,400** (individual medical coverage)
- **\$8,750** (all other medical coverage levels)

Individuals 55+ are also allowed an additional **\$1,000** catch-up contribution.



FLEXIBLE SPENDING ACCOUNTS (FSAs)

FSAs allow you to pay for eligible health care or dependent care expenses on a pre-tax basis through payroll deductions. Unlike HSAs 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. Three types of FSAs are offered:

	FULL-USE HEALTH CARE FSA	LIMITED-USE HEALTH CARE 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 \$3,300	Up to \$3,300	Up to \$7,500 for individuals or married couples filing joint tax returns Up to \$3,750 if you are married and file separate tax returns
	FSA contributions for highly compensated employees may be limited depending on the outcome of certain nondiscrimination tests imposed on FSAs by the IRS.		
Eligible expenses	Medical, prescription drug, dental and vision expenses not paid by your insurance — see IRS Publication 502 for a complete list	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
Availability of funds	The full amount is available to you at the start of the year or the month after you join the plan.		Funds are available as they are withheld from your pay and deposited into your account.
Accessing your account	You can use the debit card from HealthEquity, or you can file claims directly for reimbursement.	For dental and vision expenses, you can use your HealthEquity debit card or you can file claims directly for reimbursement. You can also use the HealthEquity debit card for medical expenses (once eligible, and if you attest to HealthEquity that you have met your medical plan deductible).	You can file claims directly for reimbursement.
Substantiation of claims	HealthEquity will apply future claims reimbursement funds to the unsubstantiated claims until the amount is paid in full.		
“Use it or lose it”	In general, you have until March 31, 2027, to submit claims for services incurred during the 2026 plan year. Any unused FSA funds are forfeited, so plan carefully!		
If your employment ends or you terminate the plan as part of a qualified life event change	Your FSA coverage ends on your termination date. You can request reimbursement for eligible expenses incurred up to the date of your employment status change. You have until March 31, 2027 to submit claims for services received within the 2026 plan year up through your termination date. You can't file claims for services received after your termination date. You forfeit any funds remaining in your account after all qualified claims have been paid, unless you otherwise enroll in COBRA coverage.		

SUPPORT FROM THE MEDICAL PLANS

Expert Health Care Help

You'll never have to figure things out alone. All of our medical plan options provide personalized support when you need it most.

If you're enrolled in **HSA Core** or **HSA Value**, you'll work with **Quantum Health Care Coordinators**.

Three Ways to Connect with Quantum Health Coordinators

 Download the Quantum Health app	Connect via mylscbenefits.com	Call 1-844-460-2803
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If you're enrolled in the **Coupe PPO**, you'll connect with a **Coupe Health Valet**.

Three Ways to Connect with a Coupe Health Valet

 Download the Coupe Health app	Connect via mylscbenefits.com	Call 1-800-882-5158
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No matter which plan you choose, these resources are here to guide you through your health care and benefits.



Access a Doctor or Licensed Behavioral Health Specialist 24/7/365 with Teladoc Health

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

Teladoc Health even allows you to 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. Your Teladoc Health provider can refer you, if needed, to community-based specialists. They can even order any necessary labs, x-rays and imaging.

And it's one of the most affordable options. Virtual visits cost just **\$10 across all medical plans**. For those in **HSA Core** or **HSA Value**, that \$10 applies to your deductible. For **Coupe PPO** members, there's no deductible at all. Teladoc Health is convenient, affordable, and helps you stay on top of your health wherever you are.

Three Ways to Access Teladoc Health



Download the **Teladoc app**

Visit
[Teladoc.com/Primary360.com](https://www.teladoc.com/Primary360.com)

Call **1-800-Teladoc
(835-2362)**

24 hours a day,
7 days a week



End Musculoskeletal Pain with Hinge Health

If you enroll in one of the medical plan options, you and any covered dependents age 18 or older will have **FREE** access to Hinge Health, an 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.

Lantern — Your Guide to the Best Surgery Care

Does not apply to Coupe PPO

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

And, when using a Lantern surgeon you pay less for care. The most you will pay for a covered surgery is \$1,700 if you have Employee Only coverage and \$3,400 if you have Family coverage.*

The use of a Lantern surgeon is required for spine, joint and bariatric surgeries to be covered. Using a specialized, vetted doctor for these important procedures helps participants experience better outcomes and save between \$2,000 – \$4,000 on average.

Other common procedures covered by Lantern include:

- Ear, Nose & Throat
- Cardiac
- General Surgery
- Gastrointestinal
- Urology
- Orthopedics

What's more, **working with Lantern is easy!** You make one payment for all services from admission to discharge, including your surgeon, the facility, anesthesia, and more. No more multiple bills or confusing billing.

Three Ways to Connect with Lantern

   Download the Lantern app	Register on my.lanterncare.com	Call 1-844-460-2803
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* Surgical costs are payable prior to surgery.

Superior Cancer Care Through Carrum Health

Carrum Health works with the country's leading cancer centers of excellence to give you the best treatment available, based on the latest research. If you or one of your covered dependents is diagnosed with cancer, Carrum Health will connect you to experts in cancer care who will consult with your provider to ensure you have the correct diagnosis and a treatment plan tailored just for you.

You'll have access to nurse navigators who can help answer questions and provide virtual support for up to two years following initial treatment. This cancer care benefit allows you to get a second opinion, at no additional cost, to ensure you get the right treatment. This program is available to you and any dependents age 18 and older if enrolled in one of the medical plan options.

Galleri Cancer Detection

As we get older, our health care needs change. After age 50, the risk of cancer is 13 times greater. When cancers are detected before they spread, the overall survival rate is 4 times higher than when they are diagnosed in later stages.

With one simple blood draw, the Galleri® test detects a shared cancer signal across 50+ different types of cancer. It's a groundbreaking, multi-cancer early detection test — and we are one of the first companies to offer it as a preventive care benefit for you and your eligible dependents ages 50 or older if enrolled in one of our medical plans.

Get Healthy Your Way with Omada for Hypertension and Diabetes

If you or a covered dependent age 18 or older are at risk for type 2 diabetes or heart disease, the Omada program is included with your medical coverage at **no additional cost**. This personalized program combines tools and support to help you make changes that last — whether that's around eating, activity, sleep or stress.

Wondr Health

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 any dependents age 18 and older if enrolled in one of the medical plan options.



DENTAL AND VISION

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

Dental Details | MetLife

Dental care is a crucial piece of your total health. Both plans offer two cleanings a year. So don't forget to schedule your dental checkups to keep those pearly whites shining.

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 ¹ , cleanings, bitewing x-rays ² , fluoride application, sealants ³ , etc.)	FREE	FREE
Basic — Type B (fillings ⁴ , 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 ⁵ , 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

1. Includes 4 periodontal maintenance visits per year; 1 problem-focused visit per year.
2. 2 per year for children and 1 per year for adults.
3. 1 every 60 months to age 19.
4. Covers composite fillings for molar teeth.
5. 1 replacement in 24 months.

Vision Details | Eyemed

Our eyes change over time, and visiting your eye doctor regularly can help identify signs of eye disease at an early stage, when treatment can have the greatest impact on preserving your vision.

Benefit Description	EYEMED		EYEMED ENHANCED	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Frequency of Vision Service (months)	12-month exam¹ 12-month frame 12-month lens			
Routine Vision Exam	\$10 copay	Up to \$35 allowance	\$0 copay	Up to \$35 allowance
Retinal Imaging	\$0 copay	Up to \$20 allowance	\$0 copay	Up to \$20 allowance
Frames	\$0 copay — \$130 allowance; 20% off balance over \$130	Up to \$60 allowance	\$0 copay — \$170 allowance; 20% off balance over \$170	Up to \$80 allowance
Lens (single vision) ²	\$20 copay	Up to \$25 allowance	\$10 copay	Up to \$25 allowance
Contacts ²	\$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 Services	EYEMED AND EYEMED ENHANCED			
	IN-NETWORK		OUT-OF-NETWORK	
Medical follow-up eye exam	\$0 copay		Up to \$77 allowance	
Fundus photography exam	\$0 copay		Up to \$50 allowance	
Extended ophthalmoscopy (initial and subsequent)	\$0 copay		Up to \$15 allowance	
Gonioscopy	\$0 copay		Up to \$15 allowance	
Scanning laser	\$0 copay		Up to \$33 allowance	

1. Exam every 6 months for children under age 19.

2. **IMPORTANT:** Benefit coverage is for either contact lenses OR frame lenses but not both. Note also that discounts may be available. Register as a member at eyemed.com to receive special offers.

EXTRA COVERAGE — SUPPLEMENTAL HEALTH CARE



You can choose to enroll in these valuable supplemental health care plans offered through MetLife. Each one offers an additional layer of security and peace of mind. Consider Critical Illness, Accident and Hospital insurance as a supplement — not replacement — to your medical coverage. Coverage is completely portable, so you can take it with you should you leave LSC for any reason.

Critical Illness Insurance

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

Accident Insurance

You can't always avoid accidents — but you can protect yourself from accident-related costs that strain your budget. The plan pays a lump-sum benefit to the insured, when a covered accident results in an injury such as a broken bone, concussion or laceration. There is also coverage to help with the cost of an ambulance ride, physical therapy and inpatient surgery.

Hospital Indemnity

Don't let the financial burden of a hospital visit weigh you down. The plan 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 and \$200 per day for up to 31 days for a hospital stay.

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



Get up to \$150 for Completing Health Screenings

You and your covered dependents can each be rewarded \$50 for completing a health screening or test, everything from annual physicals to colonoscopies and mammograms. You can earn \$50 for each supplemental health care coverage you enrolled for — Accident Insurance, Critical Illness Insurance and Hospital Indemnity Insurance — that's up to \$150 per covered participant.



MORE WAYS TO SECURE YOUR WELLBEING



Protecting your family's financial wellbeing needs is important to the Company. That's why we provide disability and life and AD&D insurance coverages.

Disability

We provide disability insurance to help protect you and your family's financial needs in the event of an accident or illness.

Short-Term Disability (STD)

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

Basic Long-Term Disability (LTD)

In the event 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). This benefit pays 50% of your monthly earnings, up to \$10,000 per month.

Provided by
LSC Benefits at
no cost to you

Buy-Up Long-Term Disability (LTD)

You may 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. This additional LTD coverage 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 are electing it for the first time but not if you are newly eligible for the coverage. However, if you are newly eligible and wait until a future Annual Enrollment to elect this coverage, you will have to submit EOI.



Life and AD&D Coverage

Basic Life Insurance

To help remedy the financial burden a death or serious injury may cause to you and your family, we provide Basic Life Insurance of one times your base pay up to a maximum of \$300,000 — **at no cost to you.**

Optional Life and AD&D

You have the ability to purchase additional insurance coverage for you and your family. It can provide you with an extra layer of protection and peace of mind.

Costs are deducted from your paycheck. If you leave LSC, you may take this coverage with you by paying premiums directly to MetLife, provided you elect to do so timely. Please contact MetLife for more information.

Life Insurance Program Summary

	COVERAGE LIMITS
Basic Life <i>(Company-paid)</i>	1x annual base pay up to a maximum of \$300,000 ¹
Optional Employee Life	1x – 8x your annual base pay to a maximum (combined basic and optional life) of \$2 million New Hires and Newly Eligible Only: Can elect up to 3x annual base pay up to \$500,000 without Evidence of Insurability Newly Electing or Increasing Coverage: You will be required to provide Evidence of Insurability
Optional Spouse Life	\$10,000 up to \$200,000 ² New Hires and Newly Eligible Only: You can elect up to \$25,000 without Evidence of Insurability Newly Electing or Increasing Coverage: You will be required to provide Evidence of Insurability
Optional Child(ren) Life	Options of \$5,000, \$10,000, \$15,000, \$20,000, \$25,000
Optional AD&D <i>Employee Only or Family</i>	1x – 8x your annual base pay to a maximum of \$2 million

1. The amount of coverage for active employees age 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 at mylscbenefits.com for more information.

2. The amount you elect for optional spouse life cannot exceed the total of your basic employee life amount plus any optional employee life coverage.



IMPORTANT: If you elect optional AD&D for your family, you will need to indicate which dependents you want enrolled in that coverage.

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

- The amount for an eligible spouse is 60% of the employee's amount if there are no children (up to a maximum of \$750,000).
- The amount for an eligible dependent child is 25% of the employee's amount if there is no spouse (up to a maximum of \$250,000).
- If there is a spouse AND child(ren), the amount for an eligible spouse is 50% of the employee's amount (up to a maximum of \$750,000), and the amount for an eligible child(ren) is 20% of the employee's amount (up to a maximum of \$150,000).

You cannot cover another employee as a spouse or child under life and AD&D insurance.

Also, if you increase your life insurance coverage and you are on leave of absence, the increase will not take effect until you are actively back at work.

Remember to Designate Your Beneficiaries

Your beneficiary is the person or people you choose to receive your plan benefits if you die. Designate your beneficiaries during enrollment so you don't forget — but know that you can go back and change it at any time during the year.

- Life Insurance: mylscbenefits.com or 1-888-681-2241.
- Health Savings Account (HSA): healthequity.com or 1-844-281-0928.
- MetLife Critical Illness/Accident Insurance: metlife.com/mybenefits or 1-888-447-8996.
- LSC Savings Plan — 401(k): empower-retirement.com/participant or 1-844-243-4773.



EMPLOYEE ASSISTANCE PROGRAM (EAP)



Basics of the EAP

Everyday stress and anxiety. A death in the family. A child going away to college. A cross-country move. Don't handle these things alone. Turn to the EAP 24/7 for support and resources to help balance life's challenges. 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 LSC Benefits covers the cost because supporting your peace of mind is a priority.

Three Ways to Connect with the EAP

Call **1-877-409-1488** to talk to a professional specialist for confidential support. They will listen, offer resources and point you in the right direction, should you need additional tools.

Visit **carelonwellbeing.com/LSC**. There you'll find more resources online and have access to articles, videos and audio files on topics to help make your life easier. You can also initiate virtual sessions or sign up to see a counselor.

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.

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.

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BENEFITHUB DISCOUNT PROGRAM

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

How to Register

Visit lscommunications.benefithub.com to register for BenefitHub:

- If it's your first time logging in, click on the "Don't have an account? Sign up" link.
- The Registration Referral Code to use is 83ZM9A.
- Fill out the requested information to finish your registration.



USEFUL CONTACTS FOR 2026

VENDOR/BENEFIT	WEBSITE	TELEPHONE/HOURS OF OPERATION
LSC Benefits Center Personalized Benefits Information and Enrollment	mylscbenefits.com	1-888-681-2241 Monday – Friday, 7:00 a.m. – 7:00 p.m. Central Time
HSA Value and HSA Core Quantum Health for Your Medical and Prescription Drug Benefits through Blue Cross and Blue Shield	mylscbenefits.com  Download the Quantum Health app from the App Store or Google Play Store	1-844-460-2803 Monday – Friday, 7:30 a.m. – 9:00 p.m. Central Time
Coupe PPO Coupe Health for Your Medical and Prescription Drug Benefits through Blue Cross and Blue Shield	mylscbenefits.com  Download the Coupe Health app from the App Store or Google Play Store	1-800-882-5158 Monday – Friday, 8:00 a.m. – 8:00 p.m. Central Time
BenefitHub Discount Program	lsccommunications.benefithub.com	NA
Carelon Employee Assistance Program (EAP) and Tobacco Counseling	carelonwellbeing.com/LSC	1-877-409-1488 , 24 hours a day, 7 days a week
COBRA and Billing Services	cobraandbillingservices.com	1-833-874-1600 Monday – Friday 7:00 a.m. – 7:00 p.m. Central Time
Carrum Health Cancer Care	carrum.me/LSC	HSA Value and HSA Core : Call Quantum Health at 1-844-460-2803 Coupe PPO : Call Coupe Health Valet at 1-800-882-5158
eHealthScreenings Wellness Program	ehealthscreenings.com/signup (see page 7 for instructions)	1-888-708-8807 , Monday – Friday 7:00 a.m. – 6:00 p.m. Central Time
Empower Retirement 401(k) Savings Plan	empower-retirement.com/participant	1-844-243-4773 , Monday – Friday, 7:00 a.m. – 9:00 p.m. Central Time
EyeMed Vision	eyemed.com	1-866-723-0514 Monday – Saturday, 6:30 a.m. – 10:00 p.m. Central Time; Sunday, 10:00 a.m. – 7:00 p.m. Central Time 1-866-299-1358 (for prospective members)
Galleri Cancer Detection for Ages 50+	galleri.com/lsc	HSA Value and HSA Core : Call Quantum Health: 1-844-460-2803 Coupe PPO : Call Coupe Health Valet at 1-800-882-5158

(continued on page 30)

USEFUL CONTACTS FOR 2026 *(continued)*

VENDOR/BENEFIT	WEBSITE	TELEPHONE/HOURS OF OPERATION
The Hartford Disability	abilityadvantage.thehartford.com	1-888-437-8671 Monday – Friday, 7:00 a.m. – 7:00 p.m. Central Time
HealthEquity Flexible Spending Accounts	healthequity.com/wageworks	1-877-924-3967 24 hours a day, 7 days a week
Health Savings Account	healthequity.com	1-844-281-0928 24 hours a day, 7 days a week
HingeHealth Musculoskeletal Health	hinge.health/lsccommunications  Download the Hinge Health app from the App Store or Google Play Store	1-855-902-2777 24 hours a day, 7 days a week
Lantern <i>for HSA Value and HSA Core Guided Surgical Support</i>	my.lanterncare.com	1-844-460-2803
Teladoc Health Virtual Care	teladochealth.com  Download the Teladoc app from the App Store or Google Play Store	1-800-Teladoc (835-2362) 24 hours a day, 7 days a week
MetLife • Dental • Life Insurance • Supplemental Health Care (Hospital Indemnity and Critical Illness/Accident)	metlife.com/mybenefits	1-888-447-8996 , Monday – Friday, 7:00 a.m. – 10:00 p.m. Central Time
Omada Hypertension and Diabetes	omadahealth.com/lsc	NA
Wondr Health Personalized Weight Loss	wondrhealth.com/lsc	NA

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HEALTH • MONEY • HOME • COMMUNITY



ABOUT THIS GUIDE: This guide 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 mylscbenefits.com. This guide also serves as an SMM and describes updates that affect the Plan’s SPD. Please read this guide carefully and keep it with your SPD for future reference.

IMPORTANT: The descriptions provided in this guide 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.

NOTE: All information provided through the LSC Wellness Program is strictly confidential and protected. Your employer will only receive confirmation of participation and completion status. Individual results or personal health information will never be shared — only aggregate data is used to assess overall program outcomes. Results or information disclosed through the LSC Wellness Program will never be used to make employment-related decisions.