RR DONNELLEY

2007 Summary of Material Modification (SMM) for the Retiree Medical, Prescription Drug, and Mental Health and Substance Abuse Programs under the R.R. Donnelley & Sons Company Retiree Welfare Benefits Plan (Moore Wallace Version)

The material that follows is a legally required notice of benefit plan changes effective January 1, 2007, or later as indicated in this document. It describes changes to the two programs provided under the R.R. Donnelley & Sons Company Retiree Welfare Benefits Plan ("Plan"), the:

- "Retiree Group Health Program"; and
- "Prescription Drug Program" (an additional SMM detailing the Prescription Drug Program changes was also mailed by CVS | Caremark in February 2007).

Both are detailed in the Plan's 2006 Summary Plan Description (SPD), and this notice constitutes the Summary of Material Modification (SMM) to that SPD. Similar to the SPD, when the term "Program" is used in this SMM, it refers collectively to the Retiree Group Health Program and the Prescription Drug Program. When the term "Retiree Group Health Program" is used, it refers collectively to the Medical Program and the Mental Health and Substance Abuse Program. To make sure you have the most up-to-date information, keep this document with your 2006 SPD.

The Plan provides different coverage to a retiree who pays:

- The full premium cost (because of no subsidy), referred to as an "access-only retiree;" and
- Less than the full premium cost (because of an employer subsidy), referred to as a "subsidized retiree."

Except where specifically mentioned otherwise in the SPD (such as when describing the subsidy) or this SMM (such as when describing coverage of an eligible child), when, with respect to an access-only retiree, the SPD or this SMM refers to "you and your spouse/domestic partner," the reference includes your eligible child.

The Plan also provides similar retiree coverage for retirees of R.R. Donnelley & Sons Company ("RR Donnelley") and its subsidiaries (other than Moore Wallace and its subsidiaries). This retiree coverage is described in a different SPD for those RR Donnelley retirees.

Who Is Eligible – Retiree Eligibility Requirements

(The following subsection replaces the subsection of the SPD titled "Retiree Eligibility Requirements.")

You are eligible for coverage as a retiree under the Program if your employment with a Participating Employer, as defined in the "Administrative and Contact Information" section of this SPD, terminated on or after March 1, 2007, and you meet all of the following requirements at the time of termination:

- Your full years* of age and full years* of service since your adjusted service date total 55 or more points;
- You are at least age 50 on your termination date;
- You have completed two or more years of continuous service in a benefits-eligible position (defined below); and
- You have completed at least two or more years of continuous service with a Participating Employer, which ends on your termination date.

*The Program uses full years when determining age and service. Therefore, if you are age 49½, the Program considers you to be 49 years old.

In addition, and notwithstanding any other provision of this SPD to the contrary, if you meet the above requirements and you are a union employee covered by a collective bargaining agreement, you are eligible for coverage only to the extent the collective bargaining agreement provides for your and your spouse/domestic partner's eligibility to participate.

If your employment terminated prior to March 1, 2007, the eligibility requirements set forth above do not apply to you. Your retiree eligibility requirements are those in effect on the date your employment terminated. **IMPORTANT:** If you terminated before March 1, 2007, and qualified for coverage under the Program at that time without being eligible for an annual subsidy cap (see page 12 of this SMM), you qualify as an "access-only" retiree. As an access-only retiree, if you are not yet enrolled, the section below titled "Enrolling for Coverage" will apply to you. Therefore, you must enroll in the Program before March 1, 2012. See the "Enrolling for Coverage – Enrolling Yourself and Your Spouse/Domestic Partner" section in the SMM for additional information and other important deadlines.

See the "Special Rules for Certain Participants" section for additional information.

You are not eligible for coverage under the Program while you are covered as an active employee or as a spouse/domestic partner or dependent of an active employee under the medical program of the R.R. Donnelley & Sons Company or its subsidiaries ("Active Program").

Who Is Eligible – Benefits-Eligible Position
(The following subsection replaces the subsection of the SPD titled "Benefits-Eligible Position.")

You are in a benefits-eligible position if you are an employee of a Participating Employer and you are eligible to participate in an Active Program.

For purposes of satisfying the "Retiree Eligibility Requirements" section of the SPD, you will be deemed to be in a benefits-eligible position if you transfer employment from a benefits-eligible position with a Participating Employer to a position with RR Donnelley or any of its subsidiaries and the position to which you transfer is not a benefits-eligible position (you will be deemed to be in a benefits-eligible position only for so long as you remain in a full-time position).

Who Is Eligible – Benefits-Eligible Position – Examples
(The following subsection replaces the subsection of the SPD titled "Examples.")

Examples

1. If you terminate employment with RR Donnelley or any of its subsidiaries at age 57, with one and one-half years of service or less in a benefits-eligible position, you are not eligible for the Program. If you are rehired by a Participating Employer and you earn two years of continuous service in a benefits-eligible position, when you terminate employment from that Participating Employer you will be eligible for the Program.

2. If you have been employed for at least eight years in a benefits-eligible position and you transfer at age 53 to a full-time position at RR Donnelley or any of its subsidiaries that is not a benefits-eligible position, you will be eligible for the Program if you separate while in that position.

3. If you complete two years of service in a benefits-eligible position and terminate at age 54, you will be eligible for the Program at the time of termination.

4. If you and your spouse/domestic partner both work for a Participating Employer, your spouse/domestic partner covers you under his or her Active Program, you complete five years of service in a benefits-eligible position, and terminate at age 55, you will be eligible for the Program at the time of termination. However, you cannot enroll while covered under your spouse/domestic partner's Active Program.

Important: Being eligible for the Program does not mean you or your spouse/domestic partner can enroll in the Program. See the various sections titled "Enrolling for Coverage" for additional rules and limitations.

Who Is Eligible – If You Are Involuntarily Separated
(The following subsection replaces the subsection of the SPD titled "If You Are Involuntarily Separated.")

If you are involuntarily separated from employment pursuant to a workforce reduction within 12 months of the date you will attain age 50, you have earned at least two full years of continuous service in a benefits-eligible position, and you have earned at least two full years of continuous service on or immediately prior to the date you separate from employment, you will be treated, but only for purposes of the Program, as if you had attained age 50. You will become eligible for coverage effective on the date you separate from employment if your age and full years of service since your adjusted service date total 55 or more points.

An age example: If you are age 49 and have completed at least 10 years of continuous service in a benefits-eligible position at the time you are involuntarily separated, you are eligible for coverage on the date you separate from employment. You must still take the necessary steps to enroll and make the required payments of your premiums to the Plan in a timely manner.

A service example: If you are age 60 with at least one and one-half years of continuous service in a benefits-eligible position at the time you are involuntarily separated, you are **not** eligible for coverage.

Who Is Eligible – If You Are on an Authorized Leave of Absence
(The following subsection replaces the subsection of the SPD titled "If You Are on an Authorized Leave of Absence.")

If you are an employee on an authorized leave of absence as determined under the provisions of your employer's policies, you may be eligible for coverage under the Program if you meet the eligibility requirements for the Program as outlined above. For this purpose, service earned while on an authorized leave of absence from a benefits-eligible position will count toward satisfying the requirement that you serve two or more years of continuous service in a benefits-eligible position.

Who Is Eligible – Dependent Child Eligibility Requirements
(The following is a new subsection after the subsection of the SPD titled "Domestic Partner Eligibility Requirements.")

Dependent Child Eligibility Requirements
Effective March 1, 2007, a dependent child of an access-only retiree or of the surviving spouse/domestic partner of such retiree is an "eligible child" who can be covered under the Program only if and for so long as the access-only retiree and/or the surviving spouse/domestic partner of such retiree, and the eligible child meet all of these requirements:

- If the access-only retiree or the surviving spouse/domestic partner of such retiree is alive, the access-only retiree or the surviving spouse/domestic partner of such retiree must be enrolled for coverage under the Program.
- If neither the access-only retiree nor the surviving spouse/domestic partner of such retiree is living, a dependent child of such retiree or such spouse/domestic partner is not eligible for coverage.
- The eligible child must be a dependent child of the access-only retiree on the date the retiree terminates employment with, or dies while employed by, RR Donnelley or any of its subsidiaries and otherwise be eligible for coverage under the Program. No coverage will be provided for a dependent child who becomes a dependent child of the access-only retiree or the surviving spouse/domestic partner of such retiree after the date the retiree's employment terminates.
- The eligible child may not be on active duty with any military forces.
- The eligible child may not be covered as an active employee or dependent under the Active Program.
- The eligible child cannot elect coverage under the Program on his or her own.
- The child must qualify as a dependent child of the retiree or surviving spouse/domestic partner within the meaning of Section 105 of the Internal Revenue Code of 1986, as amended, and be:
  - An unmarried child under age 19; or
  - An unmarried child age 19, and up to age 23, who is a full-time student enrolled in a recognized accredited school, college, or university.

A child, for purposes of the Program, is defined below.

Child – the "child" of an individual is:

- Such individual's natural child;
- Such individual's legally adopted child;
- A child placed with such individual for adoption;
- Such individual's stepchild;
- Such individual's grandchild who lives with him or her and for whom such individual is the sole legal guardian due to death or severed parental rights; or
- Any other child who lives with such individual and for whom such individual is the sole legal guardian.

Extended Coverage for Full-Time Students Age 19 and Older

You must verify student status of your covered eligible child from age 19 until age 23 to continue coverage for such child. If you fail to provide verification of student status when requested by the administrator, your child will no longer be an eligible child as of the day he or she attains age 19 and will be removed from coverage under the Program for the remainder of the calendar year.

Each year, the administrator will perform a student verification process. During this process, any student dependent will need to provide proof of his or her student status. If the student status is not verified by the specified deadline, he or she will automatically be removed from coverage as of the last day of the process. To reenroll the student for the next year, if he or she is eligible, please work with the administrator.

If your covered eligible child is no longer a student, contact the administrator to have the child removed from coverage. Eligibility ends upon such notification, or earlier as described above. If your child again becomes an eligible child, you may enroll the child for coverage during the next Annual Enrollment period provided the child continues to be an eligible child at that time, or possibly sooner if you report a Qualified Status Change.

Eligibility for coverage for your eligible child who is a full-time student ends at the end of the month in which your covered eligible child reaches age 23, unless he or she is disabled.

Extended Coverage for Disabled Children

If your covered eligible child is mentally or physically disabled and unable to support himself or herself, you can continue coverage for that child after age 19 (or after age 23 if a student). To be eligible for continued coverage, your child must be covered under the Program immediately before the coverage would otherwise end, and the disability must begin while his or her eligible child coverage under the Program is in effect. To continue coverage, you must provide proof (for example, a doctor’s certificate) of your child’s disability within 30 days of the day the child’s coverage would have otherwise ended. If you do not, coverage for your disabled child ends, and you will not have another opportunity to add your disabled child to your coverage based on his or her disability status.

Your or your domestic partner’s child must continue to meet the following conditions to be an eligible child under the Program:

- Be unmarried; and
- Be incapable of self-supporting employment because of a mental or physical handicap, disability, or injury.

You will need to provide proof (for example, a doctor's certificate) of the continued disability each calendar year to maintain coverage. A request for proof of continued disability will be made around the time of your disabled child's birthday.

If any of the above conditions for extended coverage for your child is not met and/or you do not complete and return the proof of disability to the medical vendor (i.e., CIGNA) at the address and by the deadline indicated, your child will cease to be an eligible child and will lose extended coverage.

Qualified Medical Child Support Order (QMCSO)
The Program can also provide coverage for your child pursuant to the terms of a Qualified Medical Child Support Order (QMCSO). You are responsible for any contributions required for such coverage.

A QMCSO may be either a National Medical Child Support Notice that is issued by a state child support agency, or an order or a judgment from a state court or administrative body directing RR Donnelley to cover a child under the Plan. Federal law provides that a medical child support order must meet certain form and content requirements to be "qualified" and therefore valid. The Plan follows certain procedures to determine if a medical child support order is "qualified." If you have any questions or would like a copy at no charge of the written procedures used to determine whether a medical child support order is valid, please contact the RR Donnelley Benefits Center.

If you are enrolled, you may enroll a child in the Program pursuant to the terms of a valid QMCSO. If you do not elect a coverage option, the Plan will comply with the QMCSO's terms by providing the default coverage option for the child unless the terms of the QMCSO specify a different option.

Please note that if you are subject to a QMCSO, your "child" is defined as:

- Your natural child;
- Your legally adopted child; or
- A child placed with you for adoption.

Under a QMCSO, your child may be covered even if he or she:

- Was born out of wedlock;
- Is not claimed as a dependent on your federal income tax return;
- Does not reside with you or in the Program's service area; or
- Is receiving benefits or is eligible to receive benefits under a state Medicaid program.

Your parents, grandparents, adult brothers, and adult sisters are not eligible for coverage.

Enrolling for Coverage – Enrolling Yourself and Your Spouse/Domestic Partner
(The following subsection replaces the subsection of the SPD titled "Enrolling Yourself and Your Spouse/Domestic Partner.")

If you and your spouse/domestic partner are eligible for coverage and you enroll prior to the first of any month in which you want coverage to begin, coverage takes effect the first day of that month. Your spouse/domestic partner and/or eligible child cannot be enrolled unless you are enrolled as a retiree. However, if your spouse/domestic partner is a retiree who is eligible for coverage, such eligible spouse/domestic partner may enroll as an RR Donnelley or Moore Wallace retiree.

If you are covered under an Active Program as an active employee or as a dependent or spouse/domestic partner of an active employee, your coverage as a retiree under the Program cannot take effect until the first of the month after your coverage under the Active Program terminates. Be sure to enroll before the month you wish to have your coverage under the Program begin. If you are an access-only retiree, be sure to enroll before the end of the five-year enrollment period described below.

If you want to enroll, you can:

- Log on to the Your Benefits Resources™ website via *My Benefits Directory* at **www.mybenefitsdirectory.com/rrd**; or
- Call the Benefits Center at 1-877-RRD-4BEN (1-877-773-4236).

If you are an access-only retiree:

- You can choose to enroll yourself, your spouse/domestic partner, and/or your eligible dependents for coverage on or after termination of employment, effective as of the first day of the month following the date you submit your enrollment papers. However, you must elect coverage by the last day of the month in which occurs the fifth anniversary of the last date your employment terminates when you are eligible for the Program (see special rules below for pre-March 1, 2007 retirees). If you do not enroll by this deadline, coverage under the Program is no longer available to you, your spouse/domestic partner, or your eligible dependent. If you retired prior to March 1, 2007, and are an access-only retiree, you must enroll no later than February 29, 2012.
- You can drop coverage for yourself, your spouse/domestic partner, and your eligible dependents anytime after you have enrolled in the Program, effective as of the first day of the month following the date you submit your disenrollment paper. If you drop coverage for yourself (and therefore your spouse/domestic partner and/or eligible child), you **may not** reenroll yourself, your spouse/domestic partner, or your eligible child. Once you opt out, you may not reenroll for coverage at a later date. You can, however, choose to add or drop coverage for your spouse/domestic partner and/or eligible child at any time while you are enrolled in the Program, effective the first day of the month following the date you submit your enrollment or disenrollment papers.

Notwithstanding the rules, if the only reason you drop coverage for yourself (and therefore your spouse/domestic partner and/or eligible child) is because you are rehired by a Participating Employer as an active employee and become covered by an Active Program, you may reenroll yourself, your spouse/domestic partner, and/or eligible child only if:

- You earn another two years of continuous service in a benefits-eligible position; or
- You reenroll prior to the last day of the month in which occurs the fifth anniversary of the date of your prior termination of employment when you were eligible for the Program.

Confirmation of your enrollment or disenrollment will be based on your method of enrollment or disenrollment. If you enroll via the website, print a confirmation page (a paper statement will not be mailed to you). You should retain the printed confirmation page in case a question arises as to your enrollment. If you enroll or disenroll by phone, you will receive a written confirmation in the mail.

For subsidized retirees, different rules apply. See the “Program Premium Cost – Determining an Annual Premium for You and Your Spouse/Domestic Partner – Total Cost of Coverage” section for additional information on the enrollment and disenrollment rules.

Examples

1. If you are rehired and become covered under the Active Program, you will then need to opt out of the Program. Therefore, if you are an access-only retiree, you will be able to opt back in upon your termination of employment only if you:
   - Earn another two years of continuous service in a benefits-eligible position; or
   - Reenroll prior to the last day of the month in which occurs the fifth anniversary of the date of your termination of employment.

2. If you enroll in the Program at the time of termination and then are rehired in a non-benefits-eligible position, you can continue your Program coverage.

3. If you choose not to enroll at the time of your termination of employment when you are eligible and you are then rehired in a non-benefits-eligible position, you will continue to be eligible for the Program based on the eligibility criteria you met when you initially terminated employment. If you are an access-only retiree, you must enroll on the last day of the month in which occurs the fifth anniversary of the date of your last termination of employment when you were eligible for the Program.

Enrolling for Coverage – Eligible Surviving Spouse/Domestic Partner's Enrollment (for a Surviving Spouse/Domestic Partner of an Access-Only Retiree)
(The following subsection replaces the subsection of the SPD titled "Eligible Surviving Spouse/Domestic Partner's Enrollment.")

If you are an access-only retiree and you die while you are enrolled in the Program, your surviving spouse/domestic partner and/or eligible child who is covered by the Program will automatically continue to be covered, subject to the applicable terms of the Program. If you die when you are eligible to enroll in the Program, but have not enrolled, your eligible surviving spouse/domestic partner must enroll for coverage of himself or herself and/or for the eligible child no later than the last day of the month in which occurs the fifth anniversary of the date of your termination of employment. Failure to enroll by this deadline will make your surviving spouse/domestic partner and eligible dependent NOT eligible for the Program.

You are considered eligible to enroll for this purpose even if you are still employed by RR Donnelley or one of its subsidiaries, but only if on the date you die you would have been eligible to enroll had your employment terminated on the day prior to your death. If you drop coverage, your surviving spouse/domestic partner will not be eligible to enroll at any time. Once enrolled, your surviving spouse/domestic partner can drop his or her coverage or an eligible child's coverage at any time. Once coverage is dropped, the surviving spouse/domestic partner – or if applicable, the eligible child – CANNOT be reenrolled for coverage.

If your eligible surviving spouse/domestic partner wants to enroll, your eligible surviving spouse/domestic partner can:

- Log on to the Your Benefits Resources website via *My Benefits Directory* at **www.mybenefitsdirectory.com/rrd**; or
- Call the Benefits Center at 1-877-RRD-4BEN (1-877-773-4236).

Confirmation of your eligible surviving spouse's/domestic partner's enrollment or disenrollment will be based on the method of enrollment or disenrollment. If your eligible surviving spouse/domestic partner enrolls via the website, he or she should print a confirmation page (a paper statement will not be mailed to your eligible surviving spouse/domestic partner). He or she should retain the printed confirmation page in case a question arises as to his or her enrollment. If your eligible surviving spouse/domestic partner enrolls or disenrolls by phone, he or she will receive a written confirmation in the mail.

For subsidized retirees, different rules apply to your surviving spouse/domestic partner. See the "Program Premium Cost – Determining an Annual Premium for You and Your Spouse/Domestic Partner – Total Cost of Coverage" section for additional information on the enrollment and disenrollment rules.

If your eligible surviving spouse/domestic partner also is a retiree who is eligible for coverage under the Program, your eligible surviving spouse/domestic partner may enroll as a retiree.

Program Premium Cost – Determining an Annual Premium for You and Your Spouse/Domestic Partner – Total Cost of Coverage
(The following subsection replaces the subsection of the SPD titled "Total Cost of Coverage.")

Each calendar year, the Plan's actuaries determine the projected total cost of coverage for the Program based on each Medical Program option available to a retiree and his or her spouse/domestic partner. The "total cost of coverage" includes all Program claims incurred by the Plan and operating expenses.

How much you and your spouse/domestic partner must pay to the Plan to be enrolled for coverage (called your "premium") will depend upon:

- Which Medical Program you and your spouse/domestic partner are enrolled in; and
- Whether you and your spouse/domestic partner are eligible for a subsidy as described below, from your former employer, and if so, the amount of such subsidy.

You and your spouse/domestic partner will know the premium for the next calendar year when you and your spouse/domestic partner receive your enrollment materials. As an eligible subsidized retiree, the following enrollment rules apply to you or your surviving spouse/domestic partner.

- **The Following Applies to You:** You can enroll yourself and your spouse/domestic partner for coverage at any time on or after termination of employment or drop coverage for yourself and your spouse/domestic partner anytime after you've enrolled in the Program, effective as of the first day of the month following the date you submit your enrollment or disenrollment papers.

  If you have dropped coverage for yourself and therefore your spouse/domestic partner, you may at any time reenroll yourself and your spouse/domestic partner, effective the first day of the month following the date you submit your enrollment or disenrollment papers. You also may choose to add or drop coverage for your spouse/domestic partner at any time while you are enrolled in the Program effective the first day of the month following the date you submit your enrollment or disenrollment papers. You may not enroll a dependent child.

- **The Following Applies to Your Surviving Spouse/Domestic Partner:** Your eligible surviving spouse/domestic partner can enroll for coverage at any time or drop coverage at any time after enrolling in the Program, effective the first day of the month following the date he or she submits the enrollment or disenrollment papers. If your eligible surviving spouse/domestic partner has dropped coverage, your eligible surviving spouse/domestic partner may at any time reenroll effective the first day of the month following the date he or she submits the enrollment papers. Your surviving spouse/domestic partner may not enroll a dependent child.

Please note that if you are an access-only retiree participating in the Program, you are not eligible for any subsidy. You pay the full premium. For an access-only retiree, his or her spouse/domestic partner, and eligible child, different rules apply. See the "Enrolling for Coverage" section for information on your enrollment and disenrollment rights.

Program Premium Cost – If You Are Not Eligible for an Annual Subsidy Cap Amount
(The following subsection replaces the subsection of the SPD titled "If You Are Not Eligible for an Annual Subsidy Cap Amount.")

If you and your spouse/domestic partner are not eligible for the annual subsidy cap amount described in the section "Special Rules for Certain Participants," you are referred to in the SPD as an "access-only retiree." You or your spouse/domestic partner must pay a premium equal to the total cost of coverage for the Program in which you and your spouse/domestic partner and/or eligible child are enrolled.

How the Retiree Group Health Program Works – General Information
(The following replaces the bullet points in the first paragraph within the subsection of the SPD titled "General Information.")

Effective January 1, 2007, the Retiree Group Health Program offers an additional coverage option – the CIGNA Retiree Value option. As a result, the following Medical Program options are offered through CIGNA:

- The **CIGNA Open Access Plus** option is available to you and your spouse/domestic partner who are younger than age 65 (and not Medicare-eligible) and who live in a CIGNA network area.
- The **CIGNA Retiree Value** option is available to you and your spouse/domestic partner who are younger than age 65 (and not Medicare-eligible) and who live in a CIGNA network area.
- The **CIGNA Indemnity** option is available to you and your spouse/domestic partner who are younger than age 65 (and not Medicare-eligible) and who do not live in a CIGNA network area.
- The **CIGNA Post-65 Medicare** option is available to you and your spouse/domestic partner who are age 65 or older or who are otherwise eligible for Medicare due to disability.

How the Retiree Group Health Program Works – General Information – Deductibles
(The following subsection replaces the subsection in the SPD titled "Deductibles.")

Deductible
The deductible is the fixed-dollar amount that you pay out of your pocket each calendar year before the Program pays benefits. You and your spouse/domestic partner can apply only the amounts you incur for covered expenses toward your annual deductible, and any amount that you and your spouse/domestic partner pay toward your deductible also is counted toward your annual out-of-pocket limit.

If you participate in the CIGNA Retiree Value option, you must meet your Medical Program deductible before the Program pays benefits for eligible medical and prescription drug expenses. The deductible amount depends on the coverage category you select under the Program (You Only, You + Spouse/Domestic Partner, You + Child(ren), or You + Family). If you elect "You Only" coverage, the single deductible applies. If you elect any other tier of coverage, the total family deductible applies collectively to all covered persons in the same family. As a result, the Program does not pay benefits for an individual's claims until the total family deductible is satisfied. Two individual deductibles are not required to satisfy the annual family deductible. One individual can meet the entire annual family deductible by himself or herself.

How the Retiree Group Health Program Works – General Information – Out-of-Pocket Limits
(The following is a new paragraph after the bullet points within the subsection in the SPD titled "Out-of-Pocket Limits.")

If you participate in the CIGNA Retiree Value option and elect "You Only" coverage, the single out-of-pocket maximum applies. If you elect any other tier of coverage, the total family out-of-pocket maximum applies collectively to all covered persons in the same family. As a result, the Program does not pay benefits at 100% for an individual's claims until the total family out-of-pocket maximum is satisfied. One individual can meet the entire annual family out-of-pocket maximum by himself or herself.

How the Retiree Group Health Program Works – Retiree Group Health Program Design – Medical Programs
(Additional new third paragraph after the second paragraph within the subsection of the SPD titled "Retiree Group Health Program Design – Medical Programs.")

The **CIGNA Retiree Value** option is available to you and your spouse/domestic partner who are younger than age 65 (and not Medicare-eligible) and who live in a CIGNA network area. This is a high deductible health plan option.

How the Retiree Group Health Program Works – A Summary Chart of the Retiree Group Health Program – CIGNA Open Access Plus

(Replaces the Outpatient Rehabilitation Services currently listed and adds Cardiac Rehabilitation Services to the subsection of the SPD titled "A Summary Chart of the Retiree Group Health Program – CIGNA Open Access Plus.")

Key Feature	CIGNA Open Access Plus	
	In-Network	Out-of-Network*
Coinsurance	Program Pays	Program Pays
Outpatient Rehabilitation Services (90 days combined maximum per calendar year; includes physical therapy, speech therapy, occupational therapy, cognitive therapy, and pulmonary therapy)	80% after deductible is met	60% after deductible is met
Cardiac Rehabilitation Services (subject to a 36-day maximum)	80% after deductible is met	60% after deductible is met

How the Retiree Group Health Program Works – A Summary Chart of the Retiree Group Health Program – CIGNA Retiree Value

*(New section with chart **after** the subsection in the SPD titled "A Summary Chart of the Retiree Group Health Program – CIGNA Open Access Plus.")*

Key Feature	CIGNA Retiree Value	
	In-Network	Out-of-Network*
Annual Deductible	You Pay $2,000/single $4,000/family	
Annual Out-of-Pocket Limit (includes deductible)	You Pay $4,500/single $9,000/family	
Coinsurance	Program Pays	Program Pays
Physician Office Visit (diagnostic visit or treatment of illness or injury)	80% after deductible is met	60% after deductible is met
Preventive Care	100% (no deductible requirement)	Not covered
Periodic physical exams		
Well-adult care		
Well-child care		
Well-woman care (including Pap test and routine screening mammogram)		

Key Feature	CIGNA Retiree Value	
	In-Network	Out-of-Network*
Coinsurance	Program Pays	Program Pays
Inpatient/Outpatient Hospital Services	80% after deductible is met	60% after deductible is met
Inpatient/Outpatient Professional Services (for non-emergency/urgent services, applies to inpatient/outpatient hospital or licensed surgical facility-based procedures)	80% after deductible is met	60% after deductible is met
Inpatient/Outpatient Professional Services (for emergency/urgent services)	80% after deductible is met	80% after deductible is met (60% after deductible is met if not a true emergency)
Emergency/Urgent Care Facility	80% after deductible is met	80% after deductible is met (60% after deductible is met if not a true emergency)
Outpatient Rehabilitation Services (90 days combined in-network and out-of-network maximum per calendar year; includes physical therapy, speech therapy, occupational therapy, cognitive therapy, and pulmonary therapy)	80% after deductible is met	60% after deductible is met
Cardiac Rehabilitation Services (subject to a 36-day maximum)	80% after deductible is met	60% after deductible is met
Chiropractic Therapy ($1,500 maximum per calendar year)	80% after deductible is met	60% after deductible is met
Inpatient Skilled Nursing/Rehabilitation (up to 90 days per year, precertification required)	80% after deductible is met	60% after deductible is met
Mental Health and Substance Abuse		
• Inpatient (combined lifetime limit is 90 days)	80% after deductible is met (up to 30 days per year)	60% after deductible is met (up to 20 days per year)
• Outpatient (combined lifetime limit is 450 visits)	80% after deductible is met (up to 30 visits per year)	60% after deductible is met (up to 20 visits per year)
Lifetime Limit	$2 million per individual	
Prior Authorization	See the "Preadmission Certification – CIGNA" section for details.	
Prescription Drug Program	See the "How the Prescription Drug Program Works" section for details.	

*Charges above the maximum reimbursable charge are the member's responsibility. These amounts do not count toward the deductible or the out-of-pocket limit.

How the Retiree Group Health Program Works – A Summary Chart of the Retiree Group Health Program – CIGNA Indemnity

(Replaces the Outpatient Rehabilitation Services currently listed and adds Cardiac Rehabilitation Services to the subsection of the SPD titled "A Summary Chart of the Retiree Group Health Program – CIGNA Indemnity.")

Key Feature	CIGNA Indemnity
Coinsurance	Program Pays
Outpatient Rehabilitation Services (90 days combined maximum per calendar year; includes physical therapy, speech therapy, occupational therapy, cognitive therapy, and pulmonary therapy)	80% after deductible is met
Cardiac Rehabilitation Services (subject to a 36-day maximum)	80% after deductible is met

How the Retiree Group Health Program Works – A Summary Chart of the Retiree Group Health Program – CIGNA Post-65 Medicare

(Replaces the Outpatient Rehabilitation Services currently listed and adds Cardiac Rehabilitation Services to the subsection of the SPD titled "A Summary Chart of the Retiree Group Health Program – CIGNA Post-65 Medicare.")

Key Feature	CIGNA Post-65 Medicare
Coinsurance	Program Pays
Outpatient Rehabilitation Services (90 days combined maximum per calendar year; includes physical therapy, speech therapy, occupational therapy, cognitive therapy, and pulmonary therapy)	80% after deductible is met
Cardiac Rehabilitation Services (subject to a 36-day maximum)	80% after deductible is met

How the Prescription Drug Program Works – Glossary of Key Terms
(Additional term to add before "In-Network Benefit Level" within the subsection of the SPD titled "Glossary of Key Terms.")

Deductible – the deductible is the fixed-dollar amount that you pay out of your pocket each calendar year before the Program pays benefits for eligible medical and prescription drug expenses. The deductible amount depends on the coverage category you select under the Program (You Only, You + Spouse/Domestic Partner, You + Child(ren), or You + Family). If you participate in the CIGNA Retiree Value option and elect "You Only" coverage, the single deductible applies. If you elect any other tier of coverage, the total family deductible applies collectively to all covered persons in the same family.

As a result, the Program does not pay benefits for an individual's claims until the total family deductible is satisfied. Two individual deductibles are not required to satisfy the annual family deductible. One individual can meet the entire annual family deductible by himself or herself.

How the Prescription Drug Program Works – Glossary of Key Terms
(Additional term to add before "Participating Pharmacy" within the subsection of the SPD titled "Glossary of Key Terms.")

Out-of-Pocket Maximum – this is the most you have to pay in coinsurance/deductible for you and your spouse/domestic partner and your eligible child's covered prescription drug services for any calendar year. Once you reach the single or family out-of-pocket maximum, as applicable, the Program pays 100% of your additional covered prescription drug expenses for the remainder of that calendar year. If you participate in the CIGNA Retiree Value option, any one individual can meet the entire family out-of-pocket maximum. Retail (in-network and out-of-network) and mail-order prescriptions apply toward the out-of-pocket maximum. If you participate in the CIGNA Open Access Plus, CIGNA Indemnity, or CIGNA Post-65 Medicare coverage options, the out-of-pocket maximum is a combined maximum for all retail (in-network and out-of-network) and mail-order prescriptions and the individual out-of-pocket maximum will apply to each individual covered.

How the Prescription Drug Program Works – A Summary Chart of Your Prescription Drug Coverage

(This chart replaces the chart within the subsection of the SPD titled "A Summary Chart of Your Prescription Drug Coverage.")

CIGNA Open Access Plus Option
CIGNA Indemnity Option
CIGNA Post-65 Medicare Option

Coverage Feature	In-Network Retail Pharmacy		Mail-Order	
Coinsurance	**You Pay ($10 minimum)**	**Program Pays (after $10 minimum)**	**You Pay ($10 minimum)**	**Program Pays (after $10 minimum)**
• Generic	20%	80%	20%	80%
• Brand Formulary	40%	60%	40%	60%
• Brand Non-Formulary	50%	50%	50%	50%
Annual Out-of-Pocket Maximum*	$2,500/individual $4,500/family			
Supply Limits	30-day supply		90-day supply	

*Even though the prescription drug annual out-of-pocket maximum is separate from the medical out-of-pocket limit, this is a combined maximum that applies for both retail (in-network and out-of-network) and mail-order prescriptions.

How the Prescription Drug Program Works – A Summary Chart of Your Prescription Drug Coverage

(Additional chart within the subsection of the SPD titled "A Summary Chart of Your Prescription Drug Coverage.")

CIGNA Retiree Value Option*

Coverage Feature	In-Network		Out-of-Network	
Coinsurance	**You Pay** 20% (Medical Program deductible applies)	**Program Pays** 80% (after deductible)	**You Pay** 40% (Medical Program deductible applies)	**Program Pays** 60% (after deductible)
Supply Limits	30-day supply		90-day supply	

*Because this is a qualified high deductible health plan option, the prescription drug deductible and out-of-pocket limit are combined with the medical deductible and out-of-pocket limit for both retail (in-network and out-of-network) and mail-order prescriptions.

Administrative and Contact Information – Claims Administrator and Network Manager

(Addition to the chart within the subsection of the SPD titled "Claims Administrator and Network Manager.")

Coverage Options	Claims Administrator
CIGNA Group Health Program Medical Program Options • CIGNA Open Access Plus • CIGNA Retiree Value • CIGNA Indemnity • CIGNA Post-65 Medicare	CIGNA HealthCare* P.O. Box 5200 Scranton, PA 18505-5200 1-800-656-1691
	CIGNA HealthCare** P.O. Box 18223 Chattanooga, TN 37422-7223 1-800-656-1691
	Website: **www.CIGNA.com** (for online provider directories and other resources)

*This address applies if you reside in one of the following states: CT, DE, GA, IA, IL, IN, MA, MD, ME, MI, MN, MO, NC, ND, NE, NH, NJ, NY, OH, PA, RI, SC, SD, VA, VT, WI, WV

**This address applies if you reside in one of the following states: AL, AR, AZ, CA, CO, FL, ID, KS, KY, LA, MS, MT, NM, NV, OK, OR, TN, TX, UT, WA, WY

Administrative and Contact Information – Participating Employers

(Replaces the current list within the subsection of the SPD titled "Participating Employers.")

As of January 1, 2007, the following employers participate in the Plan ("Participating Employers"):

- RR Donnelley & Sons Company
- Haddon Craftsmen, Inc.
- Iridio, Inc.
- Freight Systems, Inc.
- Omega Studios-Southwest, Inc.
- RR Donnelley Mendota, Inc.
- RR Donnelley Norwest, Inc.
- RR Donnelley Printing Company
- RR Donnelley Receivables, Inc.
- RR Donnelley Seymour, Inc.
- RR Donnelley Technology Services, Inc.
- Moore Wallace North America, Inc.
- The Nielsen Company
- Check Printers, Inc.
- Spencer Press of Maine, Inc.
- Danbury Printing & Litho, Inc.*
- Banta Direct Marketing, Inc.*

- Type Designs, Inc.*
- Banta Literature Management, Inc.*
- Banta Global Turnkey, LTD*
- Banta Integrated Media-Cambridge, Inc.*
- Banta Fulfillment Services, Inc.*
- Banta Publications-Greenfield, Inc.*
- Banta Southeastern, Inc.*
- Banta Specialty Converting, LLC*
- Self-employed members of the RR Donnelley board of directors who have elected to become a Participating Employer

*Participation in the Program is effective on and after April 1, 2007.

The Program described in this document applies to retired employees of Moore Wallace. For retired employees of newly acquired participating subsidiaries and/or Participating Employers, the effective date for a benefit generally is that date on which benefits are extended. That date will be announced in each affected location. The announced effective date generally applies to retired employees and their spouses/domestic partners who are eligible for a Predecessor Program and for the current employees who on or after that date have enough service with their employer to become eligible for the Program.

RR Donnelley and Its Subsidiaries

For retired employees of RR Donnelley and its subsidiaries (other than Moore Wallace), there is a separate Summary Plan Description (SPD) that covers the Programs and special rules.

If you have questions concerning your eligibility to participate in this Program, call the eligibility administrator listed under “Eligibility Administration” in the SPD.

This SMM includes a list of Participating Employers in the Plan as of January 1, 2007. A complete list of the Plan’s Participating Employers after this date may be obtained by you or your spouse/domestic partner upon written request to the eligibility administrator.

Also, you or your spouse/domestic partner may receive from the eligibility administrator, upon written request, information as to whether a particular employer is a Participating Employer and, if the employer is a Participating Employer, the Participating Employer’s address.