

2024 Benefits Guide for Multi-Employer Union Plan

STAR TRIBUNE 2024 BENEFITS GUIDE for Multi-Employer Union Plan

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Welcome!

This booklet is a summary of the Star Tribune employee benefits program and is intended to help you make enrollment decisions for 2024. If you have questions after reviewing this booklet, refer to the Benefits Contacts List at the end of the booklet to contact the appropriate person to answer your questions.

You may also:

- ❖ Call the Benefits Hotline at (612) 673-7458 or
- ❖ Send an e-mail message to: benefits@startribune.com.

Please read this information carefully. The benefits you elect to pay on a before-tax basis for 2024 cannot be changed until Jan. 1, 2025, unless there is a qualified change in your family or employment status (see page 12 for details).

If you take no action during Open Enrollment, your current benefit elections will remain in place for 2024 with the following exception: any FSA elections will expire effective December 31, 2023. If you wish to have Health Care and/or Dependent Care Reimbursement Accounts under the FSA plan for 2024, you must make an online election during Open Enrollment.

Remember, you will be allowed to carry over up to \$550 in unused health care FSA dollars into next year! See Flexible Spending Account Plan on page 8 for more information!

This booklet summarizes your available benefits. Read it carefully before selecting your benefits options. This is not the official document for the plans. Complete plan descriptions are available in the Human Resources Department and copies are available upon request. Every effort has been made to ensure the accuracy of this booklet. However, should there be any variances, errors, ambiguities or uncertainties in this booklet as compared to the plan documents, the plan documents will govern.

The terms in this document should in no way be interpreted as a contractual obligation, either implied or expressed.

The Company reserves the right to amend its employee benefit plans at any time and for any reason, subject only to restrictions imposed by collective bargaining agreements.

LIFE INSURANCE

The Hartford is the provider of life insurance benefits.

Optional Life Insurance

You may purchase optional life insurance through The Hartford. You can purchase this coverage in multiples of one to four times your annual straight time pay. Premiums are based on your age. See the Employee Cost Sheet in the Open Enrollment system for details.

Spousal Life Insurance

You also have the option to purchase spousal life insurance through The Hartford for your spouse. You can purchase this coverage in multiples of one to two times your annual straight time pay. Premiums are based on your age. See the Employee Cost Sheet in the Open Enrollment system for details.

If your spouse is a benefits-eligible Star Tribune employee, you cannot elect spousal life insurance, as the definition of eligibility under our contract with The Hartford does not include a spouse who is eligible for employee coverage under the same group policy.

Adding/Increasing Coverage

If you want to add or increase optional or spousal life coverage, evidence of insurability (EOI) will be required. An EOI form can be printed from the online open enrollment system. You will need to select the link to the EOI form on the page where you enter your request for increased coverage. EOI forms are also available in Human Resources, can be printed from the Benefits site on StribNet or you can request one by calling the Benefits Hotline at (612) 673-7458. Complete the EOI form and mail it directly to The Hartford. If your request for coverage is denied, The Hartford will send you a letter explaining why coverage was denied. If your coverage is approved, the new/increased coverage will be effective, and the new payroll deduction will begin the first of the month following the approval date.

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (AD&D)

The Hartford is the provider of AD&D benefits.

AD&D provides benefits in the event of a death or certain other losses as a result of an accidental injury that occurs while covered. AD&D insurance is purchased through The Hartford in increments of \$10,000, up to \$250,000. Employee or family coverage is available. The coverage amount you elect is the "benefit payable" amount. Family coverage provides: 100% of the "benefit payable" for an employee loss; 50% of the employee "benefit payable" for a spouse's loss; and 10% of the employee "benefit payable" amount for a dependent's loss. For example, if an employee elects \$100,000 in coverage, the benefit payable is \$100,000 in the event of the accidental death of the employee's spouse, and \$10,000 in the event of the accidental death of the employee's dependent child.

If your spouse or dependent is also eligible for AD&D coverage as an employee of Star Tribune, they are not eligible to be covered as a dependent under your AD&D coverage and only one of you can cover your eligible children.

Benefit Payable:	
Full Amount	
One-half Full Amount	
One-half Full Amount	
One-half Full Amount	
One-quarter Full Amount	
Full Amount	
One-half Full Amount	
One-half Full Amount	
One-half Full Amount	
One-quarter Full Amount	

Adding/Increasing Coverage

Evidence of Insurability is not required in order to add or increase AD&D coverage. See the Employee Cost Sheet in the Open Enrollment system for premium rates.

LONG TERM DISABILITY (LTD) COVERAGE

Long term disability coverage is not available to Fleet and Mailroom employees.

The long-term disability (LTD) plan is designed to protect you against loss of income if you become totally disabled and are unable to work after a certain period of time. LTD benefits are reduced by any other disability benefits you are eligible to receive. The Hartford is the provider of long-term disability benefits. Please review your Collective Bargaining Agreement for details of your LTD coverage.

Adding Coverage

If you currently do not have optional LTD coverage and want to add it, evidence of insurability (EOI) will be required. An EOI form can be printed from the online enrollment system. You will need to select the link to the EOI form on the page where you enter your request for increased coverage. EOI forms are also available in Human Resources, can be printed from the Benefits site on StribNet or you can request one by calling the Benefits Hotline at (612) 673-7458. Complete the EOI form and mail it directly to The Hartford. If your request for coverage is denied, the insurance company will send you a letter explaining why coverage was denied. If your coverage is approved, the coverage will be effective, and the new payroll deduction will begin the first of the month following the approval date.

Before-Tax or After-Tax Premiums

Participation in your union's multiemployer health and welfare plan and payment of plan premiums are mandatory. Based on IRS rulings, the company will deduct union health and welfare plan premiums from your pay on a before-tax basis. You will not have an after-tax option.

The Star Tribune gives you the choice to pay some benefit premiums before taxes are withheld from your paycheck (before-tax) or after (after-tax):

- LTD (does not apply to Fleet and Mailers) benefit premiums can be deducted before-tax. Also, your contributions to your Health Care Reimbursement Account and/or Dependent Care Reimbursement Account are before-tax.
- Optional Life and Spousal Life benefit premiums must be deducted after-tax, in accordance with current law.

There is an advantage to paying for some benefits with before–tax money. Deducting the premium before your taxes are calculated lowers the amount of your taxable pay. Therefore, you pay less in taxes and your take-home pay is greater.

Things to consider

❖ Taxability of disability benefits (does not apply to Fleet and Mailers)

If you choose optional LTD coverage, your decision to pay your premiums on an aftertax or before-tax basis will affect the taxability of any LTD benefits you may receive in the future. The portion of your LTD benefits that is attributable to employer contributions will always be taxable. But the portion of LTD benefits attributable to

contributions will always be taxable. But the portion of LTD benefits attributable to your contributions will be taxable if you elect to pay your premiums on a before-tax basis, or non-taxable if you elect after-tax premiums.

❖ Social Security benefits

Because the contributions you make on a before-tax basis are not taxed as wages for Social Security purposes (except in the case of 401(k) contributions), your ultimate Social Security benefits might be somewhat less than they could have been. This depends on many things, including your earnings history, whether you are above or below the Social Security "wage base" and what happens to the Social Security laws between now and when you retire.

❖ Before-tax premiums limit your ability to make mid-year changes

You cannot make changes during the year to any benefits you pay for on a before-tax basis, unless you have a change in family or employment status, and you request a change within 30 days of the status change event. You can drop or decrease coverage during the year for benefits you pay for with after-tax premiums. See page 12 for more information on making mid-year changes.

FLEXIBLE SPENDING ACCOUNT PLAN

Remember, you can carry over up to \$550 in unused health care FSA dollars into next year! See "Claims Deadline and Carryover" below for more information!

The Flexible Spending Account (FSA) allows you to pay some health and dependent care expenses with before-tax dollars. As a result, you pay less federal, state and Social Security taxes - and you have more take-home pay. There are two FSA reimbursement accounts: the Dependent Care Reimbursement Account (DCRA) and the Health Care Reimbursement Account (HCRA). The DCRA is for reimbursement of dependent care costs you must pay to enable you and your spouse (if married) to work. The HCRA is for reimbursement of qualified health care expenses for you and your dependents that are not covered by insurance.

How the FSA Plan Works

The amount you elect to contribute for the year will be divided into equal amounts and deducted from your paychecks on a before-tax basis over 24 pay periods (two per month). If you are hired mid-year, the deductions will be based on the remaining pay periods left in the year after your eligibility date.

* Reimbursement

As you incur expenses, such as medical expenses, dental expenses, or dependent day care charges, you may submit claims for reimbursement to UMR. Both healthcare and dependent care claim forms, and additional information, are available online at umr.com. For additional information regarding claims and reimbursement, go to umr.com or contact UMR customer service at 1-800-826-9781.

A debit card is available with your health care account. If you want to sign up for a debit card, go to umr.com or contact UMR customer service at 1-800-826-9781.

In addition, if you want to sign up for direct deposit of your reimbursements, go to umr.com or contact UMR customer service at 1-800-826-9781.

Claims Deadline and Carryover

You must submit your 2023 claims for reimbursement no later than **February 28, 2024**. **Any money left in your DCRA after that date is forfeited.** You can carry over up to \$550 in unused funds in your HCRA into the following year. **Any unused HCRA dollars in excess of the allowed \$550 carryover are forfeited.** Be careful when deciding how much to contribute to the plan(s).

Determining your Election

Your election should be based on expenses you and your eligible dependents will incur in calendar year 2024. You can contribute up to \$3,050 to the HCRA (in addition to any

FLEXIBLE SPENDING ACCOUNT PLAN (continued)

allowed carryover from 2023) and \$5,000 to the DCRA. For the DCRA, there are some additional guidelines: 1) your contributions cannot be greater than your income or your spouse's income; 2) if your spouse is disabled or a full-time student, he/she is assumed to earn \$250 per month for one eligible dependent, or \$500 per month for two or more dependents; 3) if your spouse also participates in a DCRA, your combined total contributions cannot exceed \$5,000; 4) if you and your spouse file separate income tax returns, your individual DCRA contribution is limited to \$2,500. Please consult the Summary Plan Description (SPD), available from Human Resources, for additional information.

* Changing your Election

The amount you contribute cannot be changed during the plan year except under very limited circumstances. A prospective election change based on a change in status event is allowed only if the election change is necessary and consistent with the change in status event, and, for the HCRA, results in a gain or loss of health care insurance. If you have a change in status event that qualifies you to change your contributions, complete and return a family status change form to Human Resources within 30 days of the event.

Definition of a Dependent

For expenses to qualify under the DCRA, the dependent must be: (1) a child under age 13 who lives with you for more than one-half of the year (temporary absences for education, vacation, illness or special circumstances are excluded); (2) a spouse incapable of self-care; or (3) a parent, grandparent or other relative who lives in your home, depends on you for at least one-half of his/her support, who is incapable of self-care and who is claimed by you as a dependent on your tax return. Non-child dependents are not eligible dependents for DCRA if they receive an income in excess of \$4,050 per year.

An eligible dependent under the HCRA is: 1) a spouse to whom you are legally married and who is treated as such for tax purposes; 2) a relative or member of your household who is a tax dependent; and 3) any child for whom you must provide benefits under a qualified medical child-support order. If you are married or divorced, you can treat children as eligible dependents if you provide more than half of their support and claim them as dependents on your income tax return. You cannot be reimbursed for healthcare expenses of your same-sex domestic partner or the dependents of the same-sex domestic partner from the HCRA. Reimbursement of out-of-pocket medical expenses for your non-dependent adult children (under 26) is not allowed under the company flexible spending account ("FSA").

FLEXIBLE SPENDING ACCOUNT PLAN (continued)

❖ Other Points to Remember

- Use it or lose it: IRS rules state that if you have money remaining in your HCRA or DCRA accounts after you have submitted all your claims for the plan year, you lose any remaining amount. However, up to \$550 in unused HCRA dollars can be carried over into the following year. Any remaining money in your HCRA after the allowed carryover is forfeited.
- **The HCRA** will reimburse your eligible expense up to the total amount you elect to contribute to the HCRA.
- The DCRA will reimburse your eligible expenses up to the amount that is in your account at the time your claim is received.
- You must re-enroll every year. You must re-enroll in the HCRA and/or the DCRA each plan year.
- The Plan Year begins on January 1 each year and runs through December 31. When a person first becomes covered, the first Plan Year begins on the effective date of coverage.
- You have until February 28 to submit claims incurred in the prior year.

Federal Dependent Care Tax Credit

The federal government also provides a dependent care tax credit for those with dependent care expenses. The tax credit is available to most taxpayers. Since you cannot take advantage of both the tax credit and the Dependent Care Spending Account for the same expenses, it is up to you to determine which of these two tax-saving options saves you more money. For help in determining which option is better for you, consult a qualified tax advisor.

Dependent Care Tax-Reporting

The W-2 Wage and Tax Statement issued to you after the end of the year will include the amount you contributed to the Dependent Care Reimbursement Account. In order to exclude this amount from your federal taxable wages when preparing your annual tax returns, you must provide the name, address and taxpayer identification number for your dependent care provider. If your dependent care provider is a tax-exempt organization, such as certain church-run daycare services, you may be exempt from this requirement.

Annual Re-enrollment Required

If you do not make a new election during the annual open enrollment period, your prior election will be stopped for the following year.

BENEFIT PROGRAM ELIGIBILITY

To be eligible to participate in the Star Tribune benefits program, you must be a regular employee of the Star Tribune. In addition, you must be regularly scheduled to work 30 or more hours per week. Your Star Tribune benefits will be effective the first of the month following 28 days of employment as an eligible employee. Benefits eligibility is governed by the current collective bargaining agreements, and you are only covered by the portions of this program that are stipulated in your collective bargaining agreement.

Spouse

For benefits purposes, your spouse is defined as your current legal spouse (i.e., divorced spouses are not eligible dependents). If both members of a married couple are Star Tribune employees, they cannot be covered both as an employee and a dependent and only one spouse can cover any eligible dependents for purposes of a particular plan.

MAKING MID-YEAR CHANGES

Generally, you can only change your benefit choices during the annual benefits enrollment period. However, you may be able to change your coverage mid-year if you have what the IRS considers a change in family or employment status event. Examples of such a status change would include:

- your marriage, divorce, or legal separation
- death of your spouse or covered child
- birth or adoption of an eligible child
- a change in your or your spouse's work status that affects benefits
- a change in your child's eligibility for benefits (e.g. changes in student, employment or marital status)
- ❖ a change in residence or work site that affects your eligibility
- receiving Qualified Medial Child Support Order (QMCSO)

For the HCRA and DCRA, you may make changes to your annual amount if the change is because of, and consistent with, the change in status event.

In addition to the status changes listed above, for the DCRA, you may also make changes to your account if:

- The cost of your dependent care is significantly increased or decreased during the plan year by a dependent care provider who is not a relative of the dependent,
- You change dependent care providers or elect not to have a dependent care provider due to one of the family status changes listed above, or
- ❖ Your dependent no longer qualifies as a dependent for the DCRA.

Please refer to the Summary Plan Description (SPD), available from Human Resources, for additional information.

CONTACT INFORMATION

This chart provides a list of our benefit partners, the programs they administer and their contact information.

Benefit/Program	Vendor Contact
Flexible Spending Account • Health Care and Dependent Care Reimbursement Accounts	UMR 1-800-826-9781 <u>umr.com</u>
Health Coverage	Surest 1-866-683-6440 benefits.surest.com
401(k) Savings Plan	Fidelity Customer Service (800) 835-5091 www.401k.com
Leave of Absence and FMLA	HealthPartners Worksite Health (952) 883-7540 or (877) 356-7286
Union Benefits – IBEW Local 292 Health & Welfare Plan (for Electricians)	Local 292 Fringe Benefit Office (952)591-7733
Union Benefits -Minnesota Teamsters Local 638 Health & Welfare Plan (for Fleet Drivers)	Minnesota Teamsters Local 638 Health & Welfare Plan Office 952-854-0795

If you have questions that these providers cannot answer, please contact Employee Benefits at (612) 673-7458 or benefits@startribune.com.