BENEFITS IN THE KNOW

Get the most out of your WestRock benefits

2017 ENROLLMENT GUIDE FOR SALARIED AND NON-UNION HOURLY EMPLOYEES
WestRock Employee Relief Fund

The WestRock Employee Relief Fund enables employees to help fellow employees in need. The fund provides financial assistance to employees and their families who have suffered hardships due to a natural or man-made disaster, no matter where they are located in the world. These grants are made possible by employee donations to the fund.
Introduction: Be in the know

The more you know about your WestRock total rewards, the more likely you are to maximize the benefits available to you. WestRock provides you with a benefits package that includes:

• **Health care benefits:** medical, prescription drugs, dental, vision and wellness program.

• **Other benefits:** Flexible Spending Accounts, life insurance and accidental death & dismemberment (AD&D), Guidance Resources Employee Assistance Program (EAP) and various discounts/supplemental programs.

• **Retirement benefits:** WestRock Retirement Savings Program.

Through the WestRock Benefits Center, as well as your benefit plan administrators, there are tools available to help you educate yourself and be in the know on your benefit options. When you act as a wise health care consumer, you get the most value out of your benefits plan.

The annual enrollment period for 2017 benefits is Oct. 17 – Nov. 1, 2016. Annual enrollment is your opportunity to make changes to your coverage. After the annual enrollment period ends, you may not make changes until the next year, unless you have a qualified family status change.

If you are a new hire, you can enroll anytime during your initial eligibility period. New hire benefits become effective after one month of employment.
Who is eligible for coverage

Eligible employees
If you are a full-time, active, U.S.-based salaried or non-union hourly employee working 30 hours or more per week, you are eligible for the benefits described in this guide.

Dependents
You may also enroll your eligible dependents, including your legal spouse and dependent children. Dependent children may be covered up to age 26. You may cover disabled dependents beyond age 26 if the disability occurred prior to age 26 and while covered by a WestRock plan. New hires may cover disabled dependents age 26 and older if you enroll them during your initial benefits eligibility period.

When to enroll

The annual enrollment period for 2017 benefits is Oct. 17 to Nov. 1, 2016. Eligible employees can enroll or make changes to existing benefits coverage during that time.

New hires become eligible for benefits after one month of employment. You will have one month to enroll for benefits. Once you are eligible, you will have one additional month to make changes.

Enrollment reminders

Spouse surcharge
You may cover your spouse through WestRock’s medical plan; however, you may have to pay an additional amount for this coverage. For 2017, that amount is $100 per month; it is added to your medical plan paycheck deductions.

The spouse surcharge is applied if your spouse works and has access to medical coverage through his or her own employer or through Medicare. The surcharge is not required if:

• Your spouse’s employer does not offer medical coverage.
• Your spouse is not eligible for medical coverage through his/her employer.
• Your spouse is self-employed or unemployed and does not have medical coverage.
• Your spouse enrolls in WestRock’s plan only as secondary coverage to another employer’s plan.
• Your spouse is a WestRock or RTS Packaging employee.

If your spouse is enrolled for Medicare, you are NOT exempt from the spouse surcharge because WestRock’s coverage is considered the primary coverage.

During enrollment, the spouse surcharge is automatically added to your medical costs when you enroll your spouse for WestRock medical coverage. You must follow the directions in the enrollment process to have the surcharge removed, if applicable.

The annual enrollment period for 2017 benefits is Oct. 17 to Nov. 1, 2016.
Changing your coverage
During the annual enrollment period, you can make changes to your benefits coverage for the upcoming year. After the enrollment period ends, you may only make changes to your coverage for most benefits if you have an eligible family status change. Eligible family status changes include:

- Marriage or divorce
- Birth or adoption of a child
- Death of dependent
- Loss or gain of other coverage by you or a covered dependent
- Eligibility for Medicare by you or a covered dependent
- Covered dependent turns age 26

If you have an eligible family status change, notify the WestRock Benefits Center within 31 days of the event’s occurrence to make changes to your coverage. After 31 days, you may not make most benefit changes until the next annual enrollment period.

Why the spouse surcharge?
Medical coverage is expensive and a huge cost of doing business in the U.S. When your working spouse uses WestRock medical coverage instead of his or her own employer’s medical coverage, your spouse is shifting expenses from his or her employer to WestRock. The spouse surcharge helps keep costs down for you and WestRock.

BE IN THE KNOW:
WestRock Benefits Center (WBC)
800-540-4272
M-F from 8:30 a.m. to 6:30 p.m. ET.
benefits.westrock.com
Available 24 hours a day
The WestRock Benefits Center (WBC) is your one-stop shop for total rewards, including benefits. When you log into the WBC (benefits.westrock.com), you’ll see a tile for Your Total Rewards (YTR). Clicking on that tile takes you to a page that is customized just for you. Access the site to see your:

- **Compensation** – Your current annualized base pay, including any applicable incentive pay or overtime pay
- **Retirement benefits** – Your current 401(k) balance and pension balance (if applicable)
- **Health care benefits** – Your medical, dental and vision care coverage, including your Health Savings Account and Flexible Spending Account(s) information
- **Life and disability insurance**
- **Additional offers** – Wellness benefits and Guidance Resources Employee Assistance Program (EAP)

The WBC also gives you access to the Advocacy Services program where you can get help:

- Understanding your benefit plans and how to use them, including medical and retirement benefits.
- Resolving health care billing issues and insurance claim disputes.
- Locating doctors, hospitals and other health care providers.
- Navigating your Medicare questions.

You and your family can use Advocacy Services. Your representative will attempt to resolve urgent issues within 24 hours. And if your representative needs more time, he or she will contact you with regular status updates.

**BE IN THE KNOW:**

**The WBC**

800-540-4272  
M-F from 8:30 a.m. to 6:30 p.m. ET.

benefits.westrock.com  
Available 24 hours a day

The WBC has special extended hours during the annual enrollment period! Representatives are available by phone or through web chat from 8:30 a.m. to 8 p.m. ET, Monday - Friday.
Health care: What you need to know

Your WestRock health care benefits include medical, dental and vision care coverage, as well as access to prescription drug coverage and a wellness program.

Medical

The WestRock medical plan is the Consumer Choice Plan (CCP). When you enroll in the CCP, you have access to a Health Savings Account (HSA). WestRock helps by contributing to the HSA on your behalf.

What is a consumer plan?

Consumer plans such as the CCP allow you to set aside money – tax-free – into Health Savings Accounts (HSAs) and then use that money to pay eligible health care expense. Need to fill a prescription? Use your HSA. Need new contacts? You can use the HSA for that, too. Or, save your funds for future health care expenses.

Because of the tax benefits associated with an HSA, the IRS regulates consumer plans. The IRS requires that consumer plans set a deductible that may be higher than some traditional plans, such as a PPO or HMO.

Dealing with the deductible

You must meet your deductible before most plan benefits begin. The in-network deductible is $1,300 if you cover yourself only through a WestRock medical plan and $2,600 if you are covering dependents. That means that any medical services you have, including a sick office visit to the doctor or filling a prescription, you pay the full negotiated rate for that service until you reach your deductible. Always show your ID card so all health care expenses are tracked toward your deductible.

For example, if the in-network, negotiated rate for a prescription is $150, you pay $150 each time you fill it until your overall medical plan deductible has been met. If the in-network negotiated rate for a sick office visit is $200, that’s what you will be charged until your deductible has been met.

Be in the know: Copays

With the CCP, there are no copays. You pay the full cost of doctor’s office visits, prescriptions, etc. until your deductible has been met.
**HEALTH CARE**

**CCP or CCPII?**

The amount of contribution you receive in your HSA from WestRock, and whether or not you must pay any of it back, are the main differences between the CCP and CCPII.

<table>
<thead>
<tr>
<th></th>
<th>CCP</th>
<th>CCPII</th>
</tr>
</thead>
<tbody>
<tr>
<td>If enrolled by Jan. 1, you get:</td>
<td>$325 $650</td>
<td>$650 $1,300</td>
</tr>
<tr>
<td>Before April 1:</td>
<td>$244 $488</td>
<td>$0</td>
</tr>
<tr>
<td>April 1 – June 30:</td>
<td>$163 $325</td>
<td>You can only enroll in this option during the annual enrollment period with benefits effective Jan. 1.</td>
</tr>
<tr>
<td>July 1 – Sept. 30:</td>
<td>$81 $162</td>
<td></td>
</tr>
<tr>
<td>Oct. 1 - Dec. 31:</td>
<td>$0</td>
<td></td>
</tr>
</tbody>
</table>

More about WestRock’s contribution to your HSA:

With the CCP, the company contributes to your HSA as an investment in WestRock employees to help with medical costs. All you have to do to receive it is be enrolled in the CCP.

With the CCPII, WestRock’s contribution to your HSA is both an investment in you and a loan. You receive $325 (employee only) and WestRock loans you an additional $325 (employee). If you cover dependents, you receive $650 and a loan of $650 from WestRock. You repay the loaned amount throughout the year through higher paycheck deductions. The CCPII can be a great option for helping get funds in your HSA early in the year.

**Why choose CCPII?** If you expect to have health care expenses early in the year, enrolling in the CCPII option helps get more money into your HSA in January.

**Getting started**

1. If eligible, enroll in one of two versions of the Consumer Choice Plan (CCP): CCP or CCP II.

2. Consider the contribution you will receive from WestRock to your HSA and decide if you want to put anything into the HSA on your own.

**Know what you may pay**

When you see providers in the Anthem network (or fill your prescriptions through CVS Caremark providers), you are paying a negotiated rate – not the full retail cost – even if you have not yet met your deductible. Use in-network providers whenever possible to ensure you’re paying the best rates possible. Online cost estimator tools are available through both the Anthem and CVS Caremark websites, as well as through their mobile apps.

**Health Equity mobile app**

The HealthEquity mobile app is available for download in the Apple® App Store® and via Google Play™. Use it to check balances, file claims and upload documentation on the go. Experience quick, easy and efficient access to HSA information.

http://healthequity.com/members/mobile-app
Be in the know: HSAs

What is a Health Savings Account?
Health Savings Accounts (HSAs) are only available to participants in consumer health plans. HSAs allow you to put aside money from your paycheck before you pay taxes on it.

Use your HSA funds to:

1. Pay doctor’s office visits, prescription drug costs or any other eligible health care expenses.
   - Use your HSA debit card from Health Equity.
   - Pay your provider from your HSA online bill pay.
   - Pay out-of-pocket and submit receipts online to reimburse yourself.

2. Save for future expenses.
   - Your account earns interest at any amount.
   - If your account balance exceeds $1,000, you can explore investing the excess amount in mutual funds.

Always yours
You never lose the money in your HSA; it rolls over each year. You even keep your HSA when you retire or leave WestRock. It’s yours.

Contributions
WestRock contributes money to your HSA annually. You can contribute through payroll deductions, too. Your annual HSA contributions – when combined with WestRock’s – cannot exceed annual IRS limits:

- $3,400 for employee only coverage
- $6,750 for employees with dependents
- Employees age 55 and older can contribute an additional $1,000 annually

Exceptions: HRA
Medicare and TriCare participants* cannot enroll in an HSA, but may be able to participate in a Health Reimbursement Account (HRA). With an HRA, only WestRock puts in funds – you cannot contribute – and the account stays with WestRock when you leave or retire.

If you are enrolled in an HRA, you may only use the funds to pay eligible expenses for yourself and dependents covered through the WestRock medical plan. For example, if you cover yourself only while your spouse and children are covered through a different plan, only your medical expenses can be reimbursed through the HRA.

*There may be other reasons you are not eligible for an HSA; contact the WBC if you have questions about your enrollment.

Need to know more? Review the CCP toolkit on the WBC website.

FSA works with HSA to pay eligible expenses?

How do Health Savings Accounts work with Flexible Spending Accounts?

In addition to an HSA, WestRock also offers a Health Care Flexible Spending Account (FSA). Like HSAs, Health Care FSAs allow you to set aside money from your paycheck before it has been taxed, then use that money to pay eligible health care expenses.

You can have both an HSA and a Health Care FSA. If you do, your Health Care FSA will be a “limited-use” only FSA until you meet your medical plan deductible. That means you can only use the Health Care FSA for dental and vision expenses – not medical plan expenses – until the medical plan deductible has been met.

The two accounts can be used together to help maximize your pre-tax deductions. With budgeting and planning, you can make these accounts work for you.

See the “Other Benefits” section on page 16 of this guide for additional information on Health Care FSAs.
More Anthem programs here to help

LiveHealth Online
Now, when you aren’t feeling well, you can access a doctor 24 hours a day, seven days a week from the comfort of your home through the LiveHealth Online program. A doctor can assess your condition and, in most states, send a prescription to the pharmacy of your choice, if needed. All you need is a smartphone, tablet or computer with a webcam.

Doctors can diagnose conditions such as:
- Flu
- Pink eye
- Sinus infection

To get started, sign up at livehealthonline.com or download the app. Your per visit cost to use LiveHealth Online will be $49 or less based on your WestRock medical plan enrollment and whether you’ve met your medical plan deductible.

Anthem BlueCard Worldwide program
WestRock medical plan participants can use the Anthem BlueCard Worldwide program to access medical coverage and benefits when you travel outside the United States. You can get help finding a doctor or hospital, pharmacy, U.S. Embassy and more. To use the Anthem BlueCard Worldwide program, go to bluecardworldwide.com or download the BlueCard Worldwide app.

2017 medical plan highlights chart

<table>
<thead>
<tr>
<th>Features</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible</td>
<td>$1,300</td>
<td>$3,300</td>
</tr>
<tr>
<td></td>
<td>$2,600</td>
<td>$6,900</td>
</tr>
<tr>
<td>Annual Out-of-Pocket Maximum</td>
<td>$2,500</td>
<td>$5,000</td>
</tr>
<tr>
<td>(includes deductible)</td>
<td>$5,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>Plan pays 90% after deductible; you pay 10%</td>
<td>Plan pays 60% after deductible; you pay 40%</td>
</tr>
</tbody>
</table>

Services

| Preventive Care                  | 100% no deductible | 60% after deductible |
| Doctor’s Office Visit            | 90% after deductible | 60% after deductible |
| Hospital Services                | 90% after deductible | 60% after deductible |
| Emergency Room Services          | 90% after deductible | 90% after deductible |

1 CCP II is only available during the annual enrollment period and effective as of Jan.
1. If enrolled in CCP II, you repay WestRock’s additional contribution amount through higher paycheck deductions during the year.

BE IN THE KNOW: Anthem BCBS
Anthem Blue Cross and Blue Shield is the medical plan administrator.
888-551-2578
anthem.com
Be in the know: Preventive care

Your WestRock medical coverage includes full in-network preventive care benefits: you do not have to meet a deductible first. This means your in-network preventive care is covered at no cost to you; WestRock pays the full cost of this benefit.

Preventive care includes:

- Routine annual check-ups and screenings (age and gender appropriate)
- Lab work associated with approved preventive care visits
- Immunizations
- Well-child care

Prescriptions

Prescription drug coverage is included in your medical coverage in the CCP.

Coinsurance not copays

With the CCP, there is coinsurance – not copays – for medical services. That includes prescription drugs. That means that you pay the full negotiated cost of your prescriptions – not a flat dollar amount copay – until your annual deductible has been met. Once the deductible has been met, coinsurance kicks in and plan benefits begin to cover eligible expenses.

You and the medical plan each share responsibility for part of the cost of your prescriptions. This sharing is “co”insurance. For most in-network medical services, including prescription drug coverage, WestRock pays 90% of the cost of coverage and you pay the remaining 10%.

You do not have to meet the deductible for in-network generic preventive care medicines. You just pay your 10% coinsurance for them.

Options for filling your prescriptions

CVS Caremark administers WestRock’s pharmacy benefits. You can refill your prescriptions (up to a 30-day supply) at any CVS Caremark provider. This network includes many other retail outlets, so visit the CVS Caremark website to find a participating pharmacy near you.

If you regularly take any medicines, you can use a CVS retail store or the mail-order program to fill up to a 90-day supply at even lower in-network rates than ordering month to month.

The mail-order program includes an installment payment plan where you can set up monthly payments. For more information, contact CVS Caremark at 877-330-9274.

It’s OK to ask

If your doctor recommends a test or service, ask if it is covered under preventive care.

In general, follow up visits, including screenings and lab work, are not considered routine preventive care.

For a complete list of covered preventive care services, visit the Anthem website at anthem.com.

You can also check out Anthem’s video tutorial titled “Preventive vs Diagnostic Care” by visiting anthem.com and clicking on the Resources tab to access video tutorials.

Why preventive care matters.

Preventive care can often help detect – and even prevent – certain health issues before they become more serious. Best of all: in-network preventive care is 100% covered without you having to meet a deductible first. Take advantage of this benefit to stay healthy! You can also earn wellness incentives for completing an annual health screening.

Use the CVS mobile app to compare prescription costs, refill prescriptions, find pharmacies and check claims. The app is available for download in the Apple® App Store® and Google Play™.
Advantage approval for some medications

You may be required to get approval from CVS Caremark before some prescriptions are filled. This process is known as prior authorization.

What medicines require prior authorization?

Sometimes doctors prescribe medications to treat conditions for which the medication has not been clinically approved. Through the prior authorization process, CVS Caremark will work with your doctor to review the clinical uses of your prescribed medication and ensure that the clinical criteria for its use is met.

Why?

Prescription drug costs are one of the most expensive and fastest growing parts of medical coverage. WestRock wants you to get the treatment you need, while balancing rising medical plan costs. The prior authorization process is designed to reduce inappropriate uses and unnecessary costs for you and WestRock.

If coverage for your prescription is not approved through the pre-authorization process, you can appeal the denial by having your doctor contact CVS Caremark. You always have the option of paying for your prescription at full retail cost without filing an insurance claim. Note: If you use a coupon for your prescription, only the amount that you actually pay counts toward your medical plan deductible.

Step therapy

Step therapy refers to taking steps before certain prescriptions are covered. With the step therapy program, you may be required to try a generic medication before a higher cost, brand-name medicine is covered.

The step therapy program is designed to encourage you to try less costly treatments that have proven to be effective in similar situations. However, if you and your doctor find that the brand-name medication is the better alternative for you, your doctor can request an exception to the step therapy program at any time.

If you have questions about the step therapy program, contact CVS Caremark.

What is a formulary?

A formulary is a list of covered generic or preferred brand drugs. Visit the CVS Caremark website at caremark.com for the most up-to-date list of medications on the formulary.
How you can manage your prescription costs

With the CCP, you pay the full negotiated cost of most prescriptions until your medical plan deductible has been met. If you were previously used to paying a flat copay, learning the cost of your medicines – and paying that cost out-of-pocket – may take some getting used to.

There are steps you can take to help manage your prescription drug costs:

<table>
<thead>
<tr>
<th>SHOP</th>
<th>SAMPLES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shop around. Some pharmacies offer discounts that could benefit you.</td>
<td>Ask your doctor for sample medications.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>OPTIONS</th>
<th>SUPPLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discuss alternative options with your doctor that may be less expensive.</td>
<td>Order the maximum supply (90 days) for maintenance medications.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>RESEARCH</th>
<th>GENERICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research best prices using the online tool to check drug costs on the CVS Caremark website or app.</td>
<td>Use generic or preferred brand name medicines if possible.</td>
</tr>
</tbody>
</table>

Try the CVS Caremark ExtraCare Health Card

This card offers a 20% discount on CVS-brand health-related items, including:

- Over-the-counter allergy, pain relief and cold/cough medicines
- First-aid supplies
- Vitamins
- Skin care products
- Incontinence aids
- Baby care
- Digestive health aids
- Eye care products

You’ll also receive weekly specials, personalized coupons and ExtraBucks Rewards. You can use the ExtraCare Health Card at any CVS Pharmacy location or online at cvs.com. The card and discount do not apply at Target stores.
Dental

Keep smiling! With your WestRock dental coverage, you have access to dental services ranging from routine cleanings to orthodontia. Coverage is available through Delta Dental.

<table>
<thead>
<tr>
<th>Features</th>
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<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td></td>
</tr>
<tr>
<td>Employee only</td>
<td>$50</td>
</tr>
<tr>
<td>Employee and dependents</td>
<td>$150</td>
</tr>
<tr>
<td><strong>Annual benefit maximum</strong> (preventive, minor and major services)</td>
<td>$1,500 per person</td>
</tr>
<tr>
<td><strong>Lifetime orthodontia maximum</strong></td>
<td>$2,000 per person</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive care (exams, X-rays, cleanings)</td>
<td>100% no deductible</td>
</tr>
<tr>
<td>Minor services (fillings, root canals, extractions)</td>
<td>80% after deductible</td>
</tr>
<tr>
<td>Major services (crowns, inlays, onlays)</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Orthodontia (adults and children)</td>
<td>50% after deductible</td>
</tr>
</tbody>
</table>

**Premier and PPO networks**

Delta Dental has two provider networks: Premier and PPO. Both provide services at lower, negotiated rates than you would pay using non-network providers; however, the greatest discounts are through the PPO network.

**Print your own ID cards**

VSP does not issue ID cards. Tell your provider you’re covered or go online and print your own by logging into the vsp.com website with your user ID and password.

**Vision**

See a bright future thanks to your WestRock vision coverage, which provides discounts on exams, contacts, frames and other vision care services. VSP is the provider.

<table>
<thead>
<tr>
<th>Participating providers</th>
<th>Non-participating providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exams (dilation included; covered once every 12 months)</strong></td>
<td></td>
</tr>
<tr>
<td>Regular eye exam</td>
<td>100% covered after $10 copay</td>
</tr>
<tr>
<td>Contact lenses exam</td>
<td>100% covered after up to $55 copay</td>
</tr>
<tr>
<td><strong>Eyeglass frames (covered once every 24 months)</strong></td>
<td></td>
</tr>
<tr>
<td>Any available frame</td>
<td>Up to $150 allowance</td>
</tr>
<tr>
<td><strong>Eyeglass lenses (covered once every 12 months)</strong></td>
<td></td>
</tr>
<tr>
<td>Single vision</td>
<td>100% covered</td>
</tr>
<tr>
<td>Bifocal</td>
<td>100% covered</td>
</tr>
<tr>
<td>Trifocal</td>
<td>100% covered</td>
</tr>
<tr>
<td>Lenticular</td>
<td>100% covered</td>
</tr>
<tr>
<td><strong>Contact lenses (covered once every 12 months)</strong></td>
<td></td>
</tr>
<tr>
<td>Elective</td>
<td>Up to $130 allowance</td>
</tr>
<tr>
<td>Medically necessary</td>
<td>Up to $210 allowance</td>
</tr>
</tbody>
</table>

**BE IN THE KNOW: Delta Dental**

866-496-2347
deltadentalins.com/westrock

**BE IN THE KNOW: VSP**

800-877-7195
vsp.com

**BE IN THE KNOW ON THE GO**

Delta Dental mobile app

Download the Delta Dental mobile app in the Apple® App Store® or via Google Play™. Use it to see your benefits, eligibility, deductibles and plan maximums. You can also use it to find dentists and check claims. It even has a musical timer you can set to remind you to brush for two minutes.
Wellness

Wellness works – both for your health and your wallet. When you take steps to improve your health, you earn incentives that reduce your paycheck deductions for medical coverage. You can earn up to $150 in incentives each quarter of the wellness year – up to $600 annually. For 2016 – 2017, the wellness year starts on Sept. 16, 2016 and ends on Sept. 15, 2017. If you are not enrolled in a WestRock medical plan, you can still participate in the wellness program and earn an annual cash award of up to $150.

<table>
<thead>
<tr>
<th>Action</th>
<th>Points</th>
<th>How to Earn</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health assessment</td>
<td>25</td>
<td>Go to westrock.redbrickhealth.com or call 800-859-9593 for assessment.</td>
</tr>
<tr>
<td>Tobacco credit</td>
<td>50 per quarter</td>
<td>Complete tobacco declaration. You can earn the tobacco credit if you are not a tobacco user; or, enroll in RedBrick Health’s tobacco cessation program.</td>
</tr>
<tr>
<td>Health screening</td>
<td>50</td>
<td>Record cholesterol level, glucose level, height, weight and other biometric info at WestRock health fairs or doctor’s office.</td>
</tr>
<tr>
<td>Next step consultation</td>
<td>15</td>
<td>Work with a RedBrick health consultant on next steps you should take to improve your health.</td>
</tr>
</tbody>
</table>

**Ongoing ways to earn incentives**

<table>
<thead>
<tr>
<th>RedBrick Journeys</th>
<th>Up to 45 per Journey</th>
<th>Watch videos on healthy living topics.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone coaching</td>
<td>Up to 105 per quarter</td>
<td>Work with a health consultant by phone to manage conditions such as diabetes, stress and weight loss.</td>
</tr>
<tr>
<td>Activity tracking</td>
<td>Up to 90 per quarter</td>
<td>Track at least 30 minutes of physical activity; earn two points per day. Refer to the westrock.redbrickhealth.com website for compatible fitness trackers or instructions on how to manually add your activity.</td>
</tr>
<tr>
<td>Healthy measures</td>
<td>15 per target per quarter</td>
<td>Less than 120/80 Non-HDL less than 100 Between 18 and 27.5</td>
</tr>
<tr>
<td>Other activities</td>
<td>25 per quarter</td>
<td>Participate in activities such as WeightWatchers@Work, onsite wellness seminars and the medical care management program.</td>
</tr>
</tbody>
</table>

**Be in the know: How to earn incentives**

Want to pay less for WestRock medical coverage? Take action! You can earn wellness incentives in a number of ways:

- Take an annual health assessment
- Don’t use tobacco or take steps to quit using tobacco
- Get a health screening
- Track healthy living actions such as exercising or working with a health coach

Use the RedBrick Health mobile app to check-in, track your activity, get motivated and choose your next step. For the full portal experience and additional activities, you can also access the web-enabled site from your mobile device. Go to the Apple® App Store® or Google Play™ to download, and enter the code: WestRock. You must have an active RedBrick Health account to download.
You decide if you want to earn the extra wellness incentives – you are not required to participate. However, if you do, you can reduce what you pay for medical costs through WestRock. Your spouse is welcome to participate in the wellness program with you; however, he or she cannot earn incentives at this time.

BE IN THE KNOW:
RedBrick Health
800-859-9593
westrock.redbrickhealth.com

**Medical plan paycheck deductions**

<table>
<thead>
<tr>
<th>Incentives Earned</th>
<th>Incentives Applied</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th></th>
<th>CCP</th>
<th>CCP II</th>
</tr>
</thead>
<tbody>
<tr>
<td>No wellness incentive</td>
<td>Maximum wellness incentive</td>
<td></td>
</tr>
<tr>
<td>No wellness incentive</td>
<td>Maximum wellness incentive</td>
<td></td>
</tr>
<tr>
<td>Employee Only</td>
<td>$66.68</td>
<td>$30.78</td>
</tr>
<tr>
<td></td>
<td>$41.68</td>
<td>$19.24</td>
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<td>$80.22</td>
<td>$37.03</td>
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<td>$55.22</td>
<td>$25.49</td>
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<tr>
<td>Employee + Spouse*</td>
<td>$125.03</td>
<td>$57.71</td>
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<tr>
<td></td>
<td>$100.03</td>
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<td>$70.21</td>
</tr>
<tr>
<td></td>
<td>$127.12</td>
<td>$58.67</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$100.03</td>
<td>$46.17</td>
</tr>
<tr>
<td></td>
<td>$75.03</td>
<td>$34.13</td>
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<td></td>
<td>$127.11</td>
<td>$58.67</td>
</tr>
<tr>
<td></td>
<td>$102.11</td>
<td>$47.13</td>
</tr>
<tr>
<td>Family*</td>
<td>$164.63</td>
<td>$75.98</td>
</tr>
<tr>
<td></td>
<td>$139.63</td>
<td>$64.44</td>
</tr>
<tr>
<td></td>
<td>$191.71</td>
<td>$88.48</td>
</tr>
<tr>
<td></td>
<td>$166.71</td>
<td>$76.94</td>
</tr>
</tbody>
</table>

*Not including the spouse surcharge.

**Dental plan paycheck deductions**

<table>
<thead>
<tr>
<th></th>
<th>Semi-monthly</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$7.02</td>
<td>$3.24</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$14.81</td>
<td>$6.84</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$15.12</td>
<td>$6.98</td>
</tr>
<tr>
<td>Family</td>
<td>$23.99</td>
<td>$11.07</td>
</tr>
</tbody>
</table>

**Vision plan paycheck deductions**

<table>
<thead>
<tr>
<th></th>
<th>Semi-monthly</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$3.27</td>
<td>$1.51</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$6.55</td>
<td>$3.02</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$7.00</td>
<td>$3.23</td>
</tr>
<tr>
<td>Family</td>
<td>$11.69</td>
<td>$5.40</td>
</tr>
</tbody>
</table>
Other benefits: What you need to know

Flexible Spending Accounts
Flexible Spending Accounts (FSAs) can be valuable tax-savings tools. They let you set aside money from your paycheck – before you pay taxes on it – then use that money when you have eligible expenses.

You can participate in a Health Care FSA and/or a Dependent Day Care FSA through WestRock.

Health Care FSA
From routine teeth cleanings to eye exams and doctor’s office visits or prescription refills, you can expect to have some health care expenses every year. With the Health Care FSA, you can set aside up to $2,550 each year, tax-free, to use when you have eligible health care expenses.

Limited-Use Health Care FSA – If you are enrolled in the WestRock CCP for medical coverage and have an HSA, you can only use your Health Care FSA for dental and vision plan expenses until your medical plan deductible has been met. This is known as a “limited-use” Health Care FSA. Examples of eligible dental and vision expenses where you may use your limited-use Health Care FSA include:

- Dentures, braces, fillings
- Contacts, eyeglasses, laser eye surgery

If you have a limited-use Health Care FSA and meet your CCP medical plan deductible, contact Health Equity to have your limited-use FSA converted to a regular Health Care FSA so you can use those funds for future eligible medical expenses.

Consider Health Care FSA carefully
If you have both an HSA and a Health Care FSA, managing them can be challenging. You can’t access your Health Care FSA for medical expenses until you meet your CCP deductible in full. That means you can only use your FSA funds for dental and vision expenses until you meet your deductible. For this reason, some people prefer to have an HSA only.

Regular Health Care FSA – If you are not enrolled in the HSA – or if you are enrolled and have already met your medical plan deductible – you can use your Health Care FSA for any eligible health care expense. Examples of eligible expenses may include:

- Dentures, braces, fillings
- Contacts, eyeglasses, laser eye surgery
- Coinsurance for doctor’s office visits, hospital services and outpatient treatment
- Prescription drug costs

You may not use your Health Care FSA for cosmetic surgery, gym memberships or weight loss programs. For a complete list of FSA eligible health care expenses, go to http://www.irs.gov/publications/p502/index.html.

See page 8 in the Health Care Benefits section for additional information on how a Health Care FSA and HSAs may work together.

Dependent Day Care FSA
If you need to pay a provider to care for your children (biological children, stepchildren, adopted children and children for whom you have legal guardianship), a disabled adult dependent or an elderly parent while you work, you may be able to use a Dependent Day Care FSA for reimbursement. With the Dependent Day Care FSA, you can set aside up to $5,000 each year, tax-free.

You can use those funds for day care expenses for children up to age 13 or adults who may need day care due to age or disability. You may also use your Dependent Day Care FSA for before-school or after-school care if extended care is needed for you to work.

Both you and your spouse (if applicable) must be employed, or your spouse must be a full-time student, to participate in a Dependent Day Care FSA.

Health Equity is administering the FSA program.
877-713-7712
myhealthequity.com

BE IN THE KNOW:
Health Equity

WestRock 2017 Benefits 16
You may not use your Dependent Day Care FSA for overnight camps, general babysitting (non-work related) or enrichment programs such as ballet and karate. For a complete list of FSA eligible dependent day care expenses, go to http://www.irs.gov/pub/irs-pdf/p503.pdf.

If you are enrolled in the Dependent Day Care FSA and have recurring expenses to the same provider, you can set up your Dependent Day Care reimbursements to be automatically deposited into your account when the funds are available. To get set up, you’ll need to complete the reimbursement form available on the Health Equity website. You will need to know your day care provider’s Tax ID to complete the form.

**Use it or lose it**
No FSA funds will roll over for use after Dec. 31 of each year. Use your funds in total or forfeit anything left in your account at the end of the calendar year. This applies to both the Health Care FSA and the Dependent Care FSA.

**Accessing your FSA dollars**
You can access your FSA by:

<table>
<thead>
<tr>
<th></th>
<th>Health Care</th>
<th>Dependent Day Care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Filing a claim.</strong> Claim forms are available on the Health Equity website.</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Using your FSA debit card.</strong> Debit cards are available through Health Equity. Only available for eligible health care expenses.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Setting up automatic payments.</strong> Recurring payments, such as those for daycare expenses, can be set up to be paid automatically.</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**How FSAs can work for you**

Save money in taxes with your FSA! You do not pay income, Social Security or Medicare taxes on the money you put in your FSA. Then, you can use that money to pay expenses you would have no matter what.

**Let’s assume your annual income is $40,000. Consider this example:**

<table>
<thead>
<tr>
<th></th>
<th>With FSA</th>
<th>Without FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Income</strong></td>
<td>$40,000</td>
<td>$40,000</td>
</tr>
<tr>
<td><strong>Annual FSA Contributions to Dependent Day Care FSA</strong></td>
<td>$5,000</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Taxable Income</strong></td>
<td>$35,000</td>
<td>$40,000</td>
</tr>
<tr>
<td><strong>Federal Withholding (15%)</strong></td>
<td>$5,250</td>
<td>$6,000</td>
</tr>
<tr>
<td><strong>Social Security Tax (6.2%)</strong></td>
<td>$2,170</td>
<td>$2,480</td>
</tr>
<tr>
<td><strong>Medicare (1.45%)</strong></td>
<td>$508</td>
<td>$580</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Day Care Expenses (not reimbursed through FSA)</strong></td>
<td>$0</td>
<td>$5,000</td>
</tr>
<tr>
<td><strong>Take Home Pay</strong></td>
<td>$27,072</td>
<td>$25,940</td>
</tr>
<tr>
<td><strong>Tax Savings Using FSAs</strong></td>
<td>$1,132</td>
<td></td>
</tr>
</tbody>
</table>

**BE IN THE KNOW ON THE GO**

Health Equity mobile app

The HealthEquity mobile app is available for download in the Apple® App Store® and via Google Play™. Use it to check balances, file claims and upload documentation on the go.

http://healthequity.com/members/mobile-app
Life insurance benefits

WestRock’s basic and voluntary life insurance benefits provide peace of mind for the future.

Basic life and AD&D

You automatically receive basic life insurance and accidental death and dismemberment (AD&D) benefits from WestRock. The amount of coverage you receive is shown on your enrollment site.

AD&D pays a benefit in the event of an accidental death of the covered person. It also pays a benefit to you if you lose a limb, eyesight, hearing or speech, or if you suffer permanent paralysis. There is no cost to you for basic life insurance and AD&D benefits.

Know where it will go

Your beneficiary receives your life insurance benefits in the event of your death. If you have not designated a beneficiary, your benefits will be paid in full to your family in the following order:

1. Spouse
2. Children
3. Parents
4. Siblings

You are always the beneficiary for any voluntary spouse or child coverage you purchase through WestRock.

Increase coverage without Evidence of Insurability (EOI)

During the annual enrollment period, you can increase your voluntary life insurance coverage by one level without providing Evidence of insurability (EOI). EOI is also known as “proof of good health,” and is required by most insurers before providing benefits coverage.

Voluntary life

If you want additional life insurance coverage, you can buy voluntary life coverage for yourself, your spouse and your dependent children.

<table>
<thead>
<tr>
<th>Employee coverage</th>
<th>Buy coverage up to eight times your annual pay (maximum $3 million)</th>
<th>Amounts over 3x pay are subject to EOI.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse Coverage</td>
<td>Buy coverage from $25,000 up to a maximum of $300,000</td>
<td>Amounts over $150,000 are subject to EOI.</td>
</tr>
<tr>
<td>Dependent child coverage</td>
<td>Buy coverage of $5,000, $10,000 or $15,000</td>
<td>Coverage available for children age six months to 26 years.</td>
</tr>
</tbody>
</table>

1 You pay the full cost of your voluntary life insurance coverage. Costs are based on employee’s age, tobacco use and the amount of coverage you purchase. Note: It’s a good idea to review and update your beneficiary designation as needed. An ex-spouse or former partner can receive your life insurance benefits if his/her name remains on file as your beneficiary.

2 If you and your spouse work for WestRock or RTS Packaging, you cannot elect voluntary spouse coverage under each other’s plans, and only one spouse may purchase dependent child coverage through WestRock.

3 If you choose dependent child coverage, all of your eligible children may be covered for one premium.
Aetna Travel Assistance Program
If your travel takes you more than 100 miles from home, the Aetna Travel Assistance Program could be a valuable resource for help when traveling. This program is available 24 hours a day and can help you with:

- Finding transportation
- Emergency evacuations
- Translation and interpretation services
- Lost documentation assistance

To reach the Aetna Travel Assistance Program, call 312-935-3704 (outside the U.S.) or 877-935-3704 (inside the U.S.). Visit aetnatravelassistance.com for more information.

Aetna Life Essentials program
WestRock provides you with access to a number of benefit options and the company pays the full cost of these programs, such as the Aetna Life Essentials Program. You can get help at any time with a number of financial planning and preparation programs, including funeral services, care advocacy and grief counseling through Aetna Life Essentials. Visit the Aetna Life Essentials Program website at aetnalifeessentials.com.

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Provider</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funeral planning – Includes researching and negotiating funeral home costs, and payment options.</td>
<td>Everest</td>
<td>800-913-8318 everestfuneral.com/aetna Code: AETNA0100</td>
</tr>
<tr>
<td>Financial planning</td>
<td>JP Morgan Chase Financial Counseling and Level I Financial Planning</td>
<td>866-222-8008</td>
</tr>
<tr>
<td>Estate planning – Includes assistance with living wills, health care directives and durable financial power of attorney.</td>
<td>Legal services</td>
<td>888-257-2934 ichooselegal.com</td>
</tr>
<tr>
<td>Care advocacy services – Includes advocacy through trained social workers related to total disability, terminal illness, and other AD&amp;D related losses. Also includes education about your coverage, referrals to appropriate related services, and help working through Medicare issues.</td>
<td>Aetna Life Essentials</td>
<td>800-276-5120</td>
</tr>
<tr>
<td>End-of-Life support program – Includes access to trained social workers for people dealing with advanced illness.</td>
<td>Aetna Compassionate Care</td>
<td>800-806-8891 aetnacompassionatecare.com</td>
</tr>
<tr>
<td>Gym discounts</td>
<td>Aetna Life Essentials</td>
<td>aetna.com/aetnalifeessentials/discounts</td>
</tr>
</tbody>
</table>
**Disability benefits**

What would you do for income if you couldn’t work for an extended period of time? Disability benefits provide you with some income if you are unable to work due to non-work related illness or injury, as well as pregnancy and childbirth related absences.

**Tell your manager**

If you are unable to work, you need to report your absence to your supervisor. Also, you will need your illness, injury or pregnancy/childbirth documented by a doctor and provided to the claims administrator before disability benefits are approved and payments can begin.

**Short-term disability**

WestRock provides short-term disability (STD) benefits for up to 26 weeks. If you are eligible, you are automatically enrolled in this coverage, and WestRock pays the full cost.

Any pay you receive from other sources, such as state-run disability programs, may reduce the amount of disability pay you receive through WestRock. Visit the WBC for short-term disability benefits available to you.

**Long-term disability**

If your disability keeps you away from work longer than 26 weeks, long-term disability (LTD) benefits are designed to provide you with a source of continuing income. Visit the WBC for long-term disability benefits available to you.

**BE IN THE KNOW:**

Visit the WestRock Benefits Center website or call for information about your disability insurance benefits.

800-540-4272

benefits.westrock.com
Guidance Resources EAP and discounts program

The Guidance Resources Employee Assistance Program (EAP) is here to help you deal with all kinds of life issues. From dealing with divorce to caring for elderly parents or facing financial problems, life can be challenging. The Guidance Resources EAP provides free confidential counseling, as well as information and referrals for various services.

It’s confidential

EAP calls and counseling sessions are completely confidential; no one will report back to your manager or WestRock about your call or visit, or that you even contacted the EAP.

You and anyone who lives with you are eligible for EAP benefits – and WestRock pays the full cost of this coverage.

Call Guidance Resources anytime – 24 hours a day, seven days a week – for assistance. You can receive five free visits by phone or with an in-person counselor. If you need additional counseling, your EAP will coordinate care with your medical plan’s network.

BE IN THE KNOW: Guidance Resources

Guidance Resources, administered by ComPsych, provides a wide variety of resources such as articles, help sheets, on-demand trainings, and more. Use your Web ID: GD8405G to register as a first time user.

888-327-4698 guidanceresources.com

Discounts Program

In addition to counseling and resources, you also have access to discounts on a wide range of products and services through the Guidance Resources EAP. Discounts are available for:

• Gym memberships at some LA Fitness, Curves, AnyTime Fitness and other locations.
• Shopping at major retailers, including Macy’s, Target, Walmart, JC Penney and Sears.
• Products and services at Verizon, AT&T, T-Mobile, BestBuy and Dell.
• Rental cars through National, Alamo, Budget, Avis and Hertz.
• Movie tickets at national and regional chains including, AMC, Cinemark, United Artist and Landmark Theaters.
• National entertainment events including Cirque du Solei and Blue Man Group, as well as discounts on Broadway shows and Las Vegas productions.
• Theme parks including Disney World, Disneyland, Sea World (nationwide), Six Flags (nationwide), Busch Gardens (nationwide), Universal Orlando, Universal Hollywood, Legoland Florida and Legoland California.
• Hotel stays through both local lodgings and national chains.
• Services such as pet care, magazine subscriptions, gift baskets, restaurant coupons and more.

To get started using your available discounts,

1. Log in to guidanceresources.com. You will need to enter the Web ID: GD8405G to register on the site for the first time.
2. Select I’m Looking For… Discounts from the left navigation bar.
3. Choose Working Advantage under “Discounts and Programs.”

You will be redirected to the Working Advantage site and will need to register as a new user to access the site. Once you are logged in, you will be directed to the discount pages. For nutrition, weight loss or fitness club discounts choose the “Beauty and Health” tab.

How can the EAP help? The EAP can provide counseling and resources for areas including:

• Marriage, divorce and parenting problems
• Infertility and adoption issues
• Daycare, nutrition and development concerns
• Elder-care resources including referrals to nursing homes
• Diet and health concerns
• Stress, anxiety and depression
• Alcohol and drug dependency issues
• Debt, taxes, retirement and estate planning issues
• Wills, leases, divorce, family law, real estate transactions
• Moving and relocation, college planning, home repair, vacation and event planning
• Pet care
Helping you plan and save for retirement is an important part of WestRock’s benefits program. Through the WestRock 401(k) Retirement Savings Plan, you:

- Receive $1-for-$1 company matching contributions on the first 5% of total pay that you save.
- Automatically receive a contribution equal to 2.5% of your total pay each year, if you are not currently accruing a benefit in the WestRock Pension Plan. This contribution is deposited in January following year-end.
- Can make your own contributions, up to annual IRS limits. Your contributions and match are deposited each payroll period.

This means that when you save 5% of pay in the plan, you will receive a total of 12.5% of pay in your account – which equals or exceeds the amount most financial experts say is needed to build adequate retirement savings over the long term.

Be in the know: Contribute the max

Choose how much you want to save, up to annual IRS limits, plus an additional $6,000 if you are at least age 50. Choose regular 401(k) contributions, which are pre-tax, or Roth 401(k) contributions, which are after-tax but are not taxed upon distribution.

How does the plan work?

You select from a range of investment options. You choose how to invest both your savings and WestRock contributions.

Your plan investments can grow and compound, tax-free, year after year, and there's no limit on how large your account can grow. Note: There is no guarantee of return on investments.

You are immediately vested in your own contributions and matching contributions, and you are vested in the 2.5% WestRock contributions after three years of service (includes service with our former companies).

You can enroll in the 401(k), increase or decrease your contributions at any time during the year – not just during the annual enrollment period. Also be sure to check out the Empower website for financial education and modeling tools.

Be in the know: Understanding your 401(k) contributions

You can make pre-tax or Roth contributions to your 401(k).

- Pre-tax contributions help you lower your current taxable income because your contributions are deducted from your pay before income taxes are taken out. Any earnings on your contributions accumulate on a tax-deferred basis, and you pay taxes on the contributions and earnings only when you take a distribution.
- Roth contributions are made after taxes are taken from your pay. However, your contributions and any earnings are tax-free when you take a qualified distribution from the plan. Roth contributions do not give you a tax break today, but provide tax-free earnings in the future.

What is right for you? Pre-tax or Roth?

If you are not sure whether to make pre-tax or Roth 401(k) contributions, you may want to simply consider whether you want to pay taxes now or defer them until a later date. You may not know for sure what future tax rates will be, but you can prepare for your future by saving in the plan and maximizing the company match.
## Resources: Get to know your benefits administrators

<table>
<thead>
<tr>
<th>Benefit Category</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>WestRock Benefits Center</td>
<td>800-540-4272 benefits.westrock.com</td>
</tr>
<tr>
<td>Medical: Anthem BCBS</td>
<td>888-551-2578 anthem.com/westrock</td>
</tr>
<tr>
<td>HSA/FSA: Health Equity</td>
<td>877-713-7712 myhealthequity.com</td>
</tr>
<tr>
<td>Pharmacy: CVS Caremark</td>
<td>877-330-9274 caremark.com</td>
</tr>
<tr>
<td>Wellness: RedBrick Health</td>
<td>800-859-9593 westrock.redbrickhealth.com</td>
</tr>
<tr>
<td>Dental: Delta Dental</td>
<td>866-496-2347 deltadentalins.com/westrock</td>
</tr>
<tr>
<td>Vision: VSP</td>
<td>800-877-7195 vsp.com</td>
</tr>
<tr>
<td>EAP: Guidance Resources</td>
<td>888-327-4698 guidanceresources.com (web ID: GD8405G)</td>
</tr>
<tr>
<td>LTD: MetLife</td>
<td>800-638-6420 mybenefits.metlife.com</td>
</tr>
<tr>
<td>401(k): Empower</td>
<td>800-342-8352 westrock.empower-retirement.com</td>
</tr>
</tbody>
</table>
**Required notices**

The remaining pages of this guide include the legally-required annual notices that WestRock must provide to you in accordance with numerous regulations that govern our benefit plans. Notices include:

- Women’s Health and Cancer Rights Protection Act Notice
- Newborns’ and Mothers’ Health Protection Act Notice
- Notice of Privacy Practices
- Notice of Special Enrollment Rights
- Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP) Notice
- Notice of available Summary Plan Descriptions
- Required Notice Regarding Wellness Program

*Copies of these notices are available through the WestRock Benefits Center.*

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**Women’s Health and Cancer Rights Protection Act**

Under the Federal Women’s Health and Cancer Rights Act of 1998, covered participants are entitled to the following services:

- All stages of the reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prosthesis and treatment for physical complications during all stages of mastectomy, including swelling of the lymph glands (lymphedema)

Services are provided in a manner determined in consultation with the attending physician and the patient. These benefits will be provided subject to the same deductible and coinsurance applicable to other medical and surgical benefits provided under the plan.

**Newborns’ and Mothers’ Health Protection Act**

The Newborns’ and Mothers’ Health Protection Act of 1996 also includes protections that our plans meet or exceed. Health plans generally, under federal law, may not restrict benefits for any hospital length of stay in connection with childbirth for the mother of the newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a Cesarean section. However, federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or newborn earlier than 48 (or 96 hours, as applicable). In any case, plans may not require plan authorization for providers to prescribe a length of stay up to 48 (or 96 hours, as applicable).

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**Notice of Privacy Practices**

You and your eligible dependents may receive group health benefits such as medical, dental, prescription drug, employee assistance and health care spending account benefits under the Group Benefit Plan, the Pre-Tax Contribution Plan, and the Group Health and Insurance Plan for Retirees of WestRock Company and its Wholly Owned Subsidiaries and Affiliates (collectively, the “Plan”) offered by WestRock Company or RTS Packaging, LLC (the “Plan Sponsor”). The Plan uses and discloses personally identifiable health information about you and other participants in the Plan (“Participants”). This information is referred to as protected health information (“PHI”). The Plan is required by law to:

- Maintain the privacy of your PHI;
- Provide you with notice of the Plan’s legal duties and privacy practices with respect to your PHI; and
- Follow the terms of this Notice as currently in effect.

These privacy practices may not be the same as those adopted by your health care providers. Please check with your providers if you would like to understand their privacy practices. You may also receive separate privacy notices from the insurance companies that insure any of your group health benefits. This Notice does not apply to medical information relating to disability, workers’ compensation, life insurance benefits or any other health information not created or received by the Plan or to fully-insured medical benefits under the Plan.

**Uses and Disclosures for Treatment, Payment and Health Care Operations.** The Plan may use, disclose, or share between the benefits listed above, your PHI for the purposes of treatment, payment and health care operations, described in more detail below, without obtaining a specific written permission from you, known as an “authorization.”

- **For Treatment.** The Plan may use and disclose PHI as needed for the treatment of Participants. For example, PHI may be used...
and disclosed to coordinate and manage the activities of different health care providers who provide you with health care services covered under the Plan.

- **For Payment.** The Plan may use and disclose your PHI as part of activities related to the Plan’s payment for health care services. For example, the Plan may disclose your PHI to a doctor or hospital that calls to find out if you are eligible for coverage under the Plan. The Plan also will disclose your PHI to third parties, including third-party administrators and insurers hired by the Plan to make health benefit coverage determinations, to pay health care providers, to determine subrogation rights and coordinate benefits. These third parties must enter into an agreement with the Plan to keep your PHI secure.

- **For Health Care Operations.** The Plan may use and disclose PHI as part of its general business operations as a group health plan. For example, the Plan may disclose PHI to assess the overall performance of the Plan, to audit claims processing and payment activities, for legal services, for premium rating and for medical reviews. The Plan will use and disclose your PHI for the management and administrative activities of the Plan. The Plan limits the employees who have access to the PHI, and neither the Plan nor the Plan sponsor will use the PHI for other unconnected benefit programs or to make employment-related decisions. The Plan is prohibited from using or disclosing your PHI that is genetic information for underwriting purposes.

**Other Uses and Disclosures For Which Authorization is Not Required.** In addition, the Plan may use and disclose PHI without your written authorization:

- **As Required by Law.** The Plan may use or disclose PHI when required to do so by law.

- **As Required for Judicial or Law Enforcement Purposes.** The Plan may disclose PHI in a judicial or administrative proceeding and in response to a subpoena or other legal process (in certain circumstances), if the Plan is assured that the requesting party has made a good faith attempt to provide written notice of such disclosure to you. The Plan may also disclose your PHI for law enforcement purposes, such as reporting certain types of wounds, identifying or locating a suspect, fugitive, material witness, or missing person. Except as otherwise required by law or in the case of an emergency, the Plan will disclose PHI about a Participant who may be a victim of a crime only if that individual agrees to the disclosure.

- **For Public Health Activities and Public Health Risks.** The Plan may disclose PHI to a public health authority in charge of collecting information, such as about births and deaths, injury, preventing and controlling disease, reports of child abuse or neglect, reactions to medications or product defects or problems or to notify a person who may be at risk for contracting or spreading a communicable disease. The Plan may disclose PHI about an individual whom the Plan reasonably believes to be a victim of abuse, neglect or domestic violence if required by law to report such information, if the victim agrees to such disclosure, or the Plan believes disclosure is necessary to prevent serious harm and the victim is unable to consent due to incapacity.

- **For Health Oversight Activities.** The Plan may disclose PHI to the government for oversight activities, such as audits, investigations, inspections, licensure or disciplinary actions, and other activities for monitoring the health care system, government programs, and compliance with civil rights laws.

- **Coroners, Medical Examiners, and Funeral Directors.** The Plan may disclose PHI to coroners, medical examiners, and funeral directors for the purpose of identifying a decedent, determining a cause of death, or otherwise as necessary to enable these parties to carry out their duties consistent with applicable law.

- **Organ, Eye, and Tissue Donation.** The Plan may release PHI to organ procurement organizations to facilitate organ, eye, and tissue donation and transplantation.

- **Research.** The Plan may use and disclose PHI for medical research purposes, subject to certain conditions.

- **To Avoid a Serious Threat to Health or Safety.** The Plan may use and disclose PHI to law enforcement personnel or other appropriate persons, to prevent or lessen a serious threat to the health or safety of a person or the public.

- **Specialized Government Functions.** The Plan may use and disclose PHI of military personnel and veterans under certain circumstances. The Plan may also disclose PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities, and for the provision of protective services to the President or other authorized persons or foreign heads of state or to conduct special investigations.

- **Workers’ Compensation.** The Plan may disclose PHI to comply with workers’ compensation or other similar laws that provide benefits for work-related injuries or illnesses.
• **Health-related Benefits and Services.** The Plan may use and disclose your PHI to inform you of treatment alternatives or other health-related benefits and services covered under the Plan or available to Participants; to inform you regarding the health care providers participating in the Plan’s networks; to inform you about replacement of or enhancement to the Plan; and to inform you of other similar matters that may be of interest to you, such as disease management programs. The Plan may use and disclose your PHI to encourage you to purchase or use a product or service through a face-to-face communication or by giving you a promotional gift of nominal value.

• **Disclosures to Plan Sponsor.** The Plan may disclose your PHI to the Plan Sponsor and business associates, and may permit insurance companies that provide benefits under the Plan to disclose your PHI to the Plan Sponsor.

• **Disclosures to You or for HIPAA Compliance Investigations.** The Plan may disclose your PHI to you or your authorized representative, and is required to do so in certain circumstances in connection with your rights of access to and an accounting of certain disclosures of your PHI. The Plan also must disclose your PHI to the Secretary of the United States Department of Health and Human Services (the “Secretary”) when requested by the Secretary to investigate Plan’s compliance with privacy regulations issued under the federal Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

• **Uses and Disclosures to Which You Have an Opportunity to Object.** Unless you object, the Plan may disclose your PHI to a family member, other relative, friend, or other person you identify as involved in your health care or payment for your health care. Plan may also notify those people about your location or condition. In some circumstances, the Plan may make the disclosures identified in this paragraph without first giving you an opportunity to agree or object, such as in an emergency.

**Other Uses and Disclosures of PHI For Which Authorization is Required.** Except as otherwise provided in this notice, all other types of uses and disclosures of your PHI not described in the Notice will be made only with your written authorization, which you may revoke in writing at any time. For example, in general and subject to specific conditions, the Plan will not do the following without your written authorization:

- Use or disclose your psychiatric notes;
- Use or disclose your PHI for marketing; and
- Sell your PHI.

Upon receipt of the written revocation of authorization, the Plan will stop using or disclosing your PHI, except to the extent necessary because the Plan has already taken action in reliance on the authorization.

**Regulatory Requirements.** The Plan reserves the right to change the terms of this Notice and its privacy policies, and to make the new terms applicable to all of the PHI it maintains. If the Plan makes an important change to its privacy policies, it will promptly provide you with a revised Notice. You have the following rights regarding your PHI:

• **Restrictions.** You may request that the Plan restrict the use and disclosure of your PHI. Except as provided below, the Plan is not required to agree to any restrictions you request, but if the Plan does so it will be bound by the restrictions to which it agrees except in emergency situations. The Plan will comply with any restriction request if: (i) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for proposals of carrying out treatment); and (ii) the PHI pertains solely to a health care item or service for which the health care provider involved has been paid in full.

• **Confidential Communications.** You have the right to request in writing that communications of PHI to you from Plan be made by particular means or at particular locations for safety reasons. For instance, you might request that communications be made at your work address, or by e-mail rather than regular mail. The Plan will make efforts to accommodate reasonable requests.

• **Right to Inspect.** Generally, you have the right to inspect and copy your PHI that the Plan maintains in a “designated record set” by making the request in writing. The Plan may deny your request to inspect and copy in certain circumstances. Within thirty (30) days of receiving your request (unless extended by an additional thirty (30) days), the Plan will inform you of the extent to which your request has or has not been granted. In some cases, the Plan may provide you a summary of the PHI you request if you agree in advance to such a summary and any associated fees. If you request copies of your PHI or agree to a summary of your PHI, the Plan may impose a reasonable fee to cover copying, postage, and related costs. If the Plan denies access to your PHI, it will explain the basis for denial and whether or not you have an opportunity to have your request and the denial reviewed. If the information you request is maintained electronically, and you request an electronic copy, the Plan will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format. If the information cannot be readily produced in that form and format, the Plan will work with you to come to an agreement on form and format. If an electronic form and format cannot be agreed upon, the Plan will provide you with a paper copy.

• **Right to Amend.** If you believe that your PHI maintained by the Plan contains an error or needs to be updated, you have the right to request that Plan correct or supplement your PHI. Your request must explain why you are requesting an amendment to your PHI. Within sixty (60) days of receiving your request (unless extended by an additional thirty (30) days), Plan will inform you of the extent to which your request has or has not been granted. If your request
is denied, Plan will provide you a written denial that explains the reason for the denial and your rights to: (i) file a statement disagreeing with the denial; (ii) if you do not file a statement of disagreement, submit a request that any future disclosures of the relevant PHI be made with a copy of your request and Plan’s denial attached; and (iii) complain about the denial.

**Right to an Accounting.** You generally have the right to request and receive a list of the disclosures of your PHI that the Plan has made at any time during the six (6) years prior to the date of your request (but not before April 14, 2003). The list will not include disclosure for which you have provided a written authorization, and does not include certain uses and disclosures to which this Notice already applies, such as those: (i) for treatment, payment, and health care operations; (ii) made to you; (iii) to persons involved in your health care; (iv) for national security or intelligence purposes; or (v) to correctional institutions or law enforcement officials. Within sixty (60) days of receiving your written request (unless extended by an additional thirty (30) days), the Plan will either provide you with the accounting or notice of the denial of your request. The Plan will provide the list to you at no charge. If the Plan decides to charge for additional requests, you will be informed of the charges at such time.

**Right to Paper Copy.** You have the right to receive a paper copy of this notice upon request, even if you have agreed to receive this notice electronically.

**Right to be Notified of a Breach.** You have the right to be notified in the event that the Plan (or a business associate) discover a breach of unsecured PHI.

**Complaints.** If you believe your privacy rights with respect to your PHI have been violated, you may complain to the Plan by contacting the individual designated below and submitting a written complaint. You also have the right to file a complaint with the Office for Civil Rights of the United States Department of Health and Human Services. The Plan will not penalize you or retaliate against you for filing such a complaint.

**Contact Person.** All requests, complaints, inquiries, questions with respect to your privacy rights and this Notice should be directed to Alonzo Church, III at 678-291-7982 or at WestRock Company, P.O. Box 4098, Norcross, GA 30091.

**Notice of Special Enrollment Rights**

If you decline enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future, be able to enroll yourself and your dependents in the Plan, if you or your dependents lose eligibility for that coverage provided that you request enrollment within 31 days after you or your dependents’ other coverage ends.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Effective April 1, 2009, you may have expanded special enrollment rights under the Group Benefit Plan if you or a dependent:

- Lose coverage under Medicaid or a State children’s health insurance program; or
- Become eligible for assistance with the cost of participating in the Plan through the Medicaid plan or the State children’s health insurance program that you and/or your dependent participate in.

In either case, you or your dependent will have 60 days from the loss of coverage or the date of eligibility for the subsidy to elect request enrollment under the Plan. If you believe that you may be entitled to any of these special enrollment rights or to obtain additional information, please contact the WestRock Benefits Center at 800-540-4272.

**Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)**

If you or your children are eligible for Medicaid or CHIP and you’re eligible if you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebسا.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2015. Contact your State for more information on eligibility.
ALABAMA – Medicaid
Website: www.myalhipp.com
Phone: 1-855-692-5447

ALASKA – Medicaid
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/
Phone (Outside of Anchorage): 1-800-770-5650
Phone (Anchorage): 907-644-6800

COLORADO – Medicaid
Medicaid Website: http://www.colorado.gov/hcpf
Medicaid Customer Contact Center: 1-800-221-3943

FLORIDA – Medicaid
Website: http://www.kdheks.gov/hcf/
Phone: 1-785-296-3512

GEORGIA – Medicaid
Website: http://dch.georgia.gov/medicaid
-Click on Health Insurance Premium Payment (HIPP)
Phone: 404-656-4507

INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64
Website: http://www.hip.in.gov
Phone: 1-877-438-4479
All other Medicaid
Website: http://www.indianamedicaid.com
Phone: 1-800-403-0864

IOWA – Medicaid
Website: www.dhs.state.ia.us/hipp/
Phone: 1-888-346-9562

KANSAS – Medicaid
Website: http://www.kdheks.gov/hcf/
Phone: 1-800-792-4884

KENTUCKY – Medicaid
Website: http://chfs.ky.gov/dms/default.htm
Phone: 1-800-635-2570

LOUISIANA – Medicaid
Website: http://dhhs.louisiana.gov/index.cfm/subhome/1/n/331
Phone: 1-888-342-6207

MAINE – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html
Phone: 1-800-977-6740
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: http://mass.gov/MassHealth
Phone: 1-888-665-9993

MINNESOTA – Medicaid
Website: http://mn.gov/dhs/ma/
Phone: 1-800-657-3739

MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

MONTANA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084

NEBRASKA – Medicaid
Website: www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633

NEVADA – Medicaid
Medicaid Website: http://dwss.nv.gov/
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf
Phone: 603-271-5218

NEW JERSEY – Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Medicaid Phone: 1-800-356-1561
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid
Website: http://www.nyhealth.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid
Website: http://www.ncdhhs.gov/dma
Phone: 919-855-4100

NORTH DAKOTA – Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid
Website: www.oregon.gov/oha/healthplan/pages/stateplan.aspx
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid
Website: http://www.dhs.pa.gov/hipp
Phone: 1-800-842-2020

RHODE ISLAND – Medicaid
Website: http://www.eohhs.ri.gov/
Phone: 1-855-840-4774

SOUTH CAROLINA – Medicaid
Website: http://www.scdhhs.gov
Phone: 1-888-549-0820
REQUIRED NOTICES

SOUTH DAKOTA – Medicaid
Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS – Medicaid
Website: http://gethipptexas.com/
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Website: Medicaid: http://health.utah.gov/medicaid
CHIP: http://health.utah.gov/chip
Phone: 1-866-435-7414

VERMONT – Medicaid
Website: http://www.greenmountaincare.org/
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Website: http://www.coverva.org/programs_premium_assistance.cfm
Phone: 1-855-242-8282

WASHINGTON – Medicaid
Website: http://www.hca.wa.gov/medicaid/pages/index.aspx
Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid
Website: http://www.dhhr.wv.gov/bms/medicaid%20expansion/pages/default.aspx
Phone: 1-877-716-1212

WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

WYOMING – Medicaid
Website: https://wyequalitycare.acs-inc.com/
Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2015, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

SUMMARY PLAN DESCRIPTIONS
You can access Summary Plan Descriptions (SPDs) for the plans you enroll in at any time through the WestRock Benefits Center. If you would like a hard copy mailed to you at any time, or if you would like to view the SPD for a plan that you do not participate in, simply call the WestRock Benefits Center.

REQUIRED NOTICE REGARDING WELLNESS PROGRAM
WestRock is committed to helping you achieve your best health. We offer rewards to all employees who participate in the voluntary WestRock sponsored wellness program, which is administered according to federal rules, including the Americans with Disabilities Act of 1990 (ADA), the Genetic Information Nondiscrimination Act of 2008 (GINA), and the Health Insurance Portability and Accountability Act of 1996, (HIPAA). If you choose to participate in the wellness program, you will be asked to complete a voluntary health risk assessment or “HRA” that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for cholesterol and/or glucose.

If eligible, employees who choose to participate in the wellness program will receive an incentive for completing the HRA or for submitting a health screening. Additional incentives may be available for employees who participate in certain health-related activities or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. Contact RedBrick Health at 1-800-859-9593 or www.redbrickhealth.com and they will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

Your spouse may participate in the wellness program by completing his or her own HRA but no incentive (or penalty) applies because of his or her participation in the wellness program. In other words, as long as you are eligible and participate in the wellness program, the above incentives will be made available to you regardless of your spouse’s participation.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as phone coaching or online Journeys programs. You also are encouraged to share your results or concerns with your own doctor.
**Protections from Disclosure of Medical Information**

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and WestRock may use aggregate information it collects to design a program based on identified health risks in the workplace, the wellness program will never disclose any of your personal information either publicly or to WestRock, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and will never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individuals who will receive your personally identifiable health information are RedBrick health coaches in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. The medical privacy and security protections that apply to your medical information held by WestRock’s health plan apply equally to medical information received through the wellness program. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

All of the above privacy protections apply to your spouse’s medical information as well.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Alonzo Church III at 678-291-7982. For more information about the wellness program, please contact RedBrick Health at 1-800-859-9593 or www.redbrickhealth.com.