



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



KNOW.



ACT.



THRIVE.

ATTENTION!

Your medical plan options are **changing**, so be sure to log in to the LSC Benefits Center and enroll for your 2026 benefits October 20 – 31, 2025.

If you do not take action by October 31, 2025:

- *If you are currently enrolled in Copay Advantage*, you will be enrolled in Coupe PPO in your current coverage category (e.g., Employee Only, Family) at the tobacco user rates.
- *If you are currently enrolled in HSA Core or HSA Value*, you will remain in that same plan in your current coverage category (e.g., Employee Only, Family) at the tobacco user rates.
- *Health Savings Accounts and Flexible Spending Accounts* will not rollover and your contributions will default to \$0.
- *Tobacco status* will be reset to tobacco user.

Choose Your 2026 Benefits: October 20 – 31, 2025

Over the past few years, we've made significant investments to enhance your medical plan — from improved coverage for preventive medications to lower costs for surgery and telehealth visits so you can see a provider more affordably and conveniently. We've also added specialized partners to support your overall well-being, whether it be for cancer care, diabetes, hypertension, musculoskeletal pain or weight management.

In short — we've worked hard to ensure the medical plans available to you truly support your needs. Please do your part by making the most of these resources and using the plan thoughtfully. Together, we can help manage the rising costs of health care.

**Because when you thrive, we all thrive,
and we can build a better future together.**



ENROLL: OCT. 20 – 31, 2025

2026 Benefits Enrollment Highlights

WHAT'S NEW FOR 2026

Medical Plan Option for 2026

We are replacing the Copay Advantage option with **Coupe PPO**. This option gives you transparent pricing — so you know your costs up front — through set copays for office visits. It goes even further — extending copay certainty to all services. And Coupe PPO has a lower per-paycheck cost than the current Copay Advantage Plan.

That's right — even a surgery or hospital stay has a copay. With this option, you pay no deductibles for any services.

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

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.¹

Coupe Health categorizes providers into three copay rankings based on quality and efficiency:

TIER 1	TIER 2	TIER 3
Highest ranking ▼ Lowest copay	Mid-level ranking ▼ Moderate copay	Lower ranking ▼ 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 all of the current medical options.

HSA Core and HSA Value

A key difference with **HSA Core** and **HSA Value** is that 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.)

1. The Lantern program does not apply to Coupe PPO.



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

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

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

See the Medical Options in Action

Marcus Juggles Work, School and Volunteering

“ I don’t have a lot of time to compare my medical choices and costs so I chose the Coupe PPO — the app makes it easy for me to see my choices and cost at each Tier. ”

- Marcus uses the Coupe app to find the cost for his knee replacement.
- He appreciates that he knows the cost for care up-front, including all associated costs (such as the costs for anesthesiology, the procedure and the technician), and has no surprise medical bills.
- Marcus is happy to pay more out of each paycheck since he doesn’t have to meet a deductible.

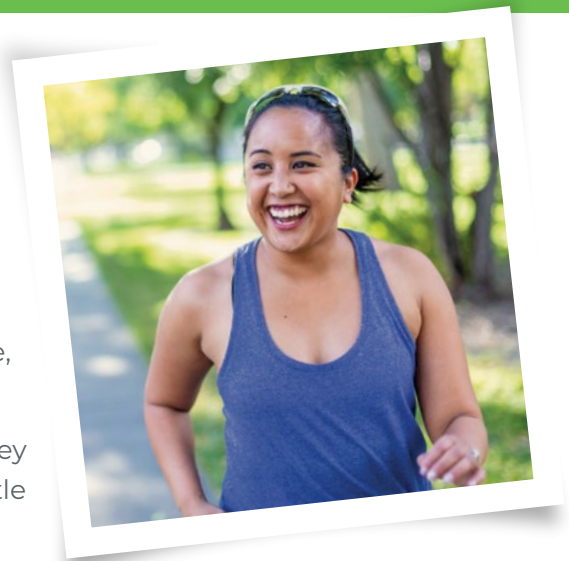
The Coupe PPO gives Marcus clear answers about his costs, coverage and options.



Sarah Wants to Start a Family Soon

“ I chose HSA Value because it allows me to save pre-tax money in my HSA to use for a major medical expense, such as pregnancy and childbirth. ”

- Sarah uses her HSA to save for pregnancy expenses.
- She’s glad she can take advantage of the money the Company puts in her HSA, too.
- She can also save her HSA for health care expenses down the line, even into retirement.
- Sarah pays less out of her paycheck for the coverage but puts money into an HSA to help save for future costs. She is happy to pay a little more for services when she needs them, especially as she knows she can use the money she puts into her HSA in the future.



HSA Value gives Sarah peace of mind for the what-ifs that come with a growing family.

The Bottom Line

Both Marcus and Sarah did the math — they considered the cost of coverage, how much they would need to pay for care, what they expected to spend on services and what money the Company provides to decide on the right plan for them.

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 replace MDLIVE in the medical plan as your virtual health care resource. Similar to MDLIVE, 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.



TAKE ACTION

In January, download the **Teladoc Health app** and remove MDLIVE.



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

Teladoc[®]
HEALTH

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.

QUIT TOBACCO WITH CARELON WELLBEING

Tobacco use puts you — and others — at risk for serious health conditions. Get help kicking the habit for good by completing the tobacco counseling program through Carelon Wellbeing. It's totally **FREE** for all employees and spouses. Sign up at carelonwellbeing.com/lsc, download the app, or call or text **1-877-409-1488**.

CONTRIBUTING TO PRE-TAX ACCOUNTS

Health Savings Account (HSA)

If you enroll in **HSA Core** or **HSA Value**: For every \$1 you contribute to your HSA, the Company will match \$1 — up to \$500 per year (maximum of \$125 per quarter) if you have individual medical coverage, or \$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.

The combined amount that the IRS allows you + the Company to contribute to the HSA will increase — to \$4,400 (\$100 increase) for individual coverage and \$8,750 (\$200 increase) for all other coverage levels.

Flexible Spending Accounts (FSA)

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

- If you enroll or re-enroll in the **Full-Use Health Care FSA** or **Limited-Use Health Care FSA**, the contribution limit will increase to \$3,300 (up from \$3,200).
- If you enroll or re-enroll in the **Dependent Care FSA**, the contribution limit will increase to:
 - \$7,500 (up from \$5,000) for individuals or married couples filing a joint tax return
 - \$3,750 (up from \$2,500) if married and file separate tax returns

CHOOSE THE SUPPLEMENTAL HEALTH CARE COVERAGE YOU NEED

You can **choose to enroll in Accident Insurance and Critical Illness Insurance separately** — and only pay for the coverage you need. You can also elect Hospital Indemnity Insurance. These insurance coverages supplement — not replace — your medical coverage. Coverage is completely portable, so you can take it with you should you leave LSC for any reason.

ADDED BONUS: You and your covered dependents can earn \$50 per person for completing preventive care activities, like an annual preventive exam, routine dental exams, etc. 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.

2026 WELLNESS PROGRAM

October 1, 2025 – September 1, 2026



KNOW your risks.



TAKE action.



THRIVE with confidence.

Why a Wellness Program

It's time for the 2026 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.

NEW FOR 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 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.

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 Wellness Program Requirements

If you didn't complete the wellness requirement for 2025, you'll pay an additional medical premium in 2026: **\$650 per eligible participant per year — that's up to \$1,300** if both the employee and spouse chose not to complete the 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 wellness credit and tobacco-free credit are 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.
 - **Evaluate your health care needs and the new the medical option.**
 - An enrollment guide will **not** be mailed to your home.
- ☐ Register or test your access to 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 current elections carry over, EXCEPT:
 - HSA,
 - FSAs,
 - Tobacco-free pledge (you and your covered spouse, if applicable, will default to tobacco user), and
 - **If you are currently enrolled in Copay Advantage and don't take action, you will be enrolled in the new Coupe PPO in your same coverage category as tobacco user.**
- ☐ Designate/update your life insurance beneficiaries through the LSC Benefits Center at mylscbenefits.com.
- ☐ Elect to receive electronic communications if you haven't already.

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 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



NEW Medical Option

TOPS



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



**Choose Your
2026 Benefits:
October 20 – 31, 2025**