

RRD BENEFITS
HEALTH | WEALTH | LIFE

YOUR JOURNEY. YOUR BENEFITS.

2027 Enrollment Guide
Regional Medical Options
October 28 – November 11, 2026

REGIONAL MEDICAL OPTIONS

YOUR JOURNEY YOUR BENEFITS.

Annual Enrollment for your 2027 benefits is October 28 – November 11, 2026. This is your once-a-year opportunity to review and choose the benefits that best fit your needs for the coming year.

You are eligible for the benefits described in the ***2027 Benefits Enrollment Guide*** (available at **myRRDbenefits.com**) effective January 1, 2027. Based on where you live, you will also be offered one or more of the Regional Medical Options highlighted in this guide.

Starting October 28, the enrollment site at **rrd.bswift.com** will list the option(s) available to you, as well as your rates for 2027. If you have questions, please contact the RRD Benefits Center at **1-877-RRD-4BEN (1-877-773-4236)**, Mon. – Fri,, 7 a.m. – 7 p.m. CT.

This is a high-level summary. For more details, see the full Summary of Benefits and Coverage (SBC) for each Regional Medical Program option at **myRRDbenefits.com**. Copies are also available through the enrollment website. To request free paper copies, call **1-877-RRD-4BEN (1-877-773-4236)**.

myRRDbenefits.com

Everything you need to know — in one place

- News about your benefits
- Information to help you manage your health and use your benefits wisely
- Important Plan documents
- Links to your benefits vendors and more!

What's Inside

02 **IMPORTANT INFORMATION**

03 **DEAN HEALTH PLAN**

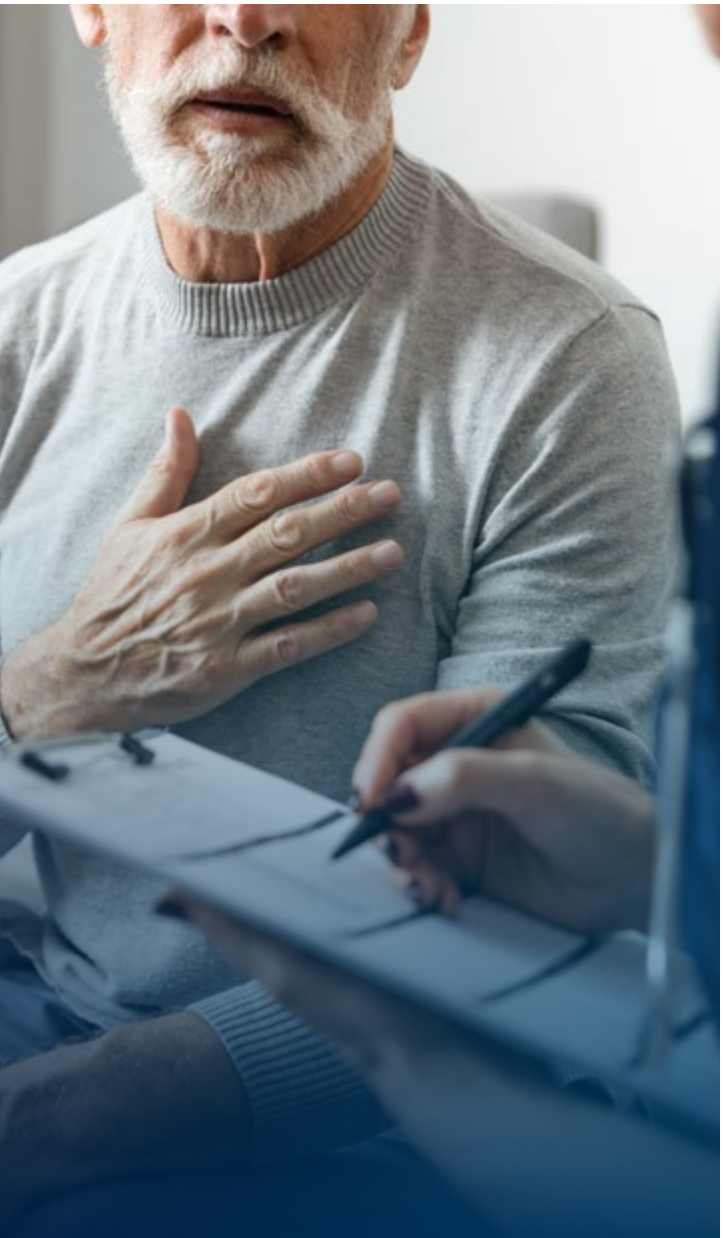
04 **KAISER HSA**

09 **KAISER HEALTHY RESOURCES**

IMPORTANT INFORMATION

Prescription Drug Coverage

If you elect a Regional Medical Option described in this guide, prescription drug coverage is provided through the medical carrier — **not** CVS Caremark. If you have questions about prescription drug coverage, please contact the applicable medical carrier.



Right to Choose a Primary Care Provider

The Regional Medical Options may require the designation of a primary care provider. You have the right to designate any primary care provider who participates in the Regional Medical Option network and is available to accept you or your family members.

For information on how to select a primary care provider and a list of participating primary care providers, contact the Regional Medical Option carrier directly at the number or website listed in this booklet. For children, you may designate a pediatrician as the primary care provider. Until you make this designation, the Regional HMO may designate a primary care provider for you.

You do not need prior authorization from the Regional Medical Option carrier or from any other person (including a primary care provider) to obtain access to obstetrical or gynecological care from a health care professional in the network who specializes in obstetrics or gynecology.

The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Regional Medical Option carrier directly at the number or website listed in this booklet.

DEAN HEALTH PLAN

This medical option is offered only in Wisconsin based on a select Dean Health service area. There are no plan design changes for 2027.

For More Information

Call Dean Health member services at **1-800-279-1301**, Mon. – Fri., 7:30 a.m. – 5 p.m. CT or visit **deancare.com**.

If you are currently enrolled, your coverage will carry over for 2027. If you wish to enroll in this option, you must take action during Annual Enrollment.

If you are in the service area that includes Green Bay and surrounding areas, and you need to find a provider, go online to **prevea360.com**, click on *For Members* > *Find a Provider/Doctor* in the drop-down menu. Then scroll down the page to *Select Your Health Plan* > *Network (HMO) Plan*.

MEDICAL	You Pay
Annual Deductible	$500 You Only; $1,000 Family
Annual Out-of-Pocket Maximum	$3,000 You Only; $6,000 Family
Office Visit	10% after deductible
Specialty Care Visit	10% after deductible
Preventive Care as defined in Certificate of Coverage	No charge (100% covered)
Emergency Room	$75 copay (waived if admitted) + 10% after deductible
Urgent Care Center	10% after deductible
Outpatient Surgery not in the physician's office	10% after deductible
Hospitalization	10% after deductible

PRESCRIPTION DRUG	Retail (Up to 30-day supply)	Mail Order (Up to 90-day supply)
Generic	$10	$20
Brand Formulary	30% ($75 maximum copay up to $1,500 maximum — then $10 copay per script)	30% ($150 maximum copay up to $3,000 maximum — then $20 copay per script)
Brand Non-Formulary & Specialty	50% ($50 minimum copay; $150 maximum copay)	50% ($150 minimum copay; $450 maximum copay)

KAISER HSA

The Kaiser HSA is available in select California locations, the Mid-Atlantic region (Washington, D.C., and surrounding Maryland and Virginia counties), Oregon and Washington.

For More Information

Call Kaiser at the number for your region or go online to **kp.org**. For more information about an HSA, see the ***2027 Benefits Enrollment Guide*** or ***Ways to Save & Pay for Care*** at **myRRDbenefits.com**.

The Kaiser HSA is similar to the national HSA Value option described in your ***2027 Benefits Enrollment Guide***. Plan design varies by location, so carefully review the charts below. **You pay the amounts and percentages shown after you meet your deductible, and the Plan covers the rest.**

California

Northern California | **Southern California**

1-800-464-4000, 24/7, except major holidays

View plan →

Mid-Atlantic Region

kp.org/mid-atlantic

- **DC Metro:** 301-468-6000
- **Outside DC Metro:** 1-800-777-7902

Mon. – Fri., 7:30 a.m. – 5:30 p.m. ET

View plan →

Oregon

kp.org/northwest

- **Portland:** 503-813-2000
- **Outside Portland:** 1-800-813-2000
- **SW Washington:** 1-800-813-2000

8 a.m. – 6 p.m. PT, 7 days a week
(except major holidays)

View plan →

Washington

kp.org/wa

1-888-901-4636, Mon. – Fri., 8 a.m. – 5 p.m. PT

View plan →

Kaiser HSA: California

General Information	
Deductible	$4,500 Individual | $9,000 Family
Out-of-Pocket	$6,250 Individual | $12,500 Family*
Coinsurance	40%
Physician Care Office Visits	
PCP	$40 after deductible
Specialist	$50 after deductible
Preventive Care	0%
General Hospital Services	
Lab, X-Ray & Diagnostic	40% after deductible
Hospital Services	
Inpatient & Outpatient	40% after deductible
Emergency Services	
Emergency Room	$250 after deductible
Urgent Care	$40 after deductible
Mental Health/Substance Abuse	
Inpatient	40% after deductible
Office Visit	$40 after deductible

PRESCRIPTION DRUG	Retail	Mail Order
Deductible	Combined Deductible	
Generic	$15	$30
Formulary	$35	$70
Non-Formulary	$35	$70
Specialty	30% up to $250	N/A

NOTE: Coinsurance is listed as a percentage, while copay is a dollar amount.

* Family members have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.

Kaiser HSA: Mid-Atlantic

General Information	
Deductible	$4,500 Individual | $9,000 Family
Out-of-Pocket	$6,250 Individual | $12,500 Family*
Coinsurance	40%
Physician Care Office Visits	
PCP	$50 after deductible
Specialist	$50 after deductible
Preventive Care	0%
General Hospital Services	
Lab, X-Ray & Diagnostic	40% after deductible
Hospital Services	
Inpatient & Outpatient	40% after deductible
Emergency Services	
Emergency Room	$250 after deductible
Urgent Care	$50 after deductible
Mental Health/Substance Abuse	
Inpatient	40% after deductible
Office Visit	$50 after deductible

PRESCRIPTION DRUG	Retail	Mail Order
Deductible	Combined Deductible	
Generic	$20	$40
Formulary	$50	$100
Non-Formulary	50%	50%
Specialty	50% up to $150	N/A

NOTE: Coinsurance is listed as a percentage, while copay is a dollar amount.

* Family members have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.

Kaiser HSA: Oregon

General Information	
Deductible	$4,000 Individual | $8,000 Family
Out-of-Pocket	$6,650 Individual | $13,300 Family*
Coinsurance	40%
Physician Care Office Visits	
PCP	40% after deductible
Specialist	40% after deductible
Preventive Care	0%
General Hospital Services	
Lab, X-Ray & Diagnostic	40% after deductible
Hospital Services	
Inpatient & Outpatient	40% after deductible
Emergency Services	
Emergency Room	40% after deductible
Urgent Care	40% after deductible
Mental Health/Substance Abuse	
Inpatient	40% after deductible
Office Visit	40% after deductible

PRESCRIPTION DRUG	Retail	Mail Order
Deductible	Combined Deductible	
Generic	$15	$30
Formulary	$30	$60
Non-Formulary	$50	$100
Specialty	50%	N/A

NOTE: Coinsurance is listed as a percentage, while copay is a dollar amount.

* Family members have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.

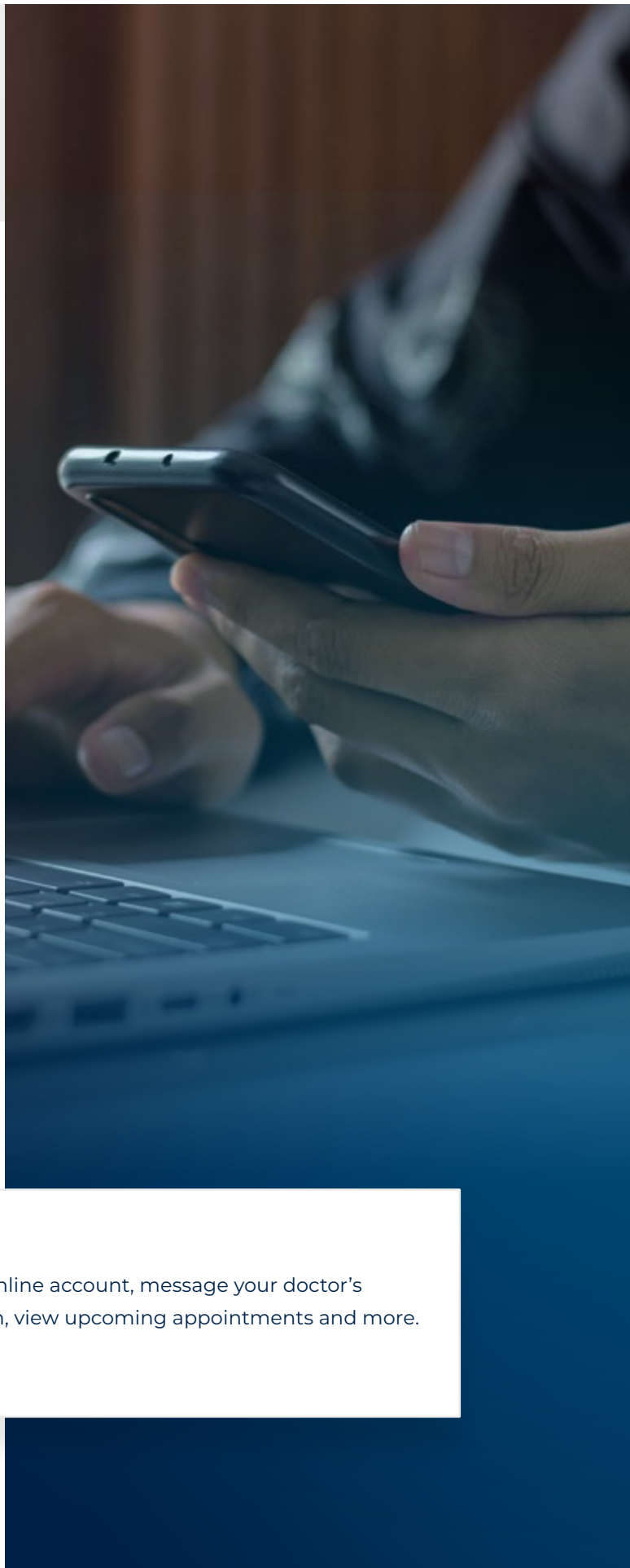
Kaiser HSA: Washington

General Information	
Deductible	$4,500 Individual | $7,350 Family
Out-of-Pocket	$6,000 Individual | $7,350 Family
Coinsurance	30%
Physician Care Office Visits	
PCP	30% after deductible
Specialist	30% after deductible
Preventive Care	0%
General Hospital Services	
Lab, X-Ray & Diagnostic	30% after deductible
Hospital Services	
Inpatient & Outpatient	30% after deductible
Emergency Services	
Emergency Room	$75/visit after deductible
Urgent Care	30% after deductible
Mental Health/Substance Abuse	
Inpatient	30% after deductible
Office Visit	30% after deductible

PRESCRIPTION DRUG	Retail	Mail Order
Deductible	Combined Deductible	
Generic	$15	$45
Formulary	$30	$90
Non-Formulary	N/A	N/A
Specialty	Contact Kaiser	N/A

NOTE: Coinsurance is listed as a percentage, while copay is a dollar amount.

KAISER HEALTHY RESOURCES



Manage Your Care Online

Great health and great care are just a click away. When you register for an online account, you can access time-saving tools and tips for healthy living anytime and anywhere to:

- View most lab test results
- Refill most prescriptions
- Choose your doctor based on what's important to you, and change anytime
- Email your Kaiser Permanente doctor's office with non-urgent questions
- Schedule and cancel routine appointments, including telehealth visits
- Print vaccination records for school, sports and camp
- And more

Register online at **kp.org/register** or on the Kaiser Permanente mobile app. Just follow the sign-on instructions. You'll need your health/medical record number, which you can find on your Kaiser Permanente ID card.

Get the Kaiser Permanente App

Use the Kaiser Permanente mobile app to register for an online account, message your doctor's office with non-urgent questions, find doctors and location, view upcoming appointments and more.

Get the app →

Kaiser Healthy Resources

Your Kaiser coverage includes extra perks — from personal health coaching to reduced rates on health-related products and services.

Healthy Lifestyle Program

Get advice, encouragement and tools to help you create positive changes in your life. These free programs can help you:

- Lose weight
- Eat healthier
- Quit smoking
- Reduce stress
- Manage ongoing health conditions like diabetes or depression

Start with a Total Health Assessment, a simple online survey to give you a complete look at your health. You can also share and discuss the results with your doctor.

Learn more →

Wellness Coaching

For a little extra support, Kaiser offers Wellness Coaching by Phone at no cost. You'll work one-on-one with a personal coach to make a plan to help you reach your health goals.

Learn more →

Health Classes

There's something for everyone with health classes and support groups offered at Kaiser facilities. Classes vary at each location, and some may require a fee.

Learn more →

Discounts on Health-Related Products & Services

Save with the ChooseHealthy® program, which includes:

- Active&Fit Direct — Members pay $25 per month (plus a one-time $25 enrollment fee) for access to a national network of more than 10,000 fitness centers.
- Up to 25% off a contracted provider's regular rates for acupuncture, chiropractic care and massage therapy.

Get the apps →

Virtual Care & Telehealth

Connect to your own Kaiser provider team. E-visit, phone appointments, email, video visits, and mail order pharmacy programs are available at **kp.org** or the KP mobile app.

KP members can access a broad range of no-cost tools to support mental health and wellness, including the myStrength and Calm apps.

Get the apps →

About This Guide

This guide describes key changes to the Regional Medical Options RRD will offer for 2027 to employees who live in certain geographic regions and constitutes a Summary of Material Modifications (SMM) under the RR Donnelley Group Medical Plan and the RR Donnelley Flexible Benefits Plan (the "Plans"). Your home address will determine the precise coverage that is offered to you, your spouse, domestic partner and/or your dependent child(ren). More details on benefits eligibility are available in the Summary Plan Descriptions (SPDs), prior SMMs, and Certificates of Insurance at **myRRDbenefits.com**.

Important

The descriptions provided in this guide are based on official Plan documents, including the carrier "Evidence of Coverage" or "Certificate of Coverage" booklets. Every effort has been made to ensure the accuracy of this material. In the unlikely event there is a discrepancy between this document, the SPDs, SBCs, SMMs, any other materials summarizing the Plans and the official Plan documents, the following documents will control:

- Where this document is intended to summarize existing benefit provisions, the SPDs, SMMs, any other materials summarizing the Plans and the official Plan documents, the official Plan documents will control.
- Where this document is intended to communicate a change to the SPDs, SMMs, any other materials summarizing the Plans and the official Plan documents, this document will control.

RRD reserves the right to amend or terminate the Plans or Programs at any time for any reason.

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