

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



2024

BENEFITS

ENROLLMENT GUIDE

FOR ANNUAL ENROLLMENT AND NEW HIRES



Benefits effective January 1, 2024

WHAT'S INSIDE

Two Ways to Enroll 3

LSC Support for Your Health 4

Eligibility and Enrollment 5

Take the Tobacco-free Pledge..... 7

Understanding the LSC Benefits Medical Options..... 8

Your Medical Options At-a-Glance 10

LSC Medical Options + Cost-Saving Tools = More for Your \$..... 11

Health Savings Account (HSA) 14

Flexible Spending Accounts (FSAs) 16

Extra Coverage — Supplemental Health Care17

Dental and Vision 18

Disability 20

Life and AD&D Coverage21

Employee Assistance Program (EAP) 23

Useful Contacts24

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 3.



TWO WAYS 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.

LSC BENEFITS CENTER



Call the LSC Benefit Center

1-888-681-2241, Monday – Friday,
8:00 a.m. – 5:00 p.m., Central Time

New Hire?

If you are a new hire, coverage takes effect the 1st 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 14 days prior to 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.

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 6 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

LSC SUPPORT FOR YOUR HEALTH

To win as a Company, we have to perform at our best. We can't do that unless we're healthy. Our health isn't always in our control, but the way we care for our health is.



CHRONIC ILLNESS:



Costs you **MONEY**,



And it also costs you **TIME** —



Time away from your family, **FRIENDS**, work and hobbies.



It impacts your **QUALITY OF LIFE**.



To **PREVENT** and **MANAGE ILLNESS**, you can:



Take advantage of free preventive care to always know your baseline **HEALTH NUMBERS**.



Make **HEALTHY CHANGES** to prevent common issues.



Work with your **DOCTOR** to manage and treat chronic illnesses.



LSC Benefits are here to **HELP** you:



Live a **HEALTHY** life,



Make **INFORMED** health-care decisions



Manage **COSTS**.



You have our **SUPPORT** every step of the way.

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 continues automatically for three months, and 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
- Child/children to age 26, regardless of student or marital status
- Unmarried disabled dependent children of any age (you will be required to provide proof of disability)

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 60 days from the close of Annual Enrollment or, for new hires/newly eligibles, from the date of hire or eligibility status change.*



* 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.

ANNUAL ENROLLMENT	NEW HIRE / NEWLY ELIGIBLE ENROLLMENT
<p>If you choose not to take action during Annual Enrollment, your current coverage will rollover to the following year, except:</p> <ul style="list-style-type: none"> • Health Savings Account* • Flexible Spending Accounts* • Tobacco User Status (will reset to Tobacco User)** 	<p>If you choose not to take action during your enrollment period, your coverage will default to the following:</p> <ul style="list-style-type: none"> • HSA Value Plan; Employee Only Coverage • Tobacco User Rates • Company-paid Benefits: Basic Life Insurance, Short-term Disability and Basic Long-term Disability

* Your contributions will default to \$0.

** The tobacco surcharge will not apply to dependent children in 2024.

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.



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 or pledge to complete the tobacco cessation program.

For those who are tobacco-free or pledge to complete the tobacco cessation program between January 1, 2024 and November 30, 2024, you and your covered spouse will get a credit toward your medical premiums, as already reflected in the premiums listed on the enrollment website.

If you and/or your spouse do not make the Tobacco-free Pledge, an additional premium, up to \$1,000, will be added to your medical premium.

EMPLOYEE	SPOUSE
\$500 Per Year	\$500 Per Year

Get help kicking the habit for good with the tobacco cessation program through Quantum Health Wellbeing. It's totally free for all employees and spouses. Sign up by calling Quantum Health at the number on the back of your Quantum/BCBS medical & prescription drug ID card. **The program takes at least five weeks to complete, so be sure to sign up well before the November 30 deadline!**



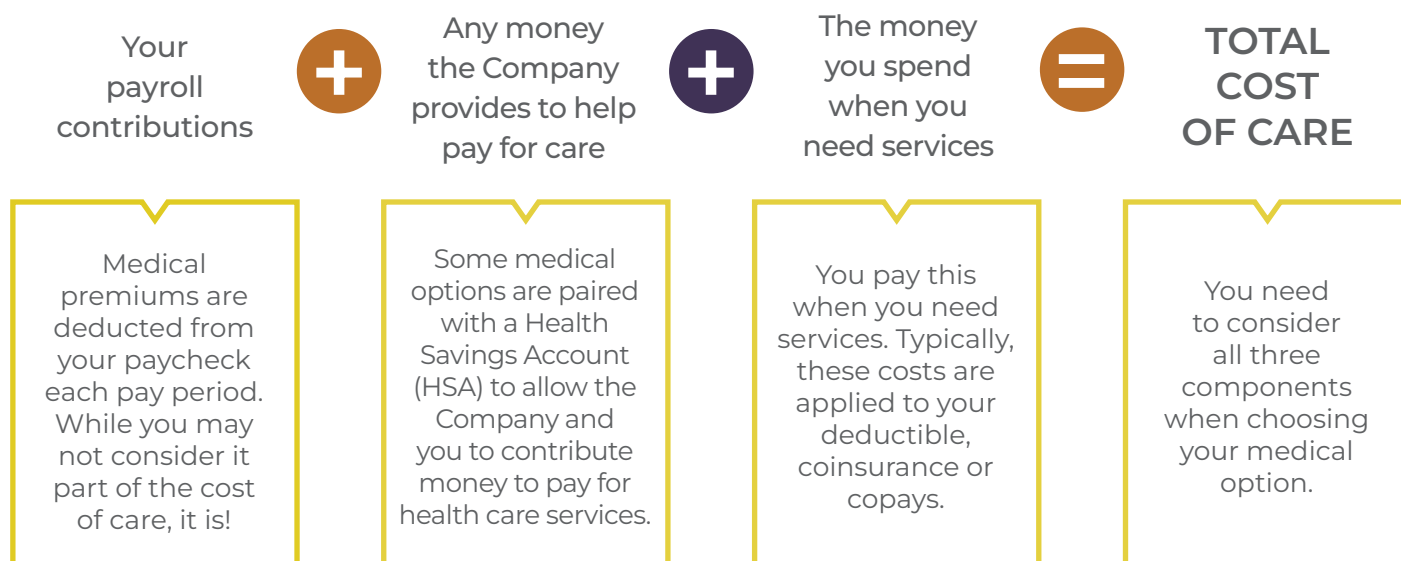
If you or your spouse use tobacco but make the pledge to complete the tobacco cessation program, the program must be completed between January 1, 2024 and November 30, 2024, or a retroactive surcharge will be taken from your pay in 2025.

If you think you might be unable to meet the program's requirements for avoiding a surcharge, you might qualify by different means; please contact Quantum Health to work with them and, if you wish, your physician.

UNDERSTANDING THE LSC BENEFITS MEDICAL OPTIONS

LSC Benefits offers three options for medical coverage: **HSA CORE**, **HSA VALUE** and **COPAY ADVANTAGE**. 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:



All three of our medical options offer the same benefits as outlined below:

- **FREE in-network preventive care.**
- **FREE generic medications** for high cholesterol and blood pressure.
- **Some FREE or limited-cost medications in accordance with the Affordable Care Act.** Examples include, but are not limited to, certain supplements, contraceptives and immunizations.
- **Choice of in-network or out-of-network providers.** If you use an out-of-network provider, you will typically pay more for services.
- **Prescription drug coverage provided by BCBS through its Prime Therapeutics group.** (To find local pharmacies in your network, call Quantum Health at the number on the back of your Quantum/BCBS medical & prescription drug ID card.)
- **Protection in case of unexpected or catastrophic expenses** through the out-of-pocket maximum.

Extra Benefits for Preventive Drugs

If you are enrolled in HSA Core or HSA Value, you may be able to waive your deductible for certain 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.

Get More Control Over Your Health Care Budget

Both **HSA Core** and **HSA Value** are consumer-driven health plans (CDHPs). These plans have lower payroll deductions and are paired with a Health Savings Account (HSA), which gives you the opportunity to save for current or future medical costs. Contributing even a small amount from each paycheck adds up and can help you pay your deductible or save for future health care expenses. Learn more about a Health Savings Account (HSA) on page 14.

CONSUMER-DRIVEN HEALTH PLAN (CDHP)
HSA Core and HSA Value



HEALTH SAVINGS ACCOUNT (HSA)
Through HealthEquity

- Lower paycheck deductions
- Shared responsibility between you and LSC Benefits when you use your plan benefits
- Like having a debit card, with some of the funds on the card from the Company
- Use the funds to pay for eligible health care expenses — and help give your wallet a break!

A CDHP + Health Savings Account (HSA) makes sense... and cents!



Get Free Preventive Care

All LSC Benefits medical options pay 100% for eligible preventive care. This includes your physical, immunizations and age-based preventive screenings. Taking time to get a check-up now, can help avoid illness later. Plus, you can get ahead of, or act on, any risks you may have as soon as possible — peace of mind that is priceless. See page 11 for more ways to save on preventive care — you're worth it to take advantage of these valuable benefits!



Supplement Your Benefits with Cash Payments

Regardless of which medical plan option you choose, make sure you check out the Supplemental Health Care Benefits on page 17. Supplemental Health Care Benefits provide a cash payment directly to you that you may use toward out-of-pocket costs. **And if you enroll in Critical Illness coverage, you and your covered dependents can also each get \$50 simply for completing a health screening.**

YOUR MEDICAL OPTIONS AT-A-GLANCE

CATEGORY	HSA CORE		HSA VALUE		COPAY ADVANTAGE	
👤 EMPLOYEE ONLY	👤👤 EMPLOYEE + DEPENDENTS					
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	\$7,000	\$14,000	\$2,500	\$5,000	\$1,500	\$2,500
	\$14,000 ¹	\$28,000 ¹	\$5,000 ²	\$10,000 ²	\$3,000 ³	\$5,000 ³
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	You pay 20% after deductible	You pay 40% after deductible
Annual Out-of-Pocket Maximum <i>(Medical and Prescription Drug combined)</i>	\$7,000	\$14,000	\$5,000	\$10,000	\$5,000	\$10,000
	\$14,000 ¹	\$28,000 ¹	\$10,000 ²	\$19,600 ²	\$10,000 ³	\$19,600 ³
Preventive Care <i>(e.g., annual physical, flu shots, mammograms, well-child care visits)</i>	FREE		FREE	You pay 50% after deductible	FREE	You pay 40% after deductible
Office Visits	You pay 0% after deductible and out-of-pocket maximum		You pay 20% after deductible	You pay 50% after deductible	You pay \$25 PCP/ \$40 Specialist	You pay 40% after deductible
Emergency Room (ER) ⁴	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	\$500 copay + 20% of the remaining balance	\$500 copay + 20% of the remaining balance if true emergency, otherwise 40% of the remaining balance ⁵

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 pay⁶:

	Retail and Mail-Order <i>(After Deductible and Out-of-Pocket Maximum)</i>	Retail and Mail-Order <i>(After Deductible)</i>	Retail	Mail-Order
• Generic	0%	20%	20% (\$10 min/\$40 max)	20% (\$25 min/\$100 max)
• Brand Formulary			20% (\$40 min/\$75 max)	20% (\$100 min/\$185 max)
• Brand Non-Formulary			20% (\$55 min/\$125 max)	20% (\$140 min/\$315 max)
• Specialty			\$150	More than 30-day supply not allowed

- For HSA Core, no one in your family pays more than the individual deductible, which is the same as the individual out-of-pocket maximum, before the Plan starts paying 100% of his/her covered expenses. For example, if your covered spouse has a hospital stay and incurs \$11,000 in covered expenses, he/she would pay \$7,000 to meet the individual deductible and out-of-pocket maximum; the Plan would pay \$4,000. The Plan would also begin paying 100% of your spouse's covered expenses for the rest of the year. After total expenses for all enrolled family members reach the family deductible, the Plan starts paying 100% of covered expenses for everyone.
- For HSA Value, 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.
- For Copay Advantage, 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.
- 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.
- Note: If admitted, inpatient stays apply to deductible and out-of-pocket maximum.
- 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. Call Quantum Health at the number on the back of your Quantum/BCBS medical & prescription ID card for questions. 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.

LSC Medical Options + Cost-Saving Tools = **MORE FOR YOUR \$**



Preventive Care for Peace of Mind

We mentioned it before, but it is worth repeating: When you enroll in any LSC Benefits medical option, all of your eligible 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

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 certain 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 promptly.

Get \$50 for Completing a Health Screening

If you're enrolled in MetLife Critical Illness Insurance, you and your covered dependents can each get paid for taking care of your health by getting a health screening, everything from an annual physical to a mammogram or colonoscopy. For complete details, review the Health Screening Benefit flier on mylscbenefits.com, under Benefit Resources/Supplemental Health Care.



Quantum Health: Your Go-to for Health Care and Benefits Help

Health care can be confusing, and dealing with obstacles can be frustrating and time consuming. Quantum Health helps you take the hassle out of health care. Quantum Health Care Coordinators are a team of nurses, benefits experts and claims specialists who will do whatever it takes to support your unique health care and benefits needs.

Quantum Health is your single point of contact to:

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



Three Ways to Reach Quantum Health



Download the
Quantum Health app

Visit
mylscbenefits.com

Call **1-844-460-2803**


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

Get help with commonly occurring medical and behavioral health conditions from your mobile device or computer with MDLIVE. The service lets you chat with a doctor or licensed behavioral health specialist and receive convenient, quality care.

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

* On December 29, 2022, Congress passed the 2023 omnibus spending bill, which contains a two-year extension of the telehealth accommodation for high-deductible health plans (HDHPs). This means that telehealth services can be provided prior to the deductible of HDHPs being met without sacrificing eligibility for health savings accounts (HSAs).

Three Ways to Access MDLIVE



Download the
MDLIVE app

Visit
mdlive.com/bcbsil

Call **1-888-676-4204**
24 hours a day, 7 days a week

Let SurgeryPlus Guide You to Savings

SurgeryPlus provides resources to help you make the best decisions regarding your care, including how to find a board-certified surgeon. The program is available to employees and dependents enrolled in an LSC medical option at no additional cost and is completely voluntary. What's more, using a SurgeryPlus provider helps you save money!

The most you will pay for a covered surgery is \$1,600.*


A Care Advocate will ensure you have access to the best information as you make decisions about your care and will provide guidance throughout the course of treatment.

Commonly covered procedures include:

- Spine
- Orthopedic
- Ear, Nose & Throat
- Cardiac
- Gynecology
- General Surgery
- Gastrointestinal
- Spine and Ortho Injections



Three Ways to Connect with SurgeryPlus

   <p>Download the SurgeryPlus app</p>	<p>Register on my.surgeryplus.com</p>	<p>Call 1-844-460-2803</p>
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*Surgical costs are payable prior to surgery.

End Musculoskeletal Pain with Hinge Health

If you're enrolled in an LSC medical option, you and any covered dependents age 18 or older 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.

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 LSC 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 an LSC medical option.

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 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.

2024 Health Savings Account Contribution Limits

The IRS sets limits on how much you can add to your HSA each year. The combined 2024 amount of what the Company contributes and what you contribute cannot be more than:

- **\$4,150** (individual medical coverage)
- **\$8,300** (all other medical coverage levels)

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



- Tax-free status applies to federal taxes but varies by state. Currently, California and New Jersey don't allow favorable tax treatment of HSAs. New Hampshire and Tennessee tax dividends and earnings after a certain dollar amount. Check with your financial advisor to determine how HSA contributions, earnings and distributions are taxed in your state.
- Find information about investment options through HealthEquity.
- If you are enrolled in Tricare or Medicare, even Part B, you are not eligible to contribute to a HSA, this includes the Company portion. Please consult with your financial advisor if you choose to contribute or receive the Company contribution.
- Please note, your HSA is not an employee welfare benefit plan subject to ERISA.

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. LSC Benefits offers three types of FSAs:

	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 \$3,050	Up to \$3,050	Up to \$5,000 for individuals or married couples filing joint tax returns Up to \$2,500 if you are married and file separate tax returns
	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 Health Care FSA debit card from HealthEquity, or you can file claims directly for reimbursement.	For dental and vision expenses, you can use your FSA debit card or you can file claims directly for reimbursement. You can also use the FSA 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, 2025, to submit claims for services incurred during the 2024 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, and your debit card will be deactivated. You can request reimbursement for eligible expenses incurred up to the date of your employment status change. You have until March 31, 2025 to submit claims for services received within the 2024 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.		

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.

The plan also rewards you and your covered dependents with \$50 for completing a health screening or test, everything from annual checkups to colonoscopies and mammograms. For details, review the Health Screening Benefit flier on mylscbenefits.com, under Benefit Resources/Supplemental Health Care.

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.



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 check-ups 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 exam ¹		• 12-month frame	• 12-month lens
Routine Vision Exam	\$10 copay	Up to \$35 allowance	\$0 copay	Up to \$35 allowance
Retinal Imaging	\$15	Not Covered	\$15	Not Covered
Frames	\$0 copay — \$130 allowance; 20% off balance over \$130	Up to \$60 allowance	\$0 copay — \$160 allowance; 20% off balance over \$160	Up to \$80 allowance
Lens (single vision) ²	\$20 copay	Up to \$25 allowance	\$10 copay	Up to \$25 allowance
Contacts²	\$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.

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)

Basic Long-Term Disability (LTD)

Buy-Up Long-Term Disability (LTD)

Provided by LSC Benefits at no cost to you

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 monthly benefit of 60% of your pre-disability earnings for up to 26 weeks.

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.

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 \$125,000 — 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 \$125,000 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.

Your tobacco declarations for medical and optional life insurance must match. For example, you can't declare yourself tobacco-free for the medical plan but declare yourself a tobacco user for optional life insurance. You must make separate tobacco declarations for yourself and your covered dependent(s). Contact the LSC Benefits Center if you need assistance.

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: **metlife.com/mybenefits** or **1-888-447-8996**.
- 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

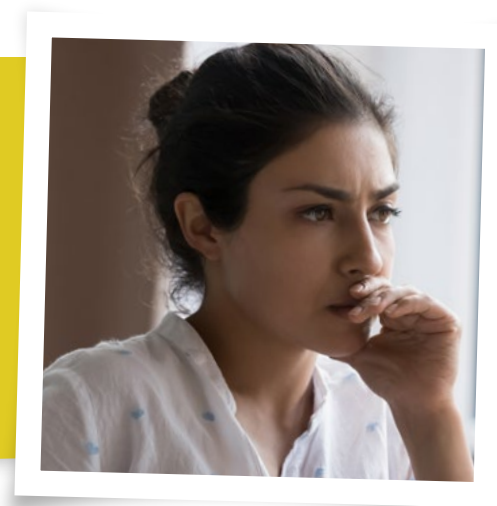
Everyday stress and anxiety. A death in the family. A child going away to college. A cross-country move. Don't handle these things alone. Turn to the EAP 24/7 for support and resources to help balance life's challenges. The EAP provides confidential information and guidance with: stress management, depression 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.

Two 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](https://www.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.

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.



USEFUL CONTACTS FOR 2024

VENDOR/BENEFIT	WEBSITE	TELEPHONE/HOURS OF OPERATION
LSC Benefits Center Personalized Benefits Information and Enrollment	mylscbenefits.com	1-888-681-2241 Monday – Friday, 8:00 a.m. – 5:00 p.m. Central Time
Quantum Health 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
Carelon Employee Assistance Program (EAP)	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 , M – F 7:00 a.m. – 7:00 p.m. CT
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)
The Hartford Disability	abilityadvantage.thehartford.com	1-888-437-8671 , Monday – Friday, 7:00 a.m. – 7:00 p.m. Central Time
HealthEquity Commuter Benefits 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 HingeHealth app from the App Store or Google Play Store .	1-855-902-2777 24 hours a day, 7 days a week
MDLIVE Telemedicine	MDLIVE.com/bcbsil  Download the MDLIVE app from the App Store or Google Play Store	1-888-676-4204 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
SurgeryPlus Guided Surgical Support	my.surgeryplus.com	1-844-460-2803
Wondr Health Personalized Weight Loss	wondrhealth.com/lsc	NA

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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 myslcbenefits.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.