

# BENEFIT PROGRAM ELIGIBILITY

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To be eligible to participate in the Star Tribune benefits program, you must be a regular employee of Star Tribune. In addition, you must be regularly scheduled to work 30 or more hours per week to be eligible for medical and flexible spending plan participation and 20 or more hours per week for the other benefit plans. (Benefits eligibility for machinists, building services and mailers employees is governed by current collective bargaining agreements and requires an employee to be regularly scheduled to work 30 or more hours per week to be eligible for all benefit plans.) Your Star Tribune benefits will be effective the first of the month following 28 days of employment as an eligible employee.

## **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. **Your spouse cannot be covered under the Star Tribune medical plans if (s)he is eligible for coverage with another employer.**

## **BENEFIT PROGRAM ELIGIBILITY- Medical Plans**

### **Children (including Adult Children)**

An eligible child, including an adult child, is defined as your natural or adopted child, stepchild, or child for whom you have provided proof of legal guardianship. Medical plan coverage for eligible children is not conditioned on financial dependency on you, residency with you, student status, marital status, or any combination of these factors.

“Adult” children are those children who are 19 years or older on December 31, 2023. Coverage for adult children, up to age 26, does not extend to your child’s spouse (your daughter or son-in-law) or to your grandchild (unless your grandchild is unmarried, a full-time student and dependent on you for a majority of his/her financial support up to age 26).

### **Grandchildren**

Coverage for unmarried grandchildren who are dependent on you for a majority of their financial support continues through the end of the month in which they reach age 19, unless they are also full-time students, as described below.

Unmarried dependent grandchildren, who are full-time students enrolled in and attending a recognized course of study or training in a public or private secondary school, college, university or licensed trade school, will be covered until the earliest of the following:

- end of the month of their 26th birthday,
- end month in which they graduate from college or complete course of study, or
- the end of the month that they are no longer registered at the school full-time for reasons other than graduation.

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Full-time student status continues during: (a) regularly scheduled school vacation periods; or (b) a medical leave or other change in enrollment as described in “Student on Medical Leave” below. In order to maintain full-time student status during regularly scheduled school vacation periods, the dependent must meet the eligibility requirements as a full-time student immediately prior to and immediately after the vacation period.

**Student on Medical Leave or Other Change in Enrollment**

This is a full-time student who, due to a medically necessary leave of absence or other change in enrollment that is due to medical reasons, is not able to maintain full-time student status. A student continues to be an eligible dependent provided the covered employee sends documentation from the student’s treating physician that certifies the medical necessity of the leave or other change in enrollment. Coverage for the student as described in this paragraph will continue until the earlier of one year from the date that the leave (or other change in enrollment) occurs or coverage under the Plan otherwise terminates.

**Disabled Child**

If your covered dependent child is physically or mentally incapable of self-support when coverage would otherwise terminate due to the age limit of 26, you may continue his or her coverage under the plan as long as your coverage is in effect and he or she remains incapable of self-support.

Proof of such incapacity and dependency must be furnished to the plan within 30 days after your dependent reaches the limiting age. The plan must approve coverage of the disabled dependent in writing. The plan reserves the right to periodically review the dependent’s disability status. After the first two years, the plan will not review the disability more frequently than once every 12 months.

***Note for Parents of Children Living Outside the Metro Area:*** The UnitedHealthcare Choice Plus network is a national network of over 800,000 providers, so it is likely that students or others living or traveling outside the metro area will be able to find in-network providers and receive in-network benefits. Check [umr.com](http://umr.com) for providers in other areas if this situation applies to you.

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## **BENEFIT PROGRAM ELIGIBILITY – Dental Plan**

### **Unmarried Dependent Children**

Coverage for unmarried dependent children continues through the end of the month in which they reach age 26. This includes:

- your natural or legally adopted children,
- unmarried children for whom you or your spouse are legal guardian(s) or were the legal guardian until the child turned 18,
- children required to be covered under the plan by a valid qualified medical child support order,
- unmarried grandchildren or step-children who are dependent on you for a majority of their financial support

### **Disabled Dependent**

If your covered dependent child is physically or mentally incapable of self-support when coverage would otherwise terminate due to the age limit, you may continue his or her coverage under the plan as long as your coverage is in effect and he or she remains incapable of self-support. Proof of such incapacity and dependency must be furnished to the plan within 30 days after your dependent reaches the limiting age. The plan must approve coverage of the disabled dependent in writing. The plan reserves the right to periodically review the dependent's disability status. After the first two years, the plan will not review the disability more frequently than once every 12 months.

Please refer to the Summary Plan Description (SPD), available on Stribnet or contact Human Resources at [benefits@startribune.com](mailto:benefits@startribune.com) for additional information.