



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



KNOW.



ACT.



THRIVE.

TAKE ACTION

Make sure you enroll so you get the benefits you want for you and your family.

IMPORTANT

The dependents you now cover for benefits **WILL NOT** carry over in 2026:

- Before you enroll, review the list of approved verification documents on mylscbenefits.com.
- Make sure you enroll your dependents by October 31.

Your beneficiary designations for life insurance **WILL NOT** carry over in 2026:

- Make sure you designate your beneficiaries through the LSC Benefits Center at mylscbenefits.com.

Use the QR code to enroll at mylscbenefits.com. ▶



Choose Your 2026 Benefits: October 20 – 31, 2025

At TOPS Products, we are committed to investing in benefits that support you in all areas of your life — your health, money, home and community.

Please read this mailer in its entirety, as it contains important information about actions you need to take to ensure you choose the benefits you want for you and your dependents in 2026.

Go to mylscbenefits.com to:

- Access the enrollment website
- Review your 2026 enrollment guide and rate sheet
- Find vendor contact information and much more!

You can also call the LSC Benefit Center at **1-888-681-2241**, Monday – Friday, 7:00 a.m. – 7:00 p.m., Central Time.

When you thrive, we all thrive, and we can build a better future together.



ENROLL: OCT. 20 – 31, 2025

2026 Benefits Enrollment Highlights

MEDICAL PLAN OPTIONS

The Company 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.

What's the Same

All our medical options use the same Blue Cross and Blue Shield (BCBS) network 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 access to a Health Care Flexible Spending Account (FSA) to help you pay for eligible expenses on a pre-tax basis. Another difference with **Coupe PPO** is that 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:

TIER 1	TIER 2	TIER 3
Highest ranking	Mid-level ranking	Lower ranking
▼	▼	▼
Lowest copay	Moderate copay	Highest copay

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 the other medical options.



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

2026 MEDICAL COVERAGE AT-A-GLANCE

		HSA CORE		HSA VALUE	
		Employee Only	Employee + Dependents	Employee Only	Employee + Dependents
Deductible¹	In-Network	\$7,000	\$14,000	\$2,500	\$5,000
	Out-of-Network	\$14,000	\$28,000	\$5,000	\$10,000
Coinsurance²	In-Network	0%		20%	
	Out-of-Network			50%	
Out-of-Pocket Maximum³	In-Network	\$7,000	\$14,000	\$5,000	\$10,000
	Out-of-Network	\$14,000	\$28,000	\$10,000	\$19,600
Prescription Drugs (Retail and Mail Order)		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	

COUPE PPO				
	TIER 1	TIER 2	TIER 3	Out-of-Network
Deductible	\$0			
Out-of-Pocket Maximum³	\$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	

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

TELADOC HEALTH FOR VIRTUAL PRIMARY CARE

Starting January 1, 2026, Teladoc Health will be your medical plan's virtual health care resource. You can use Teladoc Health when you need care quickly but can't make it to your regular doctor.

But Teladoc Health does more, it allows you to choose a virtual primary care doctor (PCP). This means you can 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. Just be sure to check that all provider recommendations are in-network.



TAKE ACTION

In January, download the **Teladoc Health app**.



TELADOC HEALTH IS **LESS EXPENSIVE** THAN THE ER, URGENT CARE OR AN IN-PERSON VISIT: **VIRTUAL VISITS ARE \$10 FOR ALL MEDICAL PLAN OPTIONS.¹**

With Teladoc Health you get:

- The opportunity to build a relationship with a dedicated care team who has your best interest at heart
- 24/7 convenient, confidential and affordable access to licensed board-certified providers available by phone or online via computer or tablet
- Same-day appointments and scheduled follow-up care
- Medical treatment for primary care, non-urgent care, behavioral/mental health and dermatology



Want Easy, Fast Access to a Primary Care Doctor?

- Do you require care for a non-urgent medical issue?
- Is it hard to get an appointment that isn't months away?
- Prefer to have your appointment virtually?

Already Have a Primary Care Doctor but Need Help Right Away?

- Is seeing your primary doctor not practical due to distance, schedules or time of day?
- Are you looking for affordable ways to access medical care?
- Prefer to have your appointment without leaving your home?



TELADOC HEALTH IS THE ANSWER.

¹. Counts toward your **HSA Core** or **HSA Value** deductible.

2026 WELLNESS PROGRAM

October 1, 2025 – September 1, 2026



KNOW your risks.



TAKE action.



THRIVE with confidence.

Why a Wellness Program

- To support your health and wellbeing while helping to manage rising health care costs for you and the Company.
- To complete the 2026 Wellness Program requirements, so you won't have to pay an additional medical premium in 2027.

Requirements of the 2026 Program

To complete the Wellness Program, 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:¹
 - **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.

1. Username and password are case sensitive.

ADDITIONAL BENEFIT OPTIONS

Health Savings Account (HSA)

If you enroll in **HSA Core** or **HSA Value**, you have access to a tax-advantaged savings account called a Health Savings Account, or HSA. You can use this account to pay for eligible health care expenses. The Company will match \$1 for every \$1 you contribute to your HSA — up to \$500 per year (maximum of \$125 per quarter) if you have Employee Only medical coverage, or up to \$1,000 per year (maximum of \$250 per quarter) if you cover dependents. Note you must be an active employee at the time of the contribution.

Flexible Spending Accounts (FSAs)

Your benefits include a Full-Use Health Care FSA (if enrolled in **Coupe PPO**), Limited-Use FSA (if enrolled in **HSA Core** or **HSA Value**) and Dependent Care FSA through HealthEquity to help you pay for eligible expenses on a pre-tax basis.

Supplemental Health Care

You can choose to enroll in valuable supplemental health care plans offered through MetLife: Critical Illness, Accident, and Hospital Indemnity insurance. Consider them a supplement — not a replacement — to your medical coverage. 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 for each supplemental health care coverage you enrolled for — that's **up to \$150 per covered participant**.

Dental and Vision Coverage

The dental plan through MetLife and the vision plan through EyeMed each have two levels of coverage to choose from and include **FREE** or low-cost preventive care.

Disability Coverage with Buy-Up Option

Disability insurance is provided through The Hartford and includes:

- **Short-Term Disability (STD) at no cost to you.** Your STD coverage pays a weekly benefit of 60% of your pre-disability earnings for up to 26 weeks.
- **Long-Term Disability (LTD) at no cost to you.** This benefit pays 50% of your monthly earnings up to \$10,000 per month.
- **Long-Term Disability Buy-Up.** 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.

Life Insurance with the Option to Purchase More

The Company provides **Basic Life Insurance of one times your base pay up to a maximum of \$300,000 at no cost to you** through MetLife. You can also purchase additional life insurance for you and your family, including optional employee, spouse and child life insurance, and optional accidental death and dismemberment (AD&D) insurance.

Employee Assistance Program (EAP)

The EAP through Carelon provides confidential guidance and support to you and your household family members. **You're automatically enrolled in this FREE benefit.** The EAP includes Talkspace, which connects you with a licensed counselor so you can share what's on your mind, wherever you are, from the convenience of your phone or laptop.

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.
- If you're enrolled in the **Coupe PPO**, you'll connect with a Coupe Health Valet.

These resources are here to guide you through your health care and benefits: they can help you understand your medical and prescription drug benefits, review a bill or explanation of benefits, find an in-network provider, and more!

End Musculoskeletal Pain with Hinge Health¹

The **FREE** Hinge Health digital exercise program helps reduce chronic back, hip or knee pain. Hinge Health 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.²

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.

Superior Cancer Care Through Carrum Health¹

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. You can get a second opinion, at no additional cost.

Galleri Cancer Detection

After age 50, the risk of cancer is 13 times greater. With one simple blood draw, the Galleri® test detects a shared cancer signal across 50+ different types of cancer. It's a multi-cancer early detection test — this preventive care benefit is available 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 Diabetes¹

If you or a covered dependent are at risk for type 2 diabetes or heart disease, the **FREE** Omada personalized program combines tools and support to help you make changes that last — whether that's around eating, activity, sleep or stress.

Lose Weight with Wondr Health¹

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.

1. Available to you and any dependents age 18 and older if enrolled in one of the medical plan options.
2. Surgical costs are payable prior to surgery.

MEDICAL COSTS

We can't manage the rising cost of health care alone — it takes a partnership between the Company and every participant in our medical plan:

- **Our responsibility** is to provide access to strong, supportive medical plans.
- **Your responsibility** is to use your plan wisely:
 - **KNOW your health risks:** Get your free 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.

Make the Tobacco-free Pledge

To receive a credit on your medical premium, make the tobacco-free pledge. Otherwise, you and your covered spouse, if applicable, will default to tobacco user for 2026 and have an additional premium, up to \$1,000 per year, added to your medical premium (\$500 for employee and \$500 for spouse).

Complete the 2026 Wellness Program Requirements

If you don't complete the wellness requirement for 2026, you'll pay an additional medical premium in 2027: **\$650 per eligible participant per year — that's up to \$1,300** if both the employee and spouse choose not to complete the requirements.

2026 BIWEEKLY MEDICAL PREMIUMS¹

PAY BAND ²	COVERAGE LEVEL	MEDICAL PROGRAM OPTION		
		HSA CORE	HSA VALUE	COUPE PPO
1 UNDER \$100,000	Employee Only	\$8.02	\$36.60	\$59.12
	Employee + Spouse	\$135.31	\$179.52	\$233.38
	Employee + Child(ren)	\$48.92	\$83.22	\$119.72
	Family	\$144.69	\$195.01	\$253.52
2 \$100,000 & OVER	Employee Only	\$19.35	\$54.06	\$81.81
	Employee + Spouse	\$181.12	\$235.51	\$306.17
	Employee + Child(ren)	\$78.78	\$116.79	\$163.37
	Family	\$206.85	\$272.55	\$354.31

1. The tobacco-free credit is already reflected in the medical premiums listed above.

2. Base salary as of September 1, 2025.



ENROLL: OCTOBER 20 - 31, 2025

YOUR ANNUAL ENROLLMENT CHECKLIST

BEFORE YOU ENROLL

- ☐ **Go to mylscbenefits.com**
 - Review the online enrollment guide and rate sheet to go over all the benefits offered. An enrollment guide will **not** be mailed to your home.
 - **Evaluate your benefit needs and the options available to you.**
- ☐ **Gather verification documents** for any dependents you want to cover. Review the list of approved documents on mylscbenefits.com.
- ☐ **Register on the LSC Benefits Center/enrollment site** at mylscbenefits.com.

DURING ENROLLMENT

- ☐ **Make your 2026 benefit elections from October 20 – 31, 2025** by going to mylscbenefits.com.
 - **If you don't take action, your coverage will default to the following:**
 - **HSA Value** medical plan option at Employee Only coverage,
 - Tobacco user rates, and
 - Company-paid Benefits: Basic Life Insurance, Short-term Disability and Basic Long-term Disability.



- ☐ **Add any dependents** you want to enroll. **Your current dependents will not carry over into 2026.**



- ☐ **Designate your life insurance beneficiaries** through the LSC Benefits Center at mylscbenefits.com. **Your current beneficiaries will not carry over for 2026.**

- ☐ **Elect to receive electronic communications.**

AFTER YOU ENROLL

- ☐ **Review your Confirmation Statement** for accuracy. If there are any discrepancies, call the LSC Benefits Center immediately.
- ☐ **Watch your mail for new ID cards** by January, including a new medical and prescription drug ID card.

CAN'T LOG IN?

If you have trouble logging into the enrollment website or can't go online to enroll, call the LSC Benefits Center at **1-888-681-2241**, M-F, 7 a.m. – 7 p.m., CT.

CHANGING YOUR COVERAGE

Your choices — including any default elections if you don't enroll — remain in effect through December 31, 2026. You may change your elections during the year only if you experience a qualifying status change like birth, marriage, divorce, death, or your dependent losing or obtaining coverage.

IMPORTANT INFORMATION

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

This brochure also serves as an SMM and describes updates that affect the Plan's SPD. Please read this summary carefully and keep it for future reference.

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

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



◀ mylscbenefits.com

- Access the enrollment website
- Get your enrollment guide and rate sheet
- Find employee briefings and plan documents
- Connect to all your benefit vendors



Legal Notices & SBCs

At mylscbenefits.com, you may access the most recent important notices that we are legally required to provide to you with respect to the LSC Group Benefits Plan and the LSC Flexible Benefits Plan (collectively, the “Plan”) — as well as Summaries of Benefits and Coverage (SBCs) to help you compare your medical options and better understand the coverage and out-of-pocket costs for each. The legal notices describe important information regarding coverage provided under the Plan. If you would like a paper copy of the any of the legal notices or SBCs, free of charge, please contact the LSC Benefits Center at **1-888-681-2241**.

NOTE: The descriptions provided in this brochure are based on the official Plan documents. Every effort has been made to ensure the accuracy of this material. In the unlikely event there is a discrepancy between this document, the SPD, SMMs, Summary of Benefits and Coverage 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.

LSC Benefits Center
PO Box 804057
Chicago, IL 60680



TAKE ACTION

Choose Your
2026 Benefits

October 20 – 31, 2025



Smead



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



**Choose Your
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