

USW and RockTenn Meeting
Tacoma Mill
November 19, 2014
9:00 am – 3:00 pm



Introductions: USW and RockTenn

Historical Overview, Mill Products and Capabilities - John Conkle and Chuck Whitt

Review of RockTenn Union Affiliation - Dennis O'Brien

Master Agreement Impact and Overview – Dennis O'Brien and Dan Flippo

Health Insurance and Benefits – Karen Poole

1. Medical
2. Dental
3. Life
4. Disability
5. 401K
6. Pension and PIUMPF

Retiree Medical and Life Insurance - Dennis O'Brien

Substance abuse Program – Steve Hess and Maria Martincz

“Premium Pay” - Dennis O'Brien

Compressed Rate Discussion – Chuck Whitt, John Conkle, Dennis O'Brien, Dan Flippo

Labor/Management Philosophy Discussion – Dennis O'Brien, John Conkle, Dan Flippo, Chuck Whitt

Miscellaneous

Lunch Break – on site in meeting room

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RockTenn Substance Abuse Policy (rev 2)

RockTenn Services Inc. ("RockTenn" or the "Company") and Union, Local #_ are concerned about alcohol and drug abuse and their affects on employees, job performance, the work environment, and the customers' and public's confidence in our operations. Therefore, the following conduct violates this policy and may result in discipline up to and including discharge.

- ◆ Usage/ingestion, possession, sales, manufacture, transportation, dispensation or distribution of alcohol, drugs, intoxicants or controlled substances or drug paraphernalia of any kind on Company property or while in the course and scope of employment.
- ◆ Reporting to work or remaining on duty while impaired by, or under the influence of alcohol, drugs, intoxicants or controlled substances of any kind.
- ◆ Involvement with alcohol, drugs, intoxicants or controlled substances outside of working hours or off Company property to the extent such conduct adversely affects the ability of the employee to attend work and/or to safely and properly perform his job.
- ◆ Conviction of or pleading guilty or nolo contendere to a criminal charge of selling or possessing with the intent to sell any illegal controlled substances.

"Controlled substances" includes the non-authorized use of prescription drugs. An authorized use of prescription drugs exists only if (a) the employee is using and/or consuming prescription drugs in compliance with a healthcare practitioner's prescription and (b) the healthcare practitioner has certified that the employee's use and/or consumption of the prescription drugs will not pose a risk of injury to the employee or others in the workplace. All other use and/or consumption of prescription drugs amount to non-authorized use of prescription drugs.

To ensure a safe work environment, employees and applicants are subject to drug testing as set forth below. The Company may require drug testing in the following events/circumstances:

1. Pre-Employment.
2. Work-related incident that results in bodily injury or property damage
 - a. If an incident involves bodily injury to an employee, or third party (including, but not limited to, temporary labor), and off-site medical treatment is sought, then the injured employee or third party will be required to submit to a drug test; and
 - b. If an employee or third party causes bodily injury to another employee or third party or property damage while in the course and scope of employment, the employee or third party causing the injury or damage will be required to submit to a drug test.

3. Reasonable Suspicion - Any employee who, by reliable evidence, or by their observed or reported behavior, may be reasonably suspected of using, having ingested or being under the influence of drugs, alcohol or medications while in the course or scope of employment.
4. Random Testing. -. Random testing of employees selected at random by a third party vendor will be administered a maximum of three (3) times annually to a maximum of 20% of the employees per test.
 - a. Employees shall upon reporting to work in a facility be directed, as soon as is practical, to a testing area or facility to provide a sample.
 - b. Employees shall, upon physically reporting for the test, have four (4) hours to provide a sample. Failure to provide a sample in that time may be considered a refusal to provide a sample.
5. Layoffs or leave of absences of thirty (30) days or more.

All substance testing will be conducted by a facility selected by the Company. To assure accuracy, a stringent chain of custody procedure will be followed. Any positive result for drugs obtained during the screening procedure will automatically be scheduled for a second confirmation test of the original sample using Gas Chromatography/Mass Spectrometry (GC/MS) according to standards established by the National Institute on Drug Abuse (NIDA). The lab chosen by management will be NIDA certified and cut off limits for negative/positive sample determination shall be as follows:

<u>Drug Class</u>	<u>Screen (ng/mL)</u>	<u>Confirm (ng/mL)</u>
Amphetamines	1000*	100
Barbiturates	200	100
Benzodiazepines	200	100
Cocaine/Crack	100	50
Marijuana (THC, Cannabinoids)	20	5
Methadone	300	200
Opiates (Narcotics)	100	100
Phencyclidine (PCP)	20	10
Propoxyphene	300	200
* Also includes MDMA (Ecstasy), MDEA (Eve), MDA and PMA at 100 ng/mL screening threshold		

The cut off limit for negative/positive sample determination for alcohol shall be a blood alcohol content of 0.04.

An employee tested may be temporarily suspended or transferred to another job at the Company's discretion (pending test results) where the Company believes that the suspension or transfer is reasonably necessary to protect the health or safety of the employee, other employees, or the public. If the initial test is negative and the employee has been suspended, the employee will return to work with full back pay.

A positive test for use of drugs and/or alcohol (other than the authorized use of prescription drugs) is just cause for immediate discharge. Although an employee has the right to refuse to take a substance abuse test, he/she must understand that delaying the implementation of the drug and/or alcohol test, or failure to submit to such testing, or otherwise not cooperating in the testing process, will be treated as a positive test and also is just cause for immediate discharge.

Interfering with the sample collection and/or testing procedure, including but not limited to swapping samples, providing "clean" samples, adulterating samples, and/or the use of any product or chemical, including water, with the intent of interfering with the sample and/or test, is just cause for termination of employment. If the test results are reported as diluted negative and there is not sufficient evidence that the dilution was intentionally caused, the Company will require the employee to submit another sample. The last submitted sample shall be the sample of record. Test results reported as diluted positive will be treated as a positive test. Any other failure to comply with this substance abuse policy may result in discipline up to and including discharge.

Employee Assistance

The Company recognizes that substance abuse may be a treatable problem. A rehabilitation program is available through the Company's health insurance program to assist employees to correct a problem before it impairs performance and jeopardizes employment. The decision to seek early diagnosis and accept treatment for a substance abuse program is the responsibility of the employee. If an employee desires to seek help through a rehabilitation program, he or she must ask for such help prior to being notified that he or she will be required to submit to a test.

If the employee does not seek help and the problem comes to the attention of Rock-Tenn Company, disciplinary action will result, up to and including discharge. If the employee is offered a last chance agreement, he or she will be required to complete a prescribed treatment program before returning to work. If at any time the employee fails to live up to the terms of the agreement, the employee will be terminated. This offer of rehabilitation is a one-time opportunity. In order to return to work, the employee must successfully complete a prescribed treatment program and provide written evidence from the director of the program of such completion. For up to two years following completion of the treatment program, the Company may test the employee without prior notice. If the test is positive, the employee will be terminated.

RockTenn Substance Abuse Policy (rev 2)

Substance Abuse Policy

RockTenn Services Inc. ("RockTenn" or the "Company") and Union, Local # _____ are concerned about alcohol and drug abuse and their effects on employees, job performance, the work environment, and the safety of our employees and the public's confidence in our operations. Therefore, the use of alcohol and drugs while working may result in discipline up to and including discharge.

Acknowledgement and Receipt

I have received a copy of the Rock-Tenn Substance Abuse Policy and with my signature acknowledge that I have read and understand the policy.

Reporting to work or remaining on duty while impaired by, or under the influence of alcohol, drugs, intoxicants or controlled substances of any kind.

Employee's Name (Please Print)

Employees who use alcohol, drugs, intoxicants or controlled substances outside of working hours or off Company property in the past, such conduct adversely affects the ability of the employee to attend work and/or in safety and productivity.

Employee's Signature

Conviction of or pleading guilty or nolo contendere to a criminal charge of selling or possessing with the intent to sell any illegal controlled substance.

Date

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To ensure a safe work environment, employees and applicants are subject to drug testing as set forth below. The Company may require drug testing in the following events/circumstances:

1. Pre-Employment
2. Work-related incident that results in bodily injury or property damage
 - a. If an incident involves bodily injury to an employee, or third party (including, but not limited to, company property), and off-site medical treatment is sought, then the injured employee or third party will be required to submit to a drug test; and
 - b. If an employee or third party causes bodily injury to another employee or third party or property damage while in the course and scope of employment, the employee or third party causing the injury or damage will be required to submit to a drug test.

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Medical Plan Design Comparison

	CCP-U - 2015	BCBS HIGHMARK - 2015
Company Contribution to HSA Deductible	\$500/\$1,000 \$1,300/\$2,600	None \$350/\$1,050
Employee Deductible after HSA "Effective Deductible"	\$800/\$1,600	N/A
Out of Pocket Maximum	\$2,500/\$5,000 (limit on all expenses)	\$1,000/\$3,000 (Does not include copays and deductibles)
Employee Out of Pocket Maximum after HSA "Effective Out of Pocket Maximum"	\$2,000/\$4,000	\$1,000/\$3,000
Lifetime Maximum	Unlimited	Unlimited
Coinurance	Company pays 90% after deductible has been met	Company pays 90% after deductible has been met
Office Visits	Company pays 90% after deductible has been met	\$30 Primary Care/\$30 Specialist
Preventive Care	Company pays 100% - no deductible	Company pays 100% - no deductible (colonoscopy 90% after deductible)
Emergency Room	Company pays 90% after deductible has been met	\$100 waived if admitted
Hospital Inpatient	Company pays 90% after deductible has been met	Company pays 90% after deductible has been met
Prescription Drugs - Retail		
Generic	Preventive Drug List - Company pays 90%-no deductible. All others the company pays 90% after deductible has been met.	\$10 co-pay
Brand	Company pays 90% after deductible has been met.	FORMULARY BRAND: \$20 co-pay NON-FORMULARY BRAND: \$40 CO-PAY
Prescription Drugs - Mail Order		
Generic	Preventive Drug List - Company pays 90%-no deductible. All others the company pays 90% after deductible has been met.	\$20 co-pay
Brand	Company pays 90% after deductible has been met.	FORMULARY BRAND: \$40 co-pay NON-FORMULARY BRAND: \$80 CO-PAY
Notes	HSA funded annually during first two weeks of January - owned 100% by employee even at termination or retirement	
Premiums per month	2015 Bi-weekly	
	Employee Only	Employee Only
	Emp. & Spouse	Emp. & Spouse
	Emp. & Child(ren) Family	Emp. & Child(ren) Family
	\$36.68 \$88.02 \$66.00 \$122.86	2015 Bi-weekly* \$142.65 \$142.65 \$142.65 \$142.65

Plan provisions such as Deductibles and Out-of-Pocket maximums will vary if necessary to maintain Health Savings Account eligibility. After 2016, the Company annual HSA contribution will be the higher of \$500/\$1,000 or 38% of the deductible. In 2016, an additional one time Company HSA "seed" of \$650/\$1,300 for a total 2015 Company HSA contribution of \$1,150/\$2,300. Above illustrations are for in-network benefits only. This is a summary only. Details are found in the Summary Plan Description. * 2015 premiums do not include an increase for 2015-2016.

Tacoma Cost Comparison
Bi-weekly Rates

	USW Master Agreement 2015	Current 2014/2015	Difference
Medical			
Coverage	CCP_U	Steelworkers	
Employee	\$36.68	\$142.65	
Employee Plus Spouse	\$88.02	\$142.65	
Employee Plus Child(ren)	\$66.00	\$142.65	
Family	\$122.86	\$142.65	
Dental			
Coverage	Traditional	UCCI	
Employee	\$5.70	\$0.00	
Employee Plus Spouse	\$11.95	\$0.00	
Employee Plus Child(ren)	\$12.44	\$0.00	
Family	\$20.12	\$0.00	
Vision			
Coverage	VSP	Davis	
Employee	\$2.47	\$0.00	
Employee Plus Spouse	\$4.94	\$0.00	
Employee Plus Child(ren)	\$5.28	\$0.00	
Family	\$8.45	\$0.00	
Total			
Coverage	Master	Current	per Paycheck
Employee	\$44.85	\$142.65	-\$97.80
Employee Plus Spouse	\$104.91	\$142.65	-\$37.74
Employee Plus Child(ren)	\$83.72	\$142.65	-\$58.93
Family	\$151.43	\$142.65	\$8.78

Tacoma Cost Comparison

Bi-weekly Rates

	USW Master Agreement 2015	Current (wo 2015 increase) 2014/2015	Difference
Medical			
Coverage	CCP_U	Steelworkers	
Employee	\$36.67	\$142.65	
Employee Plus Spouse	\$88.01	\$142.65	
Employee Plus Child(ren)	\$66.01	\$142.65	
Family	\$122.85	\$142.65	
Dental			
Coverage	Traditional Plus	UCCI	
Employee	\$10.13	\$0.00	
Employee Plus Spouse	\$20.67	\$0.00	
Employee Plus Child(ren)	\$22.17	\$0.00	
Family	\$35.66	\$0.00	
Vision			
Coverage	VSP	Davis	
Employee	\$2.47	\$0.00	
Employee Plus Spouse	\$4.94	\$0.00	
Employee Plus Child(ren)	\$5.28	\$0.00	
Family	\$8.45	\$0.00	
Total			
Coverage	Master	Current	per Paycheck
Employee	\$49.27	\$142.65	-\$93.38
Employee Plus Spouse	\$113.62	\$142.65	-\$29.03
Employee Plus Child(ren)	\$93.46	\$142.65	-\$49.19
Family	\$166.96	\$142.65	\$24.31

Consumer Choice Plan

Example #1: The Total Picture

Cost effective for family with approximately

Consumer Choice Plan (USW) and PPO Plan

CCP-D
Payroll Deduction \$3,194

Provider Charges \$1,766 \$1,766

Your out-of-pocket cost
• Deductible \$226

• RockTenn HSA contribution \$0 (\$1,000)*

• Co-pays and coinsurance \$100 \$0

Your out-of-pocket cost \$113 (\$774)

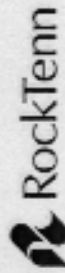
Your total cost \$4,180 \$2,420

Psychiatrist, doctor visits and out-of-pocket

You save by enrolling in CCP \$1,760

Services included shows reflect preventive care, 3 primary visits, and 1 generic drug.

* Your HSA contribution is limited to \$1,000 per year. The above example does not include the additional one-time 2015 HSA amount of \$1,300 which would have been added to your HSA for 2014.



Consumer Choice Plan

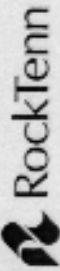
Example #1: The Total Picture

Cost effective for family with approximately \$1,800 of covered charges for routine healthcare

	PPO	CCP-U
Paycheck deductions	\$4,080	\$3,194
Provider charges	\$1,766	\$1,766
You pay provider		
• Deductible	\$0	\$226
• RockTenn HSA contribution	\$0	(\$1,000)*
• Co-pays and coinsurance	\$100	\$0
Your out-of-pocket cost	\$100	(\$774)
Your total cost	\$4,180	\$2,420
<i>Paycheck deductions and out-of-pocket</i>		
You save by enrolling in CCP	\$1,760	

Services included above reflect preventive care, 3 primary visits, and 1 generic drug.

* Note \$774 remains in your HSA. The above example does not include the additional one time 2015 HSA seeding of \$1,300 which would have increased the amount left in your HSA to \$2,074.



Consumer Choice Plan

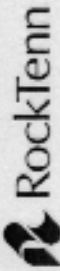
Example #2: The Total Picture

Cost effective for family with approximately
\$23,000 of covered charges for healthcare services

	PPO	CCP-U
Paycheck deductions	\$4,080	\$3,194
Provider charges	\$23,030	\$23,030
You pay provider		
• Deductible	\$700	\$2,600
• RockTenn HSA contribution	\$0	(\$1,000)*
• Co-pays and coinsurance	\$2,345	\$1,889
Your out-of-pocket cost	\$3,045	\$3,489
Your total cost	\$7,125	\$6,683
<i>Paycheck deductions and out-of-pocket</i>		
You save by enrolling in CCP	\$442	

Services included above reflect preventive care, 12 various drugs, primary and specialist visits, 1 inpatient stay and 1 outpatient stay.

* The above example does not include the additional one time 2015 HSA seeding of \$1,300 which would have brought the total out of pocket costs to \$2,189.



Consumer Choice Plan

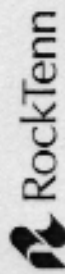
Example #3: The Total Picture

Cost effective for family with approximately \$111,000 of covered charges for catastrophic event

	PPO	CCP-U
Paycheck deductions	\$4,080	\$3,194
Provider charges	\$111,324	\$111,324
You pay provider		
• Deductible	\$1,050	\$2,600
• RockTenn HSA contribution	\$0	(\$1,000)*
• Co-pays and coinsurance	\$5,450	\$2,400
Your out-of-pocket cost	\$6,500	\$4,000
Your total cost	\$10,580	\$7,194
<i>Paycheck deductions and out-of-pocket</i>		
You save by enrolling in CCP	\$3,386	

Services included above reflect multiple hospitalizations, surgeries, ER visits, drugs and other services.

* The above example does not include the additional one time 2015 HSA seeding of \$1,300 which would have brought the total out of pocket costs to \$2,700.



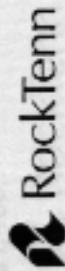
Consumer Choice Plan

Example #1: The Total Picture

Cost effective for Single employee age 25-39 with approximately \$551 of covered charges for routine healthcare

	Highmark BCBS PPO	CCP
Paycheck deductions	\$4,080	\$954
Provider charges	\$551	\$551
You pay provider		
• Deductible	\$0	\$166
• RockTenn HSA contribution	\$0	(\$500)
• Co-pays and coinsurance	\$70	\$0
Your out-of-pocket	\$70	(\$334)
Your total cost	\$4,150	\$620
<i>Paycheck deductions and out-of-pocket</i>		
You save by enrolling in CCP*	\$3,196	

\$385 in preventive care. * Note \$334 remains in your HSA. The above example does not include the additional one time 2015 HSA seeding of \$650 which would have increased the amount remaining in the HSA to \$984.



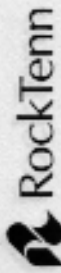
Consumer Choice Plan

Example #2: The Total Picture

Cost effective for single employee age 50 with a chronic disease, approximately \$16,177 of covered charges for healthcare services

	Highmark BCBS PPO	CCP
Paycheck deductions	\$4,080	\$954
Provider charges	\$16,177	\$16,177
You pay provider		
• Deductible	\$350	\$1,300
• RockTenn HSA contribution	\$0	(\$500)
• Co-pays and coinsurance	\$1,330	\$1,300
Your out-of-pocket	\$1,680	\$2,100
Your total cost	\$5,760	\$3,054
<i>Paycheck deductions and out-of-pocket</i>		
You save by enrolling in CCP	\$2,706	

\$731 in preventive care. * Note : The above example does not include the additional one time 2015 HSA seeding of \$650 which would have brought the out of pocket costs to \$1,450.



High Deductible Health Plan (HDHP) - Health Savings Account (HSA)

Generics Only Preventive Therapy Drug List

(08/01/14)

ANTICONVULSANTS

carbamazepine
carbamazepine ext-rel
clonazepam
divalproex sodium delayed-rel
divalproex sodium ext-rel
ethosuximide
felbamate
lamotrigine
lamotrigine ext-rel
levetiracetam
levetiracetam ext-rel
oxcarbazepine
phenobarbital
phenytoin
phenytoin sodium extended
primidone
tiagabine
topiramate
valproic acid
zonisamide
Epitol

BOWEL PREPARATIONS

peg 3350/electrolytes

CARDIOVASCULAR CONDITIONS - OTHER

ANTIARRHYTHMIC AGENTS

amiodarone
disopyramide
flecainide
propafenone
propafenone ext-rel
sotalol
sotalol AF
Pacerone

ORAL ANTIANGINAL AGENTS

isosorbide dinitrate
isosorbide mononitrate
nitroglycerin

SL and chewable formulations are not included on this list.

TRANSDERMAL/ TOPICAL ANTIANGINAL AGENTS

nitroglycerin transdermal
Minitran

CORONARY ARTERY DISEASE

ANTHYPERLIPIDEMICS

atorvastatin

cholestyramine
colestipol
fenofibrate
fenofibric acid
fenofibric acid delayed-rel
fluvastatin
gemfibrozil
lovastatin
niacin ext-rel
omega-3 acid ethyl esters
pravastatin
simvastatin
Prevalite

COMBINATION ANTIHYPERLIPIDEMICS

amlodipine/atorvastatin

DIABETES

Over-the-Counter (OTC) products require a prescription. Coverage may vary by plan.

ORAL DIABETES AGENTS

acarbose
chlorpropamide
glimepiride
glipizide
glipizide ext-rel
glipizide/metformin
glyburide
glyburide, micronized
glyburide/metformin
metformin
metformin ext-rel
nateglinide
pioglitazone
pioglitazone/glimepiride
pioglitazone/metformin
repaglinide
tolbutamide

HYPERTENSION

ACE INHIBITORS/ ANGIOTENSIN II RECEPTOR ANTAGONISTS

benazepril
benazepril/hydrochlorothiazide
candesartan
candesartan/hydrochlorothiazide
captopril
captopril/hydrochlorothiazide
enalapril
enalapril/hydrochlorothiazide
eprosartan
fosinopril
fosinopril/hydrochlorothiazide
irbesartan

irbesartan/hydrochlorothiazide
lisinopril
lisinopril/hydrochlorothiazide
losartan
losartan/hydrochlorothiazide
moexipril
moexipril/hydrochlorothiazide
perindopril
quinapril
quinapril/hydrochlorothiazide
ramipril
telmisartan
telmisartan/hydrochlorothiazide
trandolapril
valsartan/hydrochlorothiazide
Quinaretic

ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS

amlodipine/benazepril

BETA-BLOCKERS

acebutolol
atenolol
atenolol/chlorthalidone
betaxolol
bisoprolol
bisoprolol/hydrochlorothiazide
carvedilol
labetalol
metoprolol
metoprolol succinate ext-rel
metoprolol/hydrochlorothiazide
nadolol
nadolol/bendroflumethiazide
pindolol
propranolol
propranolol ext-rel
propranolol/hydrochlorothiazide
timolol maleate

CALCIUM CHANNEL BLOCKERS

amlodipine
diltiazem
diltiazem ext-rel
diltiazem XR
felodipine ext-rel
isradipine
nicardipine
nifedipine
nifedipine ext-rel
nisoldipine ext-rel
verapamil
verapamil ext-rel
Afeditab CR
Cartia XT

Please note: This list represents branded generics in upper- and lowercase *italics*, and generic products in lowercase *italics*.

Some strengths or dosage forms may not be included in the Preventive Therapy Drug List and certain products or categories may not be covered, regardless of their appearance in this document. Please check with your plan provider should you have any questions about coverage. Additional medications may be included in this list from time to time in compliance with Affordable Care Act requirements and/or U.S. Internal Revenue System (IRS) guidance. This list includes medications considered preventive by the IRS; it may not include all preventive medications.

Dilt-CD
Dilt-XR
Nifediac CC
Nifedical XL
Taztia XT

DIURETICS

amilofide/hydrochlorothiazide
chlorothiazide
chlorthalidone
hydrochlorothiazide
indapamide
methyclothiazide
spironolactone/hydrochlorothiazide
triamterene/hydrochlorothiazide

OTHER ANTIHYPERTENSIVE AGENTS

amlodipine/telmisartan
clonidine
clonidine transdermal
clonidine/chlorthalidone
guanabenz
guanfacine
hydralazine
methyldopa
methyldopa/hydrochlorothiazide
minoxidil
reserpine
Clorpres

MENTAL HEALTH

ANTIDEPRESSANTS

amitriptyline
amoxapine
bupropion
bupropion ext-rel
citalopram
clomipramine
desipramine
doxepin
duloxetine delayed-rel
escitalopram
fluoxetine
fluoxetine delayed-rel
fluvoxamine
imipramine HCl
imipramine pamoate
maprotiline
mirtazapine
nortriptyline
paroxetine HCl
paroxetine HCl ext-rel
phenelzine
protriptyline
sertraline
tranylcypromine
trazodone
venlafaxine
venlafaxine ext-rel

ANTIPSYCHOTICS

chlorpromazine
clozapine
fluphenazine
fluphenazine decanoate
haloperidol
loxapine
olanzapine
olanzapine orally disintegrating tabs
perphenazine
quetiapine
risperidone
thioridazine
thiothixene
trifluoperazine
ziprasidone

OSTEOPOROSIS

alendronate
calcitonin
calcitonin/salmon
ibandronate
raloxifene

PREVENTIVE CARE SERVICES

AGENTS FOR CHEMICAL DEPENDENCY

acamprosate calcium
buprenorphine sublingual
buprenorphine/naloxone sublingual
disulfiram
naltrexone
Depade

ANTI-OBESITY AGENTS

benzphetamine
diethylpropion
phendimetrazine
phentermine

SMOKING DETERRENTS

bupropion ext-rel
nicotine polacrifex
nicotine transdermal
Bupaban

Over-the-Counter (OTC) products require a prescription.
Coverage may vary by plan.

RESPIRATORY DISORDERS

RESPIRATORY AGENTS

budesonide suspension
cromolyn sodium
montelukast
zafirlukast

STROKE

ANTICOAGULANTS

warfarin
Jantoven

ANTICOAGULANTS/ PLATELET AGGREGATION INHIBITORS

clopidogrel
dipyridamole
enoxaparin
fondaparinux
ticlopidine

VARIOUS CONDITIONS

ANTI-MALARIAL AGENTS

atovaquone/proguanil
chloroquine
mefloquine

DENTAL CARIES PREVENTION

sodium fluoride

IMMUNOSUPPRESSIVE AGENTS

cyclosporine caps
mycophenolate mofetil
mycophenolate sodium delayed-rel
sirolimus
tacrolimus
Gengraf

WOMEN'S HEALTH

ANTIESTROGENS

tamoxifen

AROMATASE INHIBITORS

anastrozole
exemestane
letrozole

CONTRACEPTIVES

EE = ethinyl estradiol
ME = mestranol

LOW-DOSE MONOPHASIC PILLS

desogestrel/EE 0.15/30
drospirenone/EE 3/30
ethynodiol diacetate/EE 1/35
levonorgestrel/EE 0.1/20 and EE 10
levonorgestrel/EE 0.15/30
norethindrone acetate/EE 1/20
norethindrone acetate/EE 1/20 and iron
norethindrone acetate/EE 1.5/30
norethindrone acetate/EE 1.5/30 and iron
norethindrone/EE 0.4/35
norethindrone/EE 0.5/35
norethindrone/EE 0.8/25 chewable
norethindrone/EE 1/35
norethindrone/EE 1/50
norethindrone/ME 1/50
norgestimate/EE 0.25/35
norgestrel/EE 0.3/30

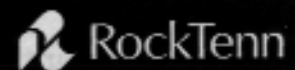
HIGH-DOSE MONOPHASIC PILLS

ethynodiol diacetate/EE 1/50
norgestrel/EE 0.5/50

Please note: This list represents branded generics in upper- and lowercase *italics*, and generic products in lowercase *italics*.

Some strengths or dosage forms may not be included in the Preventive Therapy Drug List and certain products or categories may not be covered, regardless of their appearance in this document. Please check with your plan provider should you have any questions about coverage. Additional medications may be included in this list from time to time in compliance with Affordable Care Act requirements and/or U.S. Internal Revenue System (IRS) guidance. This list includes medications considered preventive by the IRS; it may not include all preventive medications.

CCP-U AND HSAs



The Consumer Choice Plan (CCP-U) is considered a qualified high deductible health plan by the IRS. That means that, when you enroll in the CCP-U, you have access to a tax-favored Health Savings Account (HSA).

You may use funds in your HSA to pay for eligible medical, dental and vision expenses, including the CCP-U deductible and coinsurance. The account also provides you with the flexibility to choose when you spend the funds in it – you can decide to pay eligible expenses out-of-pocket rather than using your HSA funds and save those HSA dollars for future expenses instead. Because the account is always yours and rolls over year to year, HSAs are great for building resources for longer-term healthcare needs such as medical, dental and vision care coverage after you retire.

Getting Started: Enrolling in the HSA

When you enroll in the CCP-U, RockTenn contributes to your HSA. If you are covering yourself only through the CCP-U, RockTenn's full standard contribution is \$500. If you cover any dependents, RockTenn's standard contribution is \$1,000. However, for January 1, 2015 CCP-U enrollees, RockTenn is making a one-time additional contribution to your HSA of \$650 for employee-only coverage and \$1,300 if you cover dependents.

To build up your HSA, you may also contribute to it. Once you have enrolled in the CCP-U, you will be asked if you would like to add to your HSA by making your own pre-tax contributions to your HSA. If you enroll by phone, the customer service representative will ask you how much you would like to contribute for the year. If you enroll on the web, the HSA screen will be presented to you immediately after you make your election to participate in the CCP-U.

Note: Because of its tax-advantages, the IRS limits the amount of new contributions to your HSA annually. The total of your annual contributions – when combined with the company's contributions – cannot exceed the maximums shown in the chart on this page. That means you can contribute up to \$2,200 per year if you are single or \$4,350 if you are covering dependents to add to the 2015 RockTenn company contribution.

The contribution you elect will be divided by the total number of paychecks you receive for the year.

Building Your Account: Contributions

It is important to note that you can start, stop or change your HSA contributions at any time during the year. To make a mid-year change, call the BSC at 1-866-436-1768 or log on to the website and the change will be made within your next two paychecks.

HSA ^s AT A GLANCE	EMPLOYEE-ONLY CCP-U COVERAGE	OTHER CCP-U TIERS
CONTRIBUTING TO YOUR ACCOUNT		
Total regular contributions	Up to \$3,350/ year pre-tax	Up to \$6,650/ year pre-tax
Maximum employee contribution to HSA for 2015*	\$2,200	\$4,350
Company contribution to HSA**	\$500 (also one time only for January 1, 2015 enrollees an additional \$650)	\$1,000 (also one time only for January 1, 2015 enrollees an additional \$1,300)
Catch-up contributions	Up to \$1,000/year additional if you are age 55 or older	
MANAGING YOUR ACCOUNT		
Investing	Cash accounts under \$2,000 earn interest Amounts over \$2,000 can be invested in mutual funds, Investment earnings accumulate tax-free	
Rollovers	Account balance always belongs to you...it rolls over from year to year... it is yours to keep and use even if you leave RockTenn	

* If enrolled as of January 1, 2015.

**The full standard company contribution is made only if you are enrolled in the CCP as of January 1. A prorated amount may be contributed if you enroll during the year. The company contribution counts toward IRS allowed regular contributions (\$3,350 or \$6,650 annually).

Using Your Account: Distributions

When you decide to use money from your account, accessing it is easy. You can use these methods:

- The Health Saving Account Debit MasterCard®, which can be used just like a traditional MasterCard to pay for eligible expenses up to the current balance in your account. This card may be used anywhere MasterCard is accepted and at automated teller machines (ATMs) – fees may apply to withdraw cash to pay for eligible expenses.
- The checkbook feature, which allows you to write checks against your account. Checks are available through the administrator, Optum Bank for approximately \$10 for a book of 25 checks.
- Online bill payment, which pays providers directly from your account.

As long as you are using your account for eligible medical expenses, your withdrawals are not subject to federal taxes. RockTenn and your benefit administrators (UHC, CVS Caremark and Optum Bank) do not require documentation for what you are spending your HSA money on – but it is important to keep all receipts in case of an IRS audit.

You can use your HSA for a variety of eligible healthcare expenses, including:

- CCP deductible and coinsurance
- Dental plan deductible and coinsurance
- Vision plan co-payments
- Prescription drug costs
- Contact lenses, eyeglasses and laser eye surgery
- Hearing devices
- Orthodontia
- Smoking cessation classes and prescriptions
- Insurance premiums for Medicare (but not Medicare supplement insurance), COBRA coverage, certain long-term care coverage and health insurance while you are receiving unemployment

You may use HSA funds to pay for expenses that are entirely non-medical, but you have to pay income taxes on money used for non-medical expenses, and an IRS penalty applies if you use the money for non-medical expenses before you reach age 65. Currently, that penalty is 20%.

HSA Basics

- Money, from your paycheck or from the Company, is deposited into your account tax-free.
- Your account earns interest or can be invested to grow for you.
- Contributions and earnings accumulate in your account tax-free.
- Withdrawals for qualified medical expenses are not taxed.
- Your account is always there for you – funds do not have to be used every year.
- You own the account – it stays with you even after you leave the company or retire.

Growing Your Account: Investing

Contributions to your HSA are initially deposited into a cash account, which earns interest. Once the balance in your cash account reaches \$2,000, you can opt to transfer any amounts over \$2,000 to an investment account. Once you establish an investment account, you determine how the funds in it are invested through available mutual funds. All interest and investment earnings accumulate tax-free in your investment account. Keep in mind that, as long as your funds are in Optum Bank, they are FDIC insured; however, like all other investments, once your account contributions are invested in mutual funds, they are no longer insured and are subject to risk just as other investments would be.

**A limited number of employees are unable to participate in HSAs due to Medicare participation and other factors. If you are unable to participate in an HSA, you may be eligible to participate in a Health Reimbursement Account (HRA) through RockTenn. HRAs are similar to HSAs in that the company contributes to them on your behalf, and you may use HRA funds for eligible healthcare expenses while employed by RockTenn and enrolled in a CCP plan. HRA funds will roll over each year you are enrolled in the plan; however, you may not take funds with you when you leave RockTenn. If you are not eligible for an HSA, contact the BSC.*

Spouse Surcharge

RockTenn works hard to ensure our medical coverage remains competitive. One way to help balance costs is our spouse surcharge program.

If you are married and cover your spouse through RockTenn's medical plan, you may be required to pay an additional fee known as the "spouse surcharge." This fee is \$90 per month in addition to your regular paycheck deduction for medical coverage. If your spouse works and has access to medical coverage through his or her employer and enrolls for RockTenn medical coverage instead of his or her company's medical plan, you will pay the spouse surcharge.

There are exceptions. If one of the following applies, you will have the option to waive the spouse surcharge during your benefit enrollment:

- Your spouse's employer does not offer medical coverage.
- Your spouse is not eligible for medical coverage at his/her place of employment (for example, because he/she only works part-time).
- Your spouse is self-employed and has no medical coverage.
- Your spouse is not employed.
- Your spouse is enrolled in his/her company's medical coverage and enrolls in RockTenn coverage as a secondary coverage.*
- Your spouse is a RockTenn or RTS Packaging employee.

The spouse surcharge does not factor in the quality or cost of coverage at your spouse's employer. You should compare your spouse's available medical plan (coverage and cost) versus RockTenn's plan (coverage and cost, including the spouse surcharge) to determine which plan is right for your family.

The spouse surcharge will be effective January 1, 2015. The \$90 per month surcharge will be added to your regular paycheck deduction for medical coverage. You should begin considering your options and comparing the costs of the medical coverage available to your spouse if the surcharge applies to you.

RockTenn does not want you to have to pay the surcharge. We'd prefer working spouses to be covered by their employer's plans. Many employers have similar surcharge programs, or completely exclude spouses from coverage except by through coordinating as secondary coverage, all with the goal of controlling rising healthcare costs.

*Note that if your spouse is covered by Medicare, RockTenn is still primary and therefore, the spouse surcharge applies.

Wellness Program Highlights

- One of the very few, but most impactful, strategies we have to control health care cost increases is to improve or maintain our health. That is why RockTenn is willing to pay more of the health insurance premium for employees who are taking action toward good health. The Wellness program is run quarterly. You do activities during one quarter to lower your paycheck deductions the next quarter.
- Confidentiality matters. The program is administered by a third party, RedBrick Health, who does not provide any specific information back to RockTenn other than how much we should reduce your paycheck deductions by each quarter. RedBrick Health does not report what activities you did, only the total points earned.
- When you participate in wellness activities, you can earn up to 150 points per quarter. These points are applied directly to your medical plan premiums and reduce the amount you pay for medical coverage each paycheck. If you do not participate in any wellness activities, your paycheck deductions for the quarter will be \$150 higher than they otherwise would be (approximately \$11.54 per paycheck). You will get full credit for anything you do – so if you only earn 80 points during the quarter, your paycheck deductions would only be \$70 higher during the quarter instead of \$150.
- You are not required to participate in the wellness program – it is voluntary. However, if you participate in the wellness program, you pay less for medical coverage.
- You do not have to be in perfect health (or even close to it) to earn all wellness points each quarter. The focus is on participation.

Examples of wellness activities you can complete to earn points are listed in the chart below:

ACTIVITY	POINTS EARNED
Take a health assessment annually. The health assessment form is available online, by paper or by phone. You have to take the health assessment once a year before any other points can be earned.	20 (Once each wellness year)
Respond to the tobacco use question on your health assessment annually or enroll in a smoking cessation program.	40 points per quarter after completing Health Assessment (Once each wellness year)
Complete biometric screenings. Biometric screenings measure cholesterol levels, blood pressure, BMI, etc. You may complete your biometric screenings at a RockTenn-sponsored health fair (where available), your doctor's office or a retail clinic, such as those in certain Wal-greens or Target stores.	55 (Once each wellness year)
Track physical activity. You can earn activity points for everyday activities such as walking the dog, as well as through activities such as running and biking. Be sure to track your activity points online through RedBrick Health's Boost Activity Tracker.	2 points/30 minutes/day; up to a maximum of 90 points per quarter
Complete a RedBrick Journey- program online. RedBrick Journeys™ is a program that focuses on specific health topics. You can select a topic and receive information in fun, bite-sized formats, such as videos. Some of the subjects include: Get Active, Diabetes Life, Eat Healthier, Stress Less, Sleep Well, Be Tobacco Free, Weigh Less and Healthy Back.	Up to 60 points per Journey
Enroll and participate in a phone coaching program. Once you complete your health assessment, a personalized plan can be created for you. Based on the results of your plan, a health coach may be assigned to work directly with you to help you reach your health goals.	Up to 140
Healthy Measures. If your blood pressure, cholesterol and/or BMI are in the healthy target you can earn 15 points per health measure per quarter. You can also earn these incentive points if you improve your measures year over year.	15/measure/quarter
Plant Specific programs. Earn points for participating in a plant sponsored wellness seminar or weight watchers program.	35 points
Care Management. Earn points for participating in a United HealthCare Care Management program.	25 points
Rollover Points. Roll over up to 35 points per quarter.	Each quarter during the wellness year

Participation would start September 16, 2015 to earn incentives that will reduce your medical plan paycheck deductions effective January 1, 2016.

United HealthCare and CVS Caremark Network Information

United Healthcare (UHC) is the current medical plan administrator for RockTenn. RockTenn's Consumer Choice Plan (CCP-U) option offers benefits both in and out of the provider network; though in network costs are much lower for you. The provider network that supports the RockTenn CCP plan is the "UHC Choice Plus Provider Network". Visit www.myuhc.com; click on the "Find Physician, Laboratory or Facility link" and select the UHC Choice Plus provider network option for a list of all participating providers.

CVS Caremark is the current pharmacy benefits administrator. Although CVS pharmacies are part of the network, so are many other large chains such as Walgreen's, Rite Aid, Kroger, Publix and many small local pharmacies. For details on all retail pharmacies in the CVS Caremark network, please contact CVS at 1-877-330-9274.

Preventive Care

Preventive care can help you detect and address potential health issues early. RockTenn – not an insurance company or the federal government – pays 100% of the cost of preventive care when you use in-network providers. With the Consumer Choice Plan (CCP-U), your in-network preventive care is 100% covered and you do not have to meet a deductible or pay coinsurance, just like all other plans offered by RockTenn.

Examples of covered preventive care include:

- Doctor's office visits, such as annual physicals and annual age and gender-appropriate cancer screenings
- Immunizations, both for children and adults
- Annual flu shots

If you are not taking advantage of your preventive care coverage, why not find a doctor and schedule a visit today? Cancer, heart disease and many other chronic conditions may start small and become more serious problems over time. Detecting such conditions early is often critical to successfully treating and managing them. And with your CCP-U benefits, you can have a preventive care visit without fear of a big medical bill.

It is important to note that not everything that looks like preventive care actually is. For instance, if your doctor asks you to return to his or her office for a follow-up visit to review your test results after your regular preventive care visit, the follow-up visit is not considered preventive care and, therefore, is not 100% covered. Similarly, if your doctor refers you to a specialist after your initial annual preventive care visit, visits to the specialist would not be considered preventive care and, therefore, would not be 100% covered.

Find Out More

To better understand your preventive care coverage, visit United HealthCare's online preventive care site at <http://www.uhcpreventivecare.com>

A Word about Prescription Drugs

With the CCP-U, most prescription drugs are covered at 90% in-network AFTER you meet the deductible. However, **generic** medications that are considered preventive care, such as cholesterol lowering drugs and blood pressure pills, are covered at 90% in-network with NO deductible.

2015 Dental Plans

	Traditional Plan In-Network	NEW Traditional Plus Plan In-Network	UCCI In-Network
General Plan Information			
Annual Deductible (Individual)	\$50 each person	\$50 each person	N/A
Annual Deductible (Family)	N/A	N/A	N/A
Deductible Waived - Diagnostic & Preventive	Yes	Yes	Yes
Deductible Waived - Orthodontics	Yes	Yes	Yes
Annual Maximum Per Person	\$1,000	\$2,000	\$1,500
Lifetime Orthodontic Maximum Per Person	\$1,000	\$2,000	\$1,500
Professional			
Diagnostic & Preventive	100%	100%	100%
Basic Restorative	80%	80%	100%
Major Restorative	50%	50%	50%
Orthodontics			
Orthodontics	50%	50%	50%
Orthodontic Covers	Dependent Children Only	Adults & Dependent Children	Adults & Dependent Children
2015 Total Premium			
Employee	Total Monthly Premium \$24.70	Total Monthly Premium \$34.29	Total Monthly Premium \$82.17
Employee + Spouse	Employee Monthly/Weekly \$12.35 / \$2.85	Employee Monthly/Weekly \$21.49 / \$5.06	Employee Monthly/Weekly \$0
Employee +Child(ren)	\$51.78	\$70.67	\$82.17
Family	\$53.92	\$74.99	\$82.17
	\$87.19	\$120.85	\$82.17
	\$43.59 / \$10.06	\$77.26 / \$17.83	\$0

Above summaries are for in-network benefits only. This is a summary only. Full and complete details are found in the Summary Plan Description.

2015 Vision Plans

	Master - VSP In-Network	UCCI In-Network
General Plan Information		
Regular Eye Exam	100% after \$10 copay	N/A
Contact Exam	100% up to \$55	N/A
Frames (every 24 months)		
Frames	100% up to \$150	100% up to \$60 Allowance
Exclusive Collection - Fashion		100%
Exclusive Collection - Designer		100% after \$20 copay
Exclusive Collection - Premier		100% after \$40 copay
Lenses		
Single vision	100%	100%
Bifocal	100%	100%
Trifocal	100%	100%
Lenticular	100%	100%
Contact Lenses		
Single vision	Up to \$125	Up to \$75
Bifocal	Up to \$210	100%
2015 Total Premium		
Employee	Total Monthly Premium	Employee Monthly
Employee + Spouse	\$5.35	\$5.35
Employee +Child(ren)	\$10.70	\$10.70
Family	\$11.44	\$11.44
	\$18.30	\$18.30
<p>Above summaries are for in-network benefits only. This is a summary only. Full and complete details are found in the Summary Plan Description.</p>		

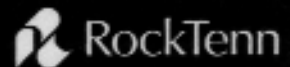
VISION BENEFITS



RockTenn provides eligible employees with access to vision benefits through VSP, which has more than 26,000 doctors participating in its national network. That means it is easier than ever to find providers who are in-network – and take advantage of the lower costs and higher benefits you'll receive. You can find participating VSP providers at both independent doctor's offices and some major retailers such as Costco, Eye Care Centers of America, Vision Works and Vision World.

	VSP Network Providers	Non-VSP Network Providers
Exams (dilation included; covered once every 12 months)		
Regular eye exam	100% after \$10 co-pay	Up to \$55 allowance after \$10 co-pay
Contact lenses exam	Covered up to \$55	Included in allowance shown below
Frames (any available frame; covered once every 24 months)		
Frames	Up to \$150 allowance	Up to \$70 allowance
Standard plastic lenses (covered once every 12 months)		
Single vision	100%	Up to \$50 allowance
Bifocal	100%	Up to \$70 allowance
Trifocal	100%	Up to \$90 allowance
Lenticular	100%	Up to \$125 allowance
Contact lenses (covered once every 12 months)		
Elective	Up to \$125 allowance	Up to \$125 allowance
Medically necessary	Up to \$210 allowance	Up to \$210 allowance

LIFE INSURANCE BENEFITS



RockTenn provides eligible employees with the option of purchasing voluntary life insurance for yourself, your spouse and your dependent children. Costs vary based on age, employee tobacco use and the amount of coverage you purchase.

Eligible employees can enroll in this coverage as a new hire, during the annual benefits Open Enrollment period or following an eligible family status change. You may purchase employee coverage, up to seven times your annual base pay (\$2 million maximum). Coverage exceeding \$500,000 is subject to Evidence of Insurability (EOI). You can enroll for \$25,000 or increase your coverage by one level without EOI, up to the guaranteed issue amount of \$500,000, at each annual Open Enrollment period (or if you have a family status change). Increases in excess of one increment are allowed, but are subject to EOI.

If you elect new coverage or increase your coverage for voluntary life or disability during Open Enrollment, you must be actively at work on January 1 for that election to take effect. If you are not actively at work on January 1, the election will not take effect until you have returned to an active status for at least one day.

If both you and your spouse work for RockTenn/RTS, you may not also elect spouse voluntary life coverage under your husband or wife's plan; and only one spouse may purchase dependent child coverage through RockTenn.

The chart highlights available coverage amounts for eligible employees and your dependents. The Benefit Service Center offers an online tool that can help you determine how much voluntary life insurance you need. Your coverage is portable; if you leave RockTenn, you may convert your coverage to an individual policy.

Coverage	Amount
Employee coverage Supplemental life insurance is limited to seven times annual pay	\$25,000 to \$2 million (maximum \$2 million)
Spouse coverage Not to exceed 100% of employee's base and voluntary life coverage; spouse coverage in excess of \$150,000 guaranteed issue limit requires evidence of insurability.	\$20,000 to \$300,000
Dependent child coverage Age six months to age 26	Available in three amounts: \$5,000, \$10,000 or \$15,000

Note: You are always the beneficiary for spouse and/or child coverage. If you choose child coverage, all of your children will be covered for one premium.



EMPOWERING YOUR CHOICES

A PARTICIPANT'S GUIDE
TO THE CONSUMER
CHOICE PLAN (CCP-U)



WELCOME TO THE CONSUMER CHOICE PLAN

The Consumer Choice Plan (CCP-U) with Health Savings Account (HSA) offers an outstanding combination of features that provide you with comprehensive, cost-effective medical coverage. It delivers quality, value and flexibility in a combination designed to help you meet a variety of needs.

This guide will help you use the features of the CCP-U and HSA to your best advantage.

- CCP-U benefits are highlighted starting on page 2, where you can review information about the annual deductible, covered services and the out-of-pocket maximum, along with information about UnitedHealthcare (UHC), our administrator for the plan.
- HSAs, which offer a tax-advantaged way to set aside funds for future medical expenses, are highlighted starting on page 4.
- Pharmacy benefits are highlighted on page 7, along with information about CVS Caremark, our prescription drug plan administrator.
- Answers to frequently asked questions, and resources for getting answers to your additional questions, are highlighted starting on page 8.

Whether you want to use the CCP-U and an HSA to minimize your current healthcare expenditures or prepare for long-term needs, you can customize your participation appropriately. However you decide to use your CCP-U coverage, get the facts – because it's always smart to make informed decisions.



Jennifer Graham-Johnson
Executive Vice President, Human Resources

Consumer Tips To Start You Off Right

Your medical coverage through the Consumer Choice Plan (CCP-U) is designed with quality, value and flexibility in mind. It's one of the ways that RockTenn delivers the total package when it comes to your employee benefits. Here are some tips to make the CCP-U work for you.

- 1 Stay in-network.** Out-of-network care can cost you a lot more money. It is subject to a separate (and higher) annual deductible and out-of-pocket (OOP) maximum. UnitedHealthcare (UHC) has an extensive network of providers to give you easy access to care and help control costs.
- 2 Always show plan ID cards.** Make sure your deductible is appropriately tracked and any applicable discounts are credited by showing your plan ID cards every time you get services. Use your UHC ID card for medical services and your CVS Caremark ID card for pharmacy benefits.
- 3 Take advantage of preventive care.** Preventive care helps address health risks and is 100% covered in-network with no deductible. Be sure your doctor codes preventive care appropriately. Claims coded incorrectly are not paid at 100% and are subject to the deductible. Correcting the error may take time and effort.
- 4 Use your pharmacy benefits wisely.** Have your prescriptions filled with generics and use the CVS Caremark mail order program or CVS retail store for 90-day maintenance drug fills. Check the CVS Caremark website (www.caremark.com) to see your drug costs, alternatives and savings tips.
- 5 Maximize your Health Savings Account (HSA).** In addition to providing you with a tax advantage, your HSA is always yours – the funds in it roll over each year. Build it by making pre-tax contributions from your paycheck in addition to the company contributions you receive. Remember, you own your account even if you leave RockTenn and you can start, stop or change contributions anytime throughout the year by contacting the RockTenn Benefit Service Center (BSC).
- 6 Use your plan tools and resources to get help.** UHC tools, found online at www.myuhc.com, include a cost estimator, which compares prices of certain procedures and a program to identify high quality, cost effective providers. A useful preventive care tool is also available at <http://www.uhcpreventivecare.com/>.
- 7 Call before you get care.** Sometimes you do not need to be seen by a doctor to address your health issue. Call your doctor's office or nurse advice line first. It may save you time and money.
- 8 Review your UHC health statements before paying bills.** Never pay a provider bill without comparing it to your UHC health statement, which shows your financial responsibility. And never pay providers more than the amount shown on your UHC health statement. Contact UHC if you discover any discrepancies.
- 9 Ask questions.** If you have questions about your care, don't be in the dark: Ask your doctor whatever you need to know. Also, you may contact UHC for questions about claims payments, appealing denied claims, treatment options, etc. CVS Caremark is also available to answer your prescription drug questions.
- 10 Talk to your doctor.** Make sure your doctor knows any health issues you are experiencing, as well as any medications you are taking. And if you have any questions or concerns, talk them over with your doctor.

Highlights of Your Medical Coverage

The Consumer Choice Plan (CCP-U) is a comprehensive medical plan with low employee paycheck deductions. Your coverage features great in-network benefits, and an out-of-pocket maximum limits your exposure to high costs – and the CCP-U qualifies as a high-deductible medical plan under federal rules, which means you can take advantage of a tax-preferred Health Savings Account (HSA).

	EMPLOYEE-ONLY COVERAGE		OTHER COVERAGE TIERS	
	In-network	Out-of-network	In-network	Out-of-network
PLAN FEATURES				
Annual deductible	\$1,300	\$3,300	\$2,600	\$6,900
Out-of-pocket maximum	\$2,500	\$5,000	\$5,000	\$10,000
PHYSICIAN SERVICES				
Office visits	90% after deductible	60% after deductible	90% after deductible	60% after deductible
Preventive care	100% no deductible	60% after deductible	100% no deductible	60% after deductible
HOSPITAL SERVICES				
Inpatient	90% after deductible	60% after deductible	90% after deductible	60% after deductible
Outpatient	90% after deductible	60% after deductible	90% after deductible	60% after deductible
Emergency room	90% after deductible	90% after deductible	90% after deductible	90% after deductible
PRESCRIPTIONS				
Generic	90% after deductible	60% after deductible	90% after deductible	60% after deductible
Generic Preventive care	90% no deductible	60% after deductible	90% no deductible	60% after deductible
Formulary	90% after deductible	60% after deductible	90% after deductible	60% after deductible
Non-formulary	90% after deductible	60% after deductible	90% after deductible	60% after deductible
SPECIAL FEATURES				
Health Savings Account	Add up to \$3,350/year pre-tax* (includes RockTenn contribution)		Add up to \$6,650/year pre-tax* (includes RockTenn contribution)	

* Includes RockTenn contribution. An additional \$1,000 per year may be contributed to the HSA as "catch-up contributions" for CCP-U participants age 55 or older.

The Deductible

Except for covered in-network preventive care, you must meet the deductible before the plan starts paying benefits. The in-network deductible is:

- \$1,300 if you enroll for employee-only coverage, and
- \$2,600 if you enroll for any of the other coverage tiers.

If you cover dependents, the \$2,600 deductible can be satisfied by one person or any combination of covered family members. There is no individual deductible if your coverage includes dependents.

It's important to stay in-network for your medical care. The plan has a separate deductible for out-of-network expenses. That means in-network expenses DO NOT count toward the out-of-network deductible, and out-of-network expenses DO NOT count toward the in-network deductible.

Your provider may or may not require a payment at the time you receive services. You should make any required payments. You have a choice of using your HSA funds (which you can access by debit card or check) or paying directly and saving your HSA for future eligible expenses.

After your visit, your doctor will submit a claim to UnitedHealthcare. UHC will verify negotiated rates, and send both you and your doctor a health statement that details the doctor's charges, the amount paid by the plan and your payment responsibility. Make sure the amount listed as your payment responsibility on the UHC health statement and any billed charges you receive(d) directly from your doctor match.

Consumer Tip

The CCP-U is a smart choice. From those with few health issues to those with many healthcare needs, the CCP-U works.

UHC's Network

UHC, our plan administrator, has an extensive network of doctors, hospitals and other healthcare providers available to provide in-network care.

By using network providers, you benefit from their preferred cost arrangements with UHC. So even if you are still meeting your deductible, you are only responsible for paying the provider's discounted rate under their contract with UHC.

Finding in-network providers is easy – simply use the provider locator search feature available at www.myuhc.com. Look for ChoicePlus network providers (or Options PPO providers if you are in the passive CCP-U offered at certain locations).

MYUHC.COM

Myuhc.com is a secure members only website portal that allows you to customize your healthcare profile and find the providers, services and tools you need. You must register online to access the customizable portion of this site.

To register, enter your name, date of birth and the UHC member ID and plan numbers (found on your UHC member ID card) in the appropriate fields. The system will prompt you to enter a new user name and password.

Once you enter the site, you have access to a number of tools, including the provider locator, hospital comparison feature and cost estimator tool. You can also see your HSA balance.



Health Savings Accounts*

BASICS

Health Savings Accounts (HSAs) give you a tax-advantaged way to pay for eligible medical expenses, along with the flexibility to choose when you want to use your account.

- Money is deposited into your account tax-free.
- Your account earns interest or can be invested to grow for you.
- Contributions and earnings accumulate in your account tax-free.
- Withdrawals for qualified medical expenses are not taxed.
- Your account is always there for you – funds do not have to be used every year.
- You own the account – it stays with you even after you leave the company or retire.

You can use your account to pay for current medical expenses like the CCP-U deductible and co-insurance, or leave your account to grow so it will be there for later expenses like healthcare needs after you retire.

Only participants in qualified high deductible medical plans – such as our CCP-U – can establish and contribute to HSAs. You can use your account to help meet the CCP-U deductible, and HSAs are also great for building resources for longer-term healthcare needs such as medical, dental and vision care coverage after you retire.

BUILDING YOUR ACCOUNT: CONTRIBUTIONS

You can deposit up to an IRS-determined maximum to your HSA each year. For 2015, the maximum is \$3,350 if you are enrolled for employee-only coverage, and \$6,650 if you are enrolled in any other CCP-U coverage tier (employee + spouse, employee + children, employee + family). The RockTenn contribution to your HSA counts toward this maximum.

If you are age 55 or older, the IRS also allows you to contribute up to \$1,000 more as a catch-up contribution.

All your contributions to your HSA by payroll deduction are made on a pre-tax basis, saving you federal and state income taxes (except in Alabama, California and New Jersey) and FICA taxes. You may also make lump sum deposits on an after-tax basis, which may be deductible on your tax return.

It is important to note that you can start, stop or change your HSA contributions at any time during the year. To make a mid-year change, call the BSC at 1-866-436-1768 and the change will be made by the first day of the following month.

**A limited number of employees are unable to participate in HSAs due to Medicare participation and other factors. If you are unable to participate in an HSA, you may be eligible to participate in a Health Reimbursement Arrangement (HRA) through RockTenn. HRAs are similar to HSAs in that the company contributes to them on your behalf, and you may use HRA funds for eligible healthcare expenses while employed by RockTenn and enrolled in a CCP-U plan. HRA funds will roll over each year you are enrolled in the plan; however, you may not take funds with you when you leave RockTenn. If you are not eligible for an HSA, contact the BSC.*

HSAs AT A GLANCE

CONTRIBUTING TO YOUR ACCOUNT

	EMPLOYEE-ONLY CCP-U COVERAGE	OTHER CCP-U TIERS
Regular contributions	Up to \$3,350/year pre-tax	Up to \$6,650/year pre-tax
Company contribution to CCP-U**	\$500 (also, for January 1, 2015 enrollees, an additional one-time only contribution of \$650)	\$1,000 (also, for January 1, 2015 enrollees, an additional one-time only contribution of \$1,300)
Catch-up contributions	Up to \$1,000/year additional if you are age 55 or older	

MANAGING YOUR ACCOUNT

Investing	Cash accounts under \$2,000 earn interest	
Rollovers	Accounts over \$2,000 can be invested in mutual funds. Investment earnings accumulate tax-free	
	Account balance always belongs to you...it can roll over from year to year...it is yours to keep and use even if you leave RockTenn	

** The full standard company contribution is made only if you are enrolled in the CCP-U as of January 1. A prorated amount may be contributed if you enroll during the year. The company contribution counts toward IRS-allowed regular contributions (\$3,350 or \$6,650 annually).

USING YOUR ACCOUNT: DISTRIBUTIONS

When you decide to use money from your account, accessing it is easy. You can use these methods:

- **The Health Saving Account Debit MasterCard®**, which can be used just like a traditional MasterCard to pay for eligible expenses up to the current balance in your account. This card may be used anywhere MasterCard is accepted. It can also be used at automated teller machines (ATMs) – fees may apply to withdraw cash to pay for eligible expenses.
- **The checkbook feature**, which allows you to write checks against your account. Checks are available through the administrator, Optum Bank. (The check order fee is \$10 for a book of 25 checks).
- **Online bill payment**, which pays providers directly from your account. From myuhc.com, click Health Saving Account from the left navigation bar, then click the link that says Access Account and Bill Pay.

As long as you are using your account for eligible medical expenses, your withdrawals are not subject to federal taxes. RockTenn and your benefit administrators (UHC, CVS Caremark and Optum Bank) do not require documentation for what you are spending your HSA money on – but it is important to keep all receipts in case of an IRS audit.

It is also important to remember that your account balance is limited; you may only use the distribution features (debit card, check writing and online bill payment) for amounts up to your total account balance. You may not charge or spend more than your account balance. Go online to myuhc.com and select Account Balances on the home page or call the number on the back of your HSA debit card for current account balance information.



Consumer Tip

To request additional HSA debit cards for enrolled family members, call the member services number listed on the back of your HSA debit card. Press "0" to speak to a customer service representative.

You can use your HSA for a variety of eligible healthcare expenses, including:

- CCP-U deductible and coinsurance
- Dental plan deductible and coinsurance
- Vision plan co-payments
- Prescription drug costs
- Contact lenses and eyeglasses
- Laser eye surgery
- Hearing devices
- Orthodontia
- Smoking cessation classes and prescriptions

You can also use your account to pay premiums for:

- Your health insurance if you are eligible for Medicare (but not Medicare supplement insurance)
- COBRA coverage or other continuation coverage provided under federal law
- Certain long-term care coverage
- Health insurance while you are receiving unemployment compensation

You may use HSA funds to pay for expenses that are entirely non-medical, but you have to pay income taxes on money used for non-medical expenses, and an IRS penalty applies if you use the money for non-medical expenses before you reach age 65. Currently, that penalty is 20%.

For a complete list of eligible expenses, go online to www.irs.gov and look for IRS Publication 502.



GROWING YOUR ACCOUNT: INVESTING

Contributions to your HSA are initially deposited into a cash account, which earns interest. Once the balance in your cash account reaches \$2,000, you can opt to transfer any amounts over \$2,000 to an investment account.

Once you establish an investment account, you determine how the funds in it are invested through available mutual funds. All interest and investment earnings accumulate tax-free in your investment account.

Your investment account can grow tax-free for as long as you want. The money in it is yours – it does not have to be used within any particular timeframe, and you do not lose your account even if your employment with RockTenn ends.

In fact, one way many people use the HSA is to save for medical costs after retirement. You don't have to use your HSA when you incur expenses that apply to the deductible. If you can pay the deductible without using your HSA, the money in your investment account will simply continue to accumulate and grow.

Note that your HSA debit card can only be used to access funds in your cash account. If you need to access funds in excess of your cash account balance, you will need to transfer funds from your investment account to your cash account.

HSA ONLINE SERVICES

Once you log on to myuhc.com, you can access your account balance. You can also:

- Review recent transactions
- View and download monthly statements
- Manage online profile
- Manage HSA investments
- Pay bills
- View service and product information
- Transfer funds from your cash account to an investment account

You may also call Optum Bank using the number on the back of your HSA debit card at any time for your account balance, and Optum Bank will mail you monthly account balance statements upon request.

HSA TAX REPORTING

The IRS requires that Optum Bank, as our HSA administrator, report HSA account activity to you and the IRS each year. Therefore, you can expect to receive the following forms for your tax reporting.

- **Form 1099-SA:** This form reflects any HSA withdrawals or distributions you received. If you did not make any withdrawals from your HSA, you will not receive this form.
- **Form 5498-SA:** This form reflects your HSA contributions. Forms are mailed annually in mid-May.

You should complete IRS Tax Form 8889-Health Savings Accounts, and attach it to your form 1040 when you file your annual income tax return. You can access and print Form 8889 from the IRS website, www.irs.gov.

HSA payroll deductions (including any employer contribution) will be recorded on your W2 under box 12 and coded as 'W'. You are required to enter your plan deductible information on Form 8889. For more information or assistance on HSA tax reporting, contact your tax advisor.

Preventive Care

The CCP-U pays 100% of the cost of preventive care that you receive from in-network providers, with no deductible or co-pays. Based on your age and gender, preventive care includes:

- Well-Child Care, including immunizations;
- Adult physical exams for employees;
- Routine gynecological exams;
- Mammograms;
- Cancer screenings (Pap test, prostate exam, colorectal screening); and
- Other appropriate health screenings based on your age and gender.

It is important to note that not everything that looks like preventive care actually is. For instance, if your doctor asks you to return to his or her office for a follow-up visit to review your test results after your regular preventive care visit, the follow-up visit is not considered preventive care and, therefore, is not 100% covered. Similarly, if your doctor refers you to a specialist after your initial annual preventive care visit, visits to the specialist would not be considered preventive care and, therefore, would not be 100% covered. UHC provides a helpful guide to preventive care services at <http://www.uhcpreventivecare.com>.

If you are not taking advantage of your preventive care coverage, why not find a doctor and schedule a visit today? Cancer, heart disease and many other chronic conditions may start small and become more serious problems over time. Detecting such conditions early is often critical to successfully treating and managing them. And with your CCP-U benefits, you can have a preventive care visit without fear of a big medical bill.

To get the most out of your annual exams and other preventive care visits, jot down any questions or new concerns you may have prior to your office visit so that you can be sure to get all your answers. Also, remember to bring your health history record and any important information – especially if you haven't been to the doctor in awhile.

Pharmacy Benefits

With your CCP-U medical coverage, benefits for prescription drugs are included. CVS Caremark administers the prescription drug program. Through the program, you have access to both retail coverage (in or out of the CVS Caremark provider network) and mail order coverage (in-network only).

If you have in-network pharmacy expenses, please note that CVS Caremark claims are reported to UHC immediately to track against the CCP-U deductible. Out-of-network claims are reported as soon as possible after they are processed by CVS Caremark. Most prescriptions are subject to the deductible. **Only generic preventive drugs are not subject to the deductible.** Otherwise, you are required to pay the full cost of your prescription up to the deductible at the time you fill it at your retail pharmacy. There are no co-pays with this plan.

! Your prescription is subject to a deductible. You are required to pay the full cost of your prescription up to the deductible at the time you fill it at your retail pharmacy. There are no co-pays with this plan.

Remember to show your CVS Caremark ID card when you fill your prescription. If you have questions about your pharmacy coverage, visit www.caremark.com or call 1-877-330-9274.

Prescriptions Can Be Pricey

For some people, finding out that the deductible applies and then learning the true cost of a prescribed medication can be a shock at the pharmacy checkout counter.

You can find out the full cost of your prescriptions – before you get to the cash register. Just visit the CVS Caremark website:

1. Go to www.caremark.com.
2. Log in and click on the “Find Savings and Opportunities” tab at top of the page.
3. Look for the “Drug Cost and Coverage” tab on the right hand side of the screen; click on it.
4. Scroll down to “Check Coverage and Cost,” and click on “Search for a Drug.” You will see the cost you can expect to pay at the pharmacy. If there is a mail-order option for your prescription, this cost will also be shown.

Use this tool so that there are no surprises when you get to checkout. For maintenance medications, you can also use this tool to plan to fill prescriptions over time instead of all at once. You can also use the CVS Caremark website to:

- Refill your prescriptions, both for retail pharmacy pick-up and mail order distribution
- Check drug interaction information
- Ask questions through the online “Ask-A-Pharmacist” tool
- Find pharmacy locations

Advocacy Is Available

The Aon Hewitt Advocacy Services program, which operates through the Benefit Service Center, is available to help you with your benefits needs, including helping you understand your medical plan benefits and how to use them. Your advocate can also help resolve healthcare billing issues; locate doctors, hospitals and other healthcare providers; and offer tips and tools to help you become a more informed, effective healthcare consumer. To begin using Advocacy Services, contact the BSC at 1-866-436-1768, between 8 a.m. and 6 p.m. Eastern time, Monday through Friday. Or, you can go online to www.aonhewittadvocacy.com and click "Get Help."

Frequently Asked Questions

How can I contribute to my HSA? You can fund your HSA through before-tax payroll deductions, or you can make lump sum contributions on an after-tax basis by check or through electronic transfer. If you make after-tax contributions, you will need to record them on the 8889 tax form to include with your federal tax return.

Who can contribute to my account? Your HSA can be funded with your own contributions and the RockTenn contributions for which you qualify. The company contributes an amount equal to approximately 38% of the annual deductible to your HSA if you are enrolled as of January 1.

Can my spouse make contributions to my HSA? No. The HSA associated with your CCP-U participation is for the RockTenn contributions you receive and the contributions you make. Your spouse may be eligible to establish his or her own HSA and make contributions up to IRS maximums.

Can I change my payroll deduction for HSA contributions during the year? Yes. You are not required to have the same amount deducted for your HSA contributions throughout the year; you can start, stop or change your HSA contributions at any time depending on your needs. Contact the Benefit Service Center (BSC) at 1-866-436-1768 to request a change in payroll contributions. Changes are reflected by the first day of the following month after the changes are received.

How is my HSA invested? If your account balance is less than \$2,000, it

is placed in a cash account and earns interest. If your account balance exceeds \$2,000, you can direct amounts over \$2,000 to an investment account, and you may choose from a selection of mutual funds. You can leave the funds in your cash account. Interest and investment earnings accumulate tax-free. To transfer funds to an investment account, access your account via the UHC website (myuhc.com); or call Optum Bank using the phone number on the back of your HSA debit card.

When can I use my HSA? You can use the money in your account for claims incurred on or after the date you first opened the account.

How do I withdraw money from my HSA? You can access your account with the debit card that is provided to you after enrollment. Use the debit card as you would a traditional MasterCard or use it to access cash from your HSA at ATMs. You can also purchase HSA checks or use the online bill pay feature.

Can I use my HSA for purposes other than healthcare? Yes, but you will pay income taxes – plus a 20% tax penalty if you are younger than age 65 – on withdrawals that are not for qualified healthcare expenses.

Can I borrow against the money in my HSA? No. Loans are not available; you can only access the funds that are in your account. Once funds from your account are distributed, they can only be replaced by future contributions to your account, as long as you are enrolled in a qualified high deductible healthcare plan, within the annual limits.

What fees are charged against my account? While you are an active employee, RockTenn pays the monthly administrative fee on your behalf. There are also various fees that are charged for services such as the use of debit cards at ATMs and check fees, which you are required to pay. Please consult the website for more information.

What happens to my HSA when I die? If you are married and have an account balance when you die, your spouse becomes the owner of your account and it remains tax protected. If you are not married, your account becomes taxable to your beneficiary and is no longer considered an HSA. Log on to myuhc.com to add or update your beneficiary information.

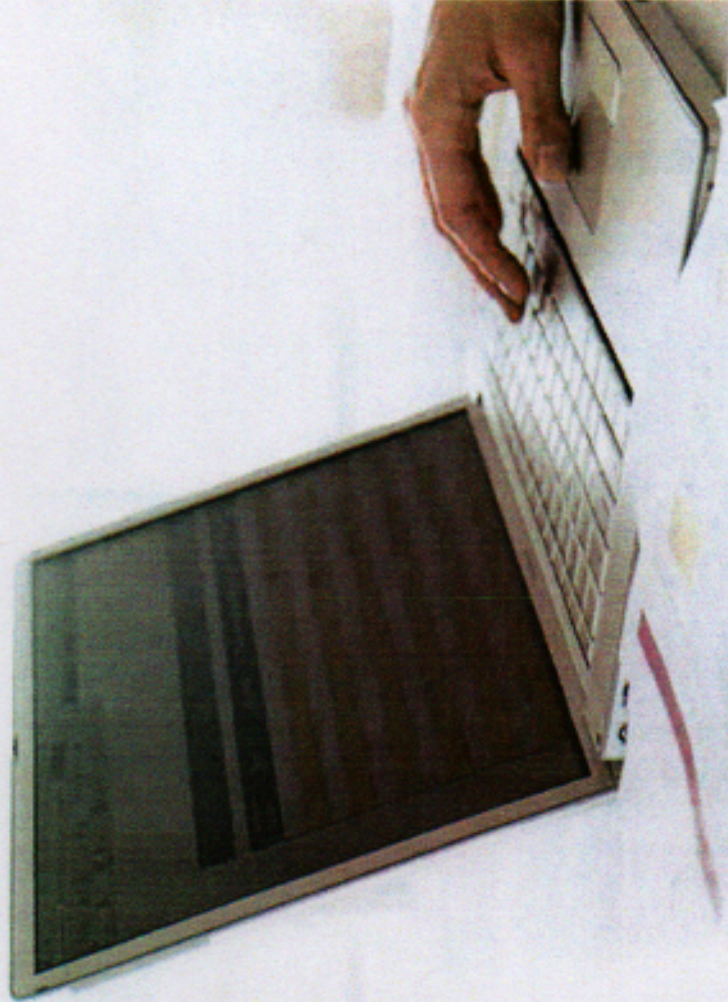
Can I have an HSA and a Healthcare Flexible Spending Account (FSA)? You may participate in a limited-use Healthcare FSA, which allows FSA reimbursements for vision and dental expenses until you meet the CCP-U deductible. Once your medical expenses meet the CCP-U deductible, your Healthcare FSA can be converted from a limited-use account to a regular account, and used for eligible medical expenses as well.

Why would I want both an HSA and a limited-use Healthcare FSA? You could use both types of accounts to maximize tax advantages and leave more money in your HSA. Healthcare FSAs must be used in full within allotted timeframes; unused HSA money rolls over from year to year. Managing both an HSA and a limited-use FSA can be complicated; be sure you understand how this works. If you have questions, call the BSC.

Can I roll over funds from another HSA to my account with RockTenn? Yes, you can make a tax-free rollover of funds from one HSA to another. Go online to myuhc.com and click on Health Savings Account or call the member services number on the back of your ID card for roll over information.

Do I have to keep my HSA with Optum Bank? In order to receive the employer contribution to your HSA, make payroll contributions and have RockTenn pay the monthly fee for your HSA, you must open and maintain an Optum Bank HSA. If you prefer to make lump sum contributions to your account and to give up the employer contribution, you do not have to maintain your account with Optum Bank. You may open an account with any other institution or roll the funds into an existing HSA.

What happens if I terminate my employment with RockTenn? Once your employment with RockTenn is terminated, you have the option of leaving your HSA with Optum Bank or rolling the funds into a new HSA or a new employer's HSA. You will be charged a monthly fee to maintain your account with Optum Bank. Remember, if you are no longer covered by a high deductible health plan such as the CCP-U, your maximum allowable contribution to your HSA is prorated based on months of eligibility.



Contacts

Contact	Phone	Online
RockTenn Benefit Service Center (BSC)	1-866-436-1768	benefits.rocktenn.com
UnitedHealthcare (UHC) Member Services	1-800-228-7219	www.myuhc.com
CVS Caremark	1-877-330-9274	www.caremark.com



WOULD YOU LIKE TO KNOW MORE?

You can review your Summary Plan Description (SPD) for additional coverage details. Go to the plan information page on the BSC website at benefits.rockwell.com to view or download your SPD. Or call the BSC at 1-866-436-1768 for a paper copy.

