

2024 MINNESOTA STAR TRIBUNE PLAN RATES

2024 MINNESOTA STAR TRIBUNE – Employee Benefits Monthly Rates

UMR MEDICAL				
PPO Plan		HSA Plan**		
Coverage Tier	Monthly Cost	Coverage Tier	Monthly Cost	
Single	\$177.90	Single	\$151.04	
EE + Child(ren)	\$340.12	EE + Child(ren)	\$289.78	
EE+ Spouse	\$354.66	EE+ Spouse	\$302.10	
Family	\$518.02	Family	\$441.94	
<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: COBRA participants continuing coverage do not receive the HSA contribution.</p>		HSA Company Contribution		
			<u>Without Wellness</u>	<u>Wellness</u>
		Single	\$ 650	\$ 950
		EE + Child(ren)	\$1,300	\$1,900
		EE+ Spouse	\$1,300	\$1,900
		Family	\$1,300	\$1,900

SUREST MEDICAL PLAN		
Coverage Tier	Monthly Cost	
		With Wellness Credit
Single	\$159.58	\$134.58
EE + Child(ren)	\$305.08	\$255.08
EE + Spouse	\$318.14	\$268.14
Family	\$464.68	\$414.68

BENEFIT	COVERAGE TIER	MONTHLY COST
Dental Plan Delta Dental	Single	\$7.14
	EE + Child(ren)	\$16.90
	EE+ Spouse	\$14.30
	Family	\$25.04

Vision Plan EyeMed	Single EE + Child(ren) EE+ Spouse Family	\$7.60 \$15.18 \$14.42 \$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. If you elect supplemental long-term disability (LTD) insurance, the company shares the cost with you. Supplemental is an additional 30% coverage.	The employee cost for supplemental LTD coverage is \$0.300 per \$100 of monthly base earnings. To calculate your cost, divide monthly pay by 100 and multiply by \$0.300. For example, if monthly pay is \$1,000 then \$1,000 divided by 100 = 10; 10 x \$0.300 = \$3.00 per month.

2024 MINNESOTA 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>Coverage is limited to \$800,000 total between your company-paid life insurance and supplemental life insurance.</p> <p>You must carry supplemental life insurance for your spouse to be eligible for spouse life. The spouse life coverage amount is up to 100% of your supplemental life amount. Guarantee issue: \$100,000</p>	<p>Your cost for supplemental or spousal coverage is based on your age as of December 31 using the table below:</p> <table border="1" data-bbox="927 1260 1453 1827"> <thead> <tr> <th>Age</th> <th>Monthly cost per \$1,000 of coverage</th> </tr> </thead> <tbody> <tr><td>Under 30</td><td>\$.060</td></tr> <tr><td>30 - 34</td><td>.080</td></tr> <tr><td>35 - 39</td><td>.100</td></tr> <tr><td>40 - 44</td><td>.150</td></tr> <tr><td>45 - 49</td><td>.240</td></tr> <tr><td>50 - 54</td><td>.400</td></tr> <tr><td>55 - 59</td><td>.640</td></tr> <tr><td>60 - 64</td><td>.850</td></tr> </tbody> </table>	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
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	
		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.		
Accidental Death and Dismemberment Insurance	You may buy coverage for yourself and for your family. 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.	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		

NOTE: These are simply highlights of our benefits plans as of January 1, 2024. 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.**