

 **The Minnesota Star Tribune**
2025 MINNESOTA STAR TRIBUNE PLAN RATES

UMR MEDICAL PLANS					
PPO Plan			PPO Plan With Wellness		
Coverage Tier	Monthly Cost		Coverage Tier	Monthly Cost	
Single	\$177.90		Single	\$152.90	
EE + Child(ren)	\$340.12		EE + Child(ren)	\$290.12	
EE+ Spouse	\$354.66		EE+ Spouse	\$304.66	
Family	\$518.02		Family	\$468.02	
HSA Plan			HSA Company Contributions		
Coverage Tier	Monthly Cost		Coverage Tier	W/O Wellness	With Wellness
Single	\$151.04		Single	\$650	\$950
EE + Child(ren)	\$289.78		EE + Child(ren)	\$1,300	\$1,900
EE+ Spouse	\$302.10		EE+ Spouse	\$1,300	\$1,900
Family	\$441.94		Family	\$1,300	\$1,900
SUREST MEDICAL PLAN					
Surest Without Wellness			Surest With Wellness		
Coverage Tier	Monthly Cost		Coverage Tier	Monthly Cost	
Single	\$159.58		Single	\$134.58	
EE + Child(ren)	\$305.08		EE + Child(ren)	\$255.08	
EE+ Spouse	\$318.14		EE+ Spouse	\$268.14	
Family	\$464.68		Family	\$414.68	
Delta Dental			Eyemed Vision		
Coverage Tier	Monthly Cost		Coverage Tier	Monthly Cost	
Single	\$7.14		Single	\$7.60	
EE + Child(ren)	\$16.90		EE + Child(ren)	\$15.18	
EE+ Spouse	\$14.30		EE+ Spouse	\$14.42	
Family	\$25.04		Family	\$22.32	
Long Term Disability					
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.		

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Life Insurance																																								
Supplemental Life Spousal Life	<p>The company pays for basic life insurance in the amount of one times your annual base salary. 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. 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 style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Age</th> <th colspan="2" style="text-align: center;">Monthly cost per \$1,000 of coverage</th> </tr> </thead> <tbody> <tr><td>Under 30</td><td style="text-align: right;">\$</td><td style="text-align: right;">.060</td></tr> <tr><td>30 - 34</td><td></td><td style="text-align: right;">.080</td></tr> <tr><td>35 - 39</td><td></td><td style="text-align: right;">.100</td></tr> <tr><td>40 - 44</td><td></td><td style="text-align: right;">.150</td></tr> <tr><td>45 - 49</td><td></td><td style="text-align: right;">.240</td></tr> <tr><td>50 - 54</td><td></td><td style="text-align: right;">.400</td></tr> <tr><td>55 - 59</td><td></td><td style="text-align: right;">.640</td></tr> <tr><td>60 - 64</td><td></td><td style="text-align: right;">.850</td></tr> <tr><td>65 - 69</td><td></td><td style="text-align: right;">1.340</td></tr> <tr><td>70 - 74</td><td></td><td style="text-align: right;">2.340</td></tr> <tr><td>75+</td><td></td><td style="text-align: right;">4.100</td></tr> </tbody> </table> <p style="margin-left: 40px;">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 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>	Amount of Insurance (\$)	Monthly Self only	Monthly Family																																				
		10,000	\$.35	\$.60																																				
		20,000	.70	1.20																																				
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***NOTE:** These are simply highlights of our benefits plans as of January 1, 2025. 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.*

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