

2023 STAR TRIBUNE - Employee Benefits Monthly Rates

UMR MEDICAL																		
PPO Plan		HSA Plan**																
Coverage Tier	Monthly Cost	Coverage Tier	Monthly Cost															
Single	\$161.96	Single	\$137.52															
EE + Child(ren)	\$309.66	EE + Child(ren)	\$263.82															
EE+ Spouse	\$322.90	EE+ Spouse	\$275.04															
Family	\$471.62	Family	\$402.36															
<p>*NOTE: Only regular employees whose standard work hours equal or exceed 30 hours per week are eligible to participate in the company medical plans.</p> <p>** NOTE: Active employees and retirees participating in the HSA plan get company HSA contributions, but COBRA participants do not.</p>		<p>HSA Company Contribution</p> <table border="1"> <thead> <tr> <th></th> <th>Without Wellness</th> <th>Wellness</th> </tr> </thead> <tbody> <tr> <td>Single</td> <td>\$ 550</td> <td>\$ 850</td> </tr> <tr> <td>EE + Child(ren)</td> <td>\$1,100</td> <td>\$1,700</td> </tr> <tr> <td>EE+ Spouse</td> <td>\$1,100</td> <td>\$1,700</td> </tr> <tr> <td>Family</td> <td>\$1,100</td> <td>\$1,700</td> </tr> </tbody> </table>			Without Wellness	Wellness	Single	\$ 550	\$ 850	EE + Child(ren)	\$1,100	\$1,700	EE+ Spouse	\$1,100	\$1,700	Family	\$1,100	\$1,700
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SUREST MEDICAL PLAN		
Coverage Tier	Monthly Cost	
Single	\$145.28	With Wellness Credit \$120.28
EE + Child(ren)	\$277.76	\$227.76
EE + Spouse	\$289.64	\$239.64
Family	\$423.06	\$373.06

BENEFIT	COVERAGE TIER	MONTHLY COST
Dental Plan Delta Dental	Single	\$6.86
	EE + Child(ren)	\$16.20
	EE+ Spouse	\$13.72
	Family	\$24.02
Vision Plan EyeMed	Single	\$7.60
	EE + Child(ren)	\$15.18
	EE+ Spouse	\$14.42
	Family	\$22.32
Independent & Guild Long-Term Disability Insurance (other union groups can see coverage & premiums in open enrollment system)	The company pays for basic coverage of 30% annual base salary.	<p>The employee cost for supplemental LTD coverage is \$0.300 per \$100 of monthly base earnings.</p> <p>To calculate your cost, divide monthly pay by 100 and multiply by \$0.300.</p> <p>For example, if monthly pay is \$1,000 then \$1,000 divided by 100 = 10; 10 x \$0.300 = \$3.00 per month.</p>
	If you elect supplemental long-term disability (LTD) insurance, the company shares the cost with you. Supplemental is an additional 30% coverage.	

2023 STAR TRIBUNE - Employee Benefits Monthly Rates (continued)

BENEFIT	COVERAGE	MONTHLY COST																																																																														
Life Insurance <ul style="list-style-type: none"> • Supplemental Life • Spousal Life 	<p>The company pays for basic life insurance in the amount of one times your annual base salary.</p> <p>You may purchase supplemental life insurance in multiples of one to four times your annual base salary.</p> <p>You may purchase coverage for your spouse in multiples of one or two times your annual base salary.</p>	<p>Your cost for supplemental or spousal coverage is based on your age as of December 31, 2022 using the table below:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Age</th> <th style="text-align: right;">Monthly cost per \$1,000 of coverage</th> </tr> </thead> <tbody> <tr><td>Under 30</td><td style="text-align: right;">\$.060</td></tr> <tr><td>30 - 34</td><td style="text-align: right;">.080</td></tr> <tr><td>35 - 39</td><td style="text-align: right;">.100</td></tr> <tr><td>40 - 44</td><td style="text-align: right;">.150</td></tr> <tr><td>45 - 49</td><td style="text-align: right;">.240</td></tr> <tr><td>50 - 54</td><td style="text-align: right;">.400</td></tr> <tr><td>55 - 59</td><td style="text-align: right;">.640</td></tr> <tr><td>60 - 64</td><td style="text-align: right;">.850</td></tr> <tr><td>65 - 69</td><td style="text-align: right;">1.340</td></tr> <tr><td>70 - 74</td><td style="text-align: right;">2.340</td></tr> <tr><td>75+</td><td style="text-align: right;">4.100</td></tr> </tbody> </table> <p>For example, if your age is 31 and you earn \$1,000/month, you could elect coverage of \$24,000 (2x your annual salary) for \$1.68 per month.</p>			Age	Monthly cost per \$1,000 of coverage	Under 30	\$.060	30 - 34	.080	35 - 39	.100	40 - 44	.150	45 - 49	.240	50 - 54	.400	55 - 59	.640	60 - 64	.850	65 - 69	1.340	70 - 74	2.340	75+	4.100																																																				
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Accidental Death and Dismemberment Insurance	<p>You may buy coverage for yourself and for your family.</p> <p>If you elect family coverage, spouse is covered for 50% of employee insurance amount and each eligible dependent is covered for 10% of employee insurance amount.</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Amount of Insurance</th> <th style="text-align: right;">Monthly Self only</th> <th style="text-align: right;">Monthly Family</th> </tr> </thead> <tbody> <tr><td>\$ 10,000</td><td style="text-align: right;">\$.35</td><td style="text-align: right;">\$.60</td></tr> <tr><td>20,000</td><td style="text-align: right;">.70</td><td style="text-align: right;">1.20</td></tr> <tr><td>30,000</td><td style="text-align: right;">1.05</td><td style="text-align: right;">1.80</td></tr> <tr><td>40,000</td><td style="text-align: right;">1.40</td><td style="text-align: right;">2.40</td></tr> <tr><td>50,000</td><td style="text-align: right;">1.75</td><td style="text-align: right;">3.00</td></tr> <tr><td>60,000</td><td style="text-align: right;">2.10</td><td style="text-align: right;">3.60</td></tr> <tr><td>70,000</td><td style="text-align: right;">2.45</td><td style="text-align: right;">4.20</td></tr> <tr><td>80,000</td><td style="text-align: right;">2.80</td><td style="text-align: right;">4.80</td></tr> <tr><td>90,000</td><td style="text-align: right;">3.15</td><td style="text-align: right;">5.40</td></tr> <tr><td>100,000</td><td style="text-align: right;">3.50</td><td style="text-align: right;">6.00</td></tr> <tr><td>110,000</td><td style="text-align: right;">3.85</td><td style="text-align: right;">6.60</td></tr> <tr><td>120,000</td><td style="text-align: right;">4.20</td><td style="text-align: right;">7.20</td></tr> <tr><td>130,000</td><td style="text-align: right;">4.55</td><td style="text-align: right;">7.80</td></tr> <tr><td>140,000</td><td style="text-align: right;">4.90</td><td style="text-align: right;">8.40</td></tr> <tr><td>150,000</td><td style="text-align: right;">5.25</td><td style="text-align: right;">9.00</td></tr> <tr><td>160,000</td><td style="text-align: right;">5.60</td><td style="text-align: right;">9.60</td></tr> <tr><td>170,000</td><td style="text-align: right;">5.95</td><td style="text-align: right;">10.20</td></tr> <tr><td>180,000</td><td style="text-align: right;">6.30</td><td style="text-align: right;">10.80</td></tr> <tr><td>190,000</td><td style="text-align: right;">6.65</td><td style="text-align: right;">11.40</td></tr> <tr><td>200,000</td><td style="text-align: right;">7.00</td><td style="text-align: right;">12.00</td></tr> <tr><td>210,000</td><td style="text-align: right;">7.35</td><td style="text-align: right;">12.60</td></tr> <tr><td>220,000</td><td style="text-align: right;">7.70</td><td style="text-align: right;">13.20</td></tr> <tr><td>230,000</td><td style="text-align: right;">8.05</td><td style="text-align: right;">13.80</td></tr> <tr><td>240,000</td><td style="text-align: right;">8.40</td><td style="text-align: right;">14.40</td></tr> <tr><td>250,000</td><td style="text-align: right;">8.75</td><td style="text-align: right;">15.00</td></tr> </tbody> </table>	Amount of Insurance	Monthly Self only	Monthly Family	\$ 10,000	\$.35	\$.60	20,000	.70	1.20	30,000	1.05	1.80	40,000	1.40	2.40	50,000	1.75	3.00	60,000	2.10	3.60	70,000	2.45	4.20	80,000	2.80	4.80	90,000	3.15	5.40	100,000	3.50	6.00	110,000	3.85	6.60	120,000	4.20	7.20	130,000	4.55	7.80	140,000	4.90	8.40	150,000	5.25	9.00	160,000	5.60	9.60	170,000	5.95	10.20	180,000	6.30	10.80	190,000	6.65	11.40	200,000	7.00	12.00	210,000	7.35	12.60	220,000	7.70	13.20	230,000	8.05	13.80	240,000	8.40	14.40	250,000	8.75	15.00
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NOTE: These are simply highlights of our benefits plans as of January 1, 2023. Coverage may change in the future. These Plans are established under detailed legal documents available in Human Resources. The Plan documents control the rights of participants. If any summary is not consistent with these documents in any way, the Plan documents will control. **See your Summary Plan Descriptions for more information about these benefit plans.**