OPEN ENROLLMENT:
November 1-14, 2018

Your Benefits.
Your Well-Being.
Your Choice.

See inside for important information about your benefits.
Enrollment

Open Enrollment begins November 1 and ends November 14, 2018.

No Action is Required This Year

This year, you do not need to take action during Open Enrollment. If you do not need to make changes, your current benefit elections will carry over to 2019, with the exception of any health savings account (HSA) or flexible spending account (FSA) elections. However, we encourage you to review your current elections and designated beneficiaries to determine whether they need to be updated.

We’re also pleased to let you know that for **THIS OPEN ENROLLMENT PERIOD ONLY**, you can enroll or increase up to one (1) additional level of supplemental life insurance coverage without having to answer any health questions. You can apply for a higher amount by answering five (5) medical questions. Your spouse/domestic partner can enroll for or increase coverage by one (1) incremental level of dependent life of coverage without answering any medical questions. Your spouse/domestic partner may apply for higher amounts by answering five (5) medical questions.

For example, if you have supplemental life at two times your salary and want to increase it to three times your salary for 2019, you can do so without answering any questions. This offer will only last during Open Enrollment this year. After this, you will have to provide Evidence of Insurability (EOI) and answer questions to increase your supplemental life coverage.

BCBS & UHC Medical Plans and Rates Not Changing

Despite rising health care costs nationwide, if you are enrolled in our Blue Cross Blue Shield or UnitedHealthcare medical plans, the cost of your coverage will not increase for 2019. Even better—our plan designs will also remain the same. That means you won’t see changes to deductibles, copays, out-of-pocket maximums, coinsurance and the like. That also means that the Signature PPO Plan, which we originally thought would end beginning January 1, 2019, will remain in effect.

How to Enroll

- **Log in** to [www.tribpubbenefits.com](http://www.tribpubbenefits.com) beginning November 1. If you are logging in for the first time, you must create a new account. If you have forgotten your login information, click on “Did you forget your User ID or Password?” and enter the required information.
- Be sure to **submit your elections by November 14** and print the Confirmation Statement for your records.
- You can also **call the Tribune Publishing Benefits Service Center** at 844-548-7662 from 9 a.m. to 7 p.m. CT to make your elections over the phone.

GET ANSWERS!

To access your 2019 Benefits Guide and other important benefits information, go to [www.tribpubwellbeing.com](http://www.tribpubwellbeing.com).

For answers to your benefits questions or help enrolling, please contact the Tribune Publishing Benefits Service Center at 844-548-7662 from 9 a.m. to 7 p.m. CT.
Tribune Publishing is dedicated to helping you be successful and fully engaged in both your personal and professional life. This starts with a competitive suite of benefits that offers comprehensive coverage and the flexibility to choose the benefits that are right for you and your family.

These benefits encompass the four key pillars of your well-being—Physical, Financial, Work-Life and Social. You will see icons representing each pillar as you read through this guide and other communications during Open Enrollment and throughout the year.

We are also committed to providing you with tools and resources to help you maximize your benefits, including this Benefits Guide. Please review it carefully for highlights of our benefits and discuss your options with your family.
Tribune Publishing’s benefits program provides a wide array of benefits to help you achieve your physical, financial, work-life and social well-being potential. Tribune Publishing pays the full cost of some benefits, you and Tribune Publishing share the cost of some benefits and you pay the full cost of some benefits. Some benefits are paid for on a pre-tax basis, while others are paid for after tax.

### Physical

**Medical/Rx**
- Signature PPO Plan
  - BCBSIL and UHC only
- Premier HSA Plan
- Premium HSA Plan
- Basic HSA Plan
- Signature HMO Plan
  - Kaiser Mid-Atlantic only
- Health Savings Account (HSA)
  - HSA Plan members only

**Accident Insurance**

**Critical Illness Insurance**

**Hospital Indemnity Insurance**

**Telemedicine**

**Flexible Spending Accounts (FSAs)**
- Health Care FSA
- Limited-Purpose Health Care FSA
  - HSA Plan members only
- Dependent Care FSA

**Dental**
- Standard Plan
- Enhanced Plan (with Orthodontia)

**Vision**
- Standard Plan
- Enhanced Plan

### Financial

**Parking and Transit Program**

**401(k) Savings Plan & 529 Plan**

**Business Travel Accident and Assistance**

**Basic Life**

**Supplemental Life and Accidental Death and Dismemberment (AD&D)**
- Employee
- Spouse
- Child

**Short-Term Disability (STD)**

**Long-Term Disability (LTD)**

**Identity Theft Protection**

**Legal Plan**

**Auto and Home Insurance**

### Work-Life

**Employee Assistance Program (EAP)**

**Pet Insurance**

**Will Preparation Services**

### Social

**Employee Discounts**

**Flexible Time Off**

**Company Holidays**

---

**BENEFITS SUPPORT**

Have questions about our benefits? Reach out to the Tribune Publishing Benefits Service Center at 844-548-7662 from 9 a.m. to 7 p.m. CT.

Or, for more information, log on to [www.tribpubwellbeing.com](http://www.tribpubwellbeing.com).
Making Benefit Decisions

Eligibility

- All full-time employees* working 35 hours or more per week are eligible (except as required by law).
- Union employees should refer to their collective bargaining agreement to determine eligibility.
- Eligible dependents include your spouse or domestic partner, unmarried children up to age 26 and children of any age who are disabled. Children include your children, your spouse or domestic partner's children, children covered by a Qualified Medical Child Support Order (QMCSO), and children in your guardianship.
- Benefits are effective on the first of the month following your hire date.

Our Benefits Website

Our benefits microsite, www.tribpubwellbeing.com, is your go-to resource for benefits information. This site will help you easily access your benefits information all in one place. You can access this site 24/7 from any computer or smartphone—no login required to access a variety of helpful resources, including the Benefits Guide, Summary Plan Descriptions, Summaries of Benefits and Coverage, insurance carrier websites and contact information and more.

Decision Support Tool

You can create a personalized benefits package with the new Empyrean Decision Support Tool! This tool will help you compare coverage costs and select the best benefits package that works for you and your family. By answering a few questions on your preferences, you can view a side-by-side comparison of the health and financial packages that match your needs.

Enrollment

You must enroll within 31 days from your hire date or during Open Enrollment. Elections you make when first becoming eligible or during Open Enrollment will remain in effect until our next Open Enrollment period. In addition, if you decline coverage for yourself and/or your dependent(s) when first becoming eligible, you must wait until the next Open Enrollment period to enroll. However, if you experience a qualified life event (see “Qualified Life Events” on this page) during the year, you may make changes to your elections at that time.

Qualified Life Event Documentation

If you are adding a dependent to any coverage midyear, you will be required to submit dependent eligibility documentation. Required documentation includes:

For Spouses (Opposite and Same-Sex):
- A copy of your marriage certificate

For Domestic Partners (Opposite and Same-Sex):
- An affidavit of domestic partnership AND
- A document, such as a household bill, showing your domestic partner’s name at your address on file dated within the last 60 days

Send documentation to Empyrean. Should you have any questions, please call the Tribune Publishing Benefits Service Center at 844-548-7662 from 9 a.m. to 7 p.m. CT.

Note: All required documents must indicate the date, your name and your dependent’s name. Please be sure to black out any account numbers and financial information.

*In accordance with the Affordable Care Act (ACA), all employees (including those deemed to be part-time) who have worked an average of at least 30 hours per week will be offered medical/prescription drug coverage during Open Enrollment based on the hours worked between October 3, 2017, and October 2, 2018.

QUALIFIED LIFE EVENTS

If you experience a qualified life event during the year, such as marriage, divorce or the birth or adoption of a child, you may make changes to your elections at that time.

It is your responsibility to provide appropriate documentation and make changes to your benefit elections by contacting the Tribune Publishing Benefits Service Center at 844-548-7662 from 9 a.m. to 7 p.m. CT within 31 days of the event. If you fail to do so, you will not be able to enroll or make changes until the next Open Enrollment period.

Visit www.tribpubwellbeing.com for more information.
## Medical Coverage

**Blue Cross® Blue Shield® (BCBS) (All Employees) & UnitedHealthcare (UHC) (Connecticut & Florida Residents Only)**

We’re proud to offer medical coverage that not only provides coverage for illness and injury, but also enables you and your family to focus on staying well. Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary of Benefits and Coverage (SBC), located on [www.tribpubwellbeing.com](http://www.tribpubwellbeing.com).

<table>
<thead>
<tr>
<th>Plan Feature</th>
<th>Signature PPO Plan</th>
<th>Premier HSA Plan</th>
<th>Premium HSA Plan</th>
<th>Basic HSA Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td><strong>Annual Deductible</strong>*</td>
<td>Embedded</td>
<td>Aggregate</td>
<td>Embedded</td>
<td>Embedded</td>
</tr>
<tr>
<td>Employee Only</td>
<td>$1,000</td>
<td>$3,000</td>
<td>$1,500</td>
<td>$3,000</td>
</tr>
<tr>
<td>All Other Tiers</td>
<td>$2,000</td>
<td>$6,000</td>
<td>$3,000</td>
<td>$6,000</td>
</tr>
<tr>
<td><strong>Annual Out-of-Pocket Maximum</strong>*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Only</td>
<td>$3,000</td>
<td>$6,000</td>
<td>$3,350</td>
<td>$6,000</td>
</tr>
<tr>
<td>All Other Tiers</td>
<td>$6,000</td>
<td>$12,000</td>
<td>$6,700</td>
<td>$12,000</td>
</tr>
<tr>
<td><strong>Company Contribution to Your Health Savings Account (HSA)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Only</td>
<td>N/A</td>
<td>$500</td>
<td>$500</td>
<td>$500</td>
</tr>
<tr>
<td>All Other Tiers</td>
<td>N/A</td>
<td>$1,000</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td><strong>Preventive Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan pays 100%, no deductible</td>
<td>Plan pays 60%**</td>
<td>Plan pays 100%, no deductible</td>
<td>Plan pays 60%**</td>
<td>Plan pays 100%, no deductible</td>
</tr>
<tr>
<td><strong>Primary Care Physician Office Visit</strong></td>
<td>$25 copay</td>
<td>Plan pays 60%**</td>
<td>Plan pays 80%**</td>
<td>Plan pays 60%**</td>
</tr>
<tr>
<td><strong>Specialist Office Visit</strong></td>
<td>$40 copay</td>
<td>Plan pays 60%**</td>
<td>Plan pays 80%**</td>
<td>Plan pays 60%**</td>
</tr>
<tr>
<td><strong>Emergency Room Visit (copay waived if admitted)</strong></td>
<td>$150 copay</td>
<td>Plan pays 80%**</td>
<td>Plan pays 60%**</td>
<td>Plan pays 80%**</td>
</tr>
<tr>
<td><strong>Inpatient Hospital Stay</strong></td>
<td>Plan pays 80%**</td>
<td>Plan pays 60%**</td>
<td>Plan pays 80%**</td>
<td>Plan pays 60%**</td>
</tr>
<tr>
<td><strong>Prescription Drugs (Tier 1/Tier 2/Tier 3/Tier 4)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retail (up to a 30-day supply)</td>
<td>$10 copay/70% (min. $25, max. $50)/55% (min. $40, max. $80)/N/A</td>
<td>Plan pays 80%**</td>
<td>Plan pays 80%**</td>
<td>Plan pays 100%**</td>
</tr>
<tr>
<td>Mail Order (up to a 90-day supply)</td>
<td>$25 copay/70% (min. $62.50, max. $125)/55% (min. $100, max. $200)/$125 copay</td>
<td>Not covered</td>
<td>Plan pays 80%**</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

*See “Aggregate vs. Embedded Deductibles & Out-of-Pocket Maximums” on page 7 for details.**After deductible.

***In general, the higher the tier of drugs, the higher the cost. Tier 4 drugs are considered specialty drugs. Specialty drugs are limited to a 30-day supply and are filled through mail order.
Medical Coverage

Kaiser Permanente (Maryland, DC and Northern Virginia Residents Only)

Please note that out-of-network coverage is unavailable for routine care under any of the Kaiser plans. In order to receive coverage for routine or planned care, Kaiser medical plan members must receive health care services that are in-network. Under all of the Kaiser plans, members are covered for out-of-network emergency and urgent care services anywhere in the world.

<table>
<thead>
<tr>
<th>Plan Feature</th>
<th>Premier HSA Plan</th>
<th>Premium HSA Plan</th>
<th>Basic HSA Plan</th>
<th>Signature HMO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>In-Network</td>
<td>In-Network</td>
<td>In-Network</td>
</tr>
<tr>
<td>Annual Deductible*</td>
<td>Aggregate</td>
<td>Embedded</td>
<td>Embedded</td>
<td>Embedded</td>
</tr>
<tr>
<td>Employee Only</td>
<td>$1,500</td>
<td>$2,850</td>
<td>$6,550</td>
<td>$1,000</td>
</tr>
<tr>
<td>All Other Tiers</td>
<td>$3,000</td>
<td>$5,700</td>
<td>$13,100</td>
<td>$2,000</td>
</tr>
<tr>
<td>Annual Out-of-Pocket Maximum*</td>
<td>$3,350</td>
<td>$6,550</td>
<td>$6,550</td>
<td>$3,000</td>
</tr>
<tr>
<td>Employee Only</td>
<td>$6,700</td>
<td>$13,100</td>
<td>$13,100</td>
<td>$6,000</td>
</tr>
<tr>
<td>All Other Tiers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Company Contribution to Your Health Savings Account (HSA)

<table>
<thead>
<tr>
<th></th>
<th>Employee Only</th>
<th>All Other Tiers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$500</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

Services

<table>
<thead>
<tr>
<th>Services</th>
<th>Premier HSA Plan</th>
<th>Premium HSA Plan</th>
<th>Basic HSA Plan</th>
<th>Signature HMO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Care</td>
<td>Plan pays 100%, no deductible</td>
<td>Plan pays 100%, no deductible</td>
<td>Plan pays 100%, no deductible</td>
<td>Plan pays 100%, no deductible</td>
</tr>
<tr>
<td>Primary Care Physician Office Visit</td>
<td>Plan pays 80%**</td>
<td>Plan pays 80%**</td>
<td>Plan pays 100%**</td>
<td>$25 copay</td>
</tr>
<tr>
<td>Specialist Office Visit</td>
<td>Plan pays 80%**</td>
<td>Plan pays 80%**</td>
<td>Plan pays 100%**</td>
<td>$40 copay</td>
</tr>
<tr>
<td>Emergency Room Visit</td>
<td>Plan pays 80%**</td>
<td>Plan pays 80%**</td>
<td>Plan pays 100%**</td>
<td>$150 copay</td>
</tr>
<tr>
<td>Inpatient Hospital Stay</td>
<td>Plan pays 80%**</td>
<td>Plan pays 80%**</td>
<td>Plan pays 100%**</td>
<td>Plan pays 80%**</td>
</tr>
</tbody>
</table>

Prescription Drugs (Tier 1/Tier 2/Tier 3/Tier 4***)

<table>
<thead>
<tr>
<th>Services</th>
<th>Premier HSA Plan</th>
<th>Premium HSA Plan</th>
<th>Basic HSA Plan</th>
<th>Signature HMO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail (up to a 30-day supply)</td>
<td>Plan pays 80%**</td>
<td>Plan pays 80%**</td>
<td>Plan pays 100%**</td>
<td>$10 copay/ 30% (max. $50)/ 45% (max. $80)/ N/A</td>
</tr>
<tr>
<td>Mail Order (up to a 90-day supply)</td>
<td>Plan pays 80%**</td>
<td>Plan pays 80%**</td>
<td>Plan pays 100%**</td>
<td>$25 copay/ 30% (max. $125)/ 45% (max. $200)/ $125^1</td>
</tr>
</tbody>
</table>

*See “Aggregate vs. Embedded Deductibles & Out-of-Pocket Maximums” below for details.
**After deductible
***In general, the higher the tier of drugs, the higher the cost. Tier 4 drugs are considered specialty drugs
^1Mail Order drugs under the Traditional HMO Plan and the Signature HMO Plan are a 30-day supply.

**AGGREGATE VS. EMBEDDED DEDUCTIBLES & OUT-OF-POCKET MAXIMUMS

**Aggregate**: If you are enrolled in the BCBSIL, UHC or the Kaiser (Mid-Atlantic) Premier HSA Plans and cover any family members in addition to yourself, you must meet the entire family deductible before benefits begin to pay out for any family member. Similarly, you must meet the entire family out-of-pocket maximum before the plan pays in full for any family member.

**Embedded**: If you are enrolled in the Signature PPO, Premium HSA, Basic HSA or Signature HMO plans and cover any family members in addition to yourself, benefits begin to be paid once one family member meets the employee-only deductible. Similarly, once one family member meets the employee-only out-of-pocket maximum, the plan pays covered benefits in full for that individual.
Empyrean/Benefit Strategies, LLC (BSL)

Our HSA plans offer comprehensive health care coverage at lower premiums and higher deductibles than traditional health care plans. As their names suggest, the plans feature HSAs that enable you to pay for current, qualified health care expenses and save for future expenses on a tax-free basis. You have the opportunity to set aside funds in your HSA before taxes through convenient payroll deductions (see “How Your HSA Is Funded”).

How The HSA Plans Work

Basically, the HSA plans offer lower premiums to pay for coverage and you choose how to spend your health care dollars. You can either pay for eligible services by using funds in your HSA, or you can pay for them out of your own pocket. Note: You can only use HSA funds as they are deposited in your account. You can always reimburse yourself later once you have accumulated funds in your account.

How Your HSA Is Funded

Your Contributions

There are several ways to contribute money to your HSA:

- **Pre-tax contributions** through payroll deductions
- **After-tax cash contributions** that are deductible when you file your taxes
- **Catch-up contributions** up to $1,000 per year if you are over age 55 (until you enroll in Medicare)

Company Contributions

If you enroll in an HSA Plan and open an account, you will receive a company contribution* at the beginning of the plan year to get you started on saving. The contribution is $500 for employee-only coverage and $1,000 for all other tiers* and is intended to partially offset the higher deductibles in the HSA plans. In addition, with the reduced deductible in the Premier HSA Plan, the company contribution to the HSA eliminates the difference between the deductible in the Signature PPO Plan and the deductible in the Premier HSA Plan.

Total Annual Contribution Limit

It is important to note that your contributions, when combined with any contributions from the company, may not exceed the IRS annual maximum of $3,500 for individual coverage and $7,000 for family coverage in 2019. Note: Individuals 55 and older may make additional “catch-up” contributions up to $1,000 each year until they enroll in Medicare.

Qualified Health Care Expenses

HSAs enable you to pay for the following qualified health care expenses on a tax-free basis:

- COBRA premiums
- Qualified long-term care insurance and expenses
- Health insurance premiums when receiving unemployment compensation
- Medicare and for those over age 65, retiree health insurance premiums (not Medicare Supplement Premiums)

*Company contribution amounts will be prorated for those who enroll midyear.
The HSA Plan in Action

This step-by-step guide shows how qualified in-network expenses are covered under the HSA Plan.

1. Tribune Publishing contributes to your HSA. You can also contribute via pre-tax payroll deductions up to the IRS annual maximum.*

2. The plan covers qualified, in-network preventive medical services at 100 percent. You pay nothing for these services. Examples include routine medical exams, immunizations and cancer screenings.

3. For all other medical expenses, including prescription drug expenses, you pay 100 percent. You choose whether to pay for qualified health care expenses using funds from your HSA or by paying out of pocket.

4. Once you meet your annual deductible, both you and the HSA plan pay coinsurance for eligible in-network services.

5. Once you reach your annual out-of-pocket maximum, the plan pays 100 percent of the cost for eligible in-network services, and you pay nothing for the remainder of the calendar year.

Simply put, an HSA puts health care spending in your hands.

IMPORTANT
If you are currently enrolled in an HSA plan, you will need to elect your HSA contribution amount during Open Enrollment.

*The 2019 IRS annual maximum is $3,500 for individual coverage and $7,000 for family coverage. If you are over age 55, you can make catch-up contributions up to $1,000 per year until you enroll in Medicare.
Advantages of an HSA

**Triple-Tax Advantage**
- You contribute pre-tax funds through payroll deductions, meaning the money comes out of your paycheck before federal income tax is calculated. This, in turn, reduces the amount of taxable income, so less tax is withheld from your paycheck.
- Funds grow tax-free, and unused funds roll over year to year.
- You can withdraw funds tax-free to pay for qualified health care expenses now and in the future—even in retirement.

**Control**
You own and control the money in your HSA. You decide how or if you want to spend it. You can use it to pay for doctor’s visits, prescriptions, braces, glasses—even laser vision correction surgery.

**Investment Opportunities**
Once you reach and maintain a minimum threshold, you can make investments to help your money grow tax-free.

**Savings Potential**
There is no “use it or lose it” rule. Your account grows over time as you continue to roll over unused dollars from year to year.

**Portability**
Your HSA is yours for life. The money is yours to spend or save, regardless of whether you change health plans,* retire or leave the company.

Note: You cannot participate in both a health care flexible spending account (FSA) and an HSA. In addition, you cannot participate in an HSA if your spouse participates in a health care FSA. However, you may participate in an HSA and limited-purpose FSA. If you currently have a health care FSA and choose to enroll in the HSA, your FSA funds must be $0 by December 31, 2018.

*You must be enrolled in a qualified high-deductible health plan to contribute to an HSA.

For more information, visit www.treasury.gov/resource-center/faqs/Taxes/Pages/Health-Savings-Accounts.aspx.

Voluntary Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It’s true! Our voluntary benefits are designed to complement your health care coverage and allow you to customize our benefits to you and your family’s needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents. You can enroll in these plans during Open Enrollment—they’re completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

**Accident Insurance**
*MetLife*
You have the option of purchasing voluntary accident insurance for you, your spouse and/or your dependent children, which pays you money based on the injury and the treatment you receive, whether it’s a simple sprain or something more serious, like an injury from a car accident. Your plan can pay you a benefit for an emergency room treatment, stitches, crutches, injury-related surgery and certain other accident-related expenses.

**Critical Illness Insurance**
*MetLife*
You have the option of purchasing voluntary critical illness insurance for you and your eligible family members. This plan provides a lump-sum payment upon diagnosis of certain covered conditions, such as cancer, heart attack or stroke, to use any way you want to help cover extra cost of treatment, childcare, mortgage, car payments, etc.

**Hospital Indemnity Insurance**
*MetLife*
You have the option of purchasing voluntary hospital indemnity insurance for you and your eligible family members. It can complement your medical coverage by helping to ease the financial impact of a hospitalization. A flat amount is paid for hospital admission and a per day amount is paid for each day of a covered hospital stay, from the very first day of your stay.
UnitedHealth Premium® Designation Program

For UHC members searching for a doctor, the UnitedHealth Premium Designation program makes it easy to choose quality, cost-efficient providers. Doctors listed in this program are recognized for avoiding complications, reducing redo procedures and following evidence-based medicine. With 16 specialties and 46 subspecialties, you can find a physician that’s right for you.

To locate a Premium Care Physician, just go to www.myuhc.com, click on Find a Doctor and look for the blue hearts. In the Provider Search feature, the Premium Care Physicians will also appear first in a search or you can search specifically for a Premium Care provider.

Telemedicine

Telemedicine is a convenient and cost-effective way to get quick medical attention by phone, online or on your mobile device for many non-emergency conditions. In some cases, Telemedicine U.S. board-certified doctors can even prescribe routine medications and send them to the pharmacy of your choice. Depending on your medical plan administrator, you have the following options:

MDLIVE (BCBSIL)
Register at www.MDLIVE.com/bcbsil, download the MDLIVE app or call 888-676-4204 to access a doctor. Signature PPO Plan participants pay a $10 copay per visit and all HSA plans are subject to the applicable deductible and coinsurance.

Virtual Physician Visits (UHC)
Log on to www.myuhc.com or call 877-440-0547 to request a visit. Signature PPO Plan participants pay a $25 copay per visit and all HSA plan participants are subject to the applicable deductible and coinsurance.

Virtual Physician Visits (Kaiser Permanente)
Log on to www.kp.org, download the KP app or call 800-777-7902 (Mid-Atlantic) or 301-468-6000 (DC Metro). These visits are covered at 100 percent.

Flexible Spending Accounts

Benefit Strategies, LLC (BSL)
Flexible spending accounts (FSAs) allow you to pay for eligible health and/or dependent care expenses on a pre-tax basis, meaning your FSA contributions are deducted from your pay before your federal and Social Security taxes are calculated. The result is that your taxable income is reduced and you get to keep a greater portion of your paycheck.

<table>
<thead>
<tr>
<th>Health Care FSA</th>
<th>Eligible Expenses</th>
<th>Qualified medical, dental and vision expenses not covered by insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum Annual Contribution</td>
<td>$2,650</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Limited-Purpose Health Care FSA (for HSA plan participants)</th>
<th>Eligible Expenses</th>
<th>Qualified dental and vision expenses not covered by insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum Annual Contribution</td>
<td>$2,650</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dependent Care FSA</th>
<th>Eligible Expenses</th>
<th>Qualified dependent care, such as child or eldercare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum Annual Contribution</td>
<td>$5,000 (or $2,500 if married and filing separately)</td>
<td></td>
</tr>
</tbody>
</table>


MORE ON FSAs

You are required to enroll in the FSA each year to participate.

The IRS requires that any unused funds you have set aside for eligible expenses that are still in your account at the end of the plan year (December 31, 2019) be claimed by submitting your eligible expenses no later than March 31, 2020. All claims submitted must be from 2019. Any unused funds will be forfeited.
Dental Coverage

**Delta Dental**
Regular dental checkups can do more than keep your smile attractive—they can also tell dentists a lot about your overall health, including whether or not you may be at risk for chronic diseases. Following is a high-level overview of your in-network dental coverage. For complete coverage details, please refer to the Plan details, located on www.tribpubwellbeing.com.

<table>
<thead>
<tr>
<th>Plan Feature</th>
<th>Standard Plan</th>
<th>Enhanced Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible</td>
<td>$50/$150</td>
<td>$50/$150</td>
</tr>
<tr>
<td>(single/family)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Maximum Benefit</td>
<td>$1,500</td>
<td>$2,000</td>
</tr>
<tr>
<td>Preventive</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td>Basic</td>
<td>Plan pays 80%</td>
<td>Plan pays 80%</td>
</tr>
<tr>
<td>Major</td>
<td>Plan pays 50%</td>
<td>Plan pays 50%</td>
</tr>
<tr>
<td>Orthodontia</td>
<td>Not covered</td>
<td>Plan pays 50%</td>
</tr>
<tr>
<td>Orthodontia Lifetime</td>
<td>N/A</td>
<td>$2,500</td>
</tr>
<tr>
<td>Maximum</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Non-network dentists do not agree to accept Delta Dental’s allowed fees as payment in full; payment is based on the lesser of the submitted fee (their usual fee) or 80th percentile of the medical device reporting (MDR) allowance. These dentists can charge you for costs exceeding the MDR allowance.

**Vision Coverage**

**EyeMed**
Not only can yearly eye exams protect your eyes, they can help detect signs of serious health conditions like diabetes, brain tumors, high blood pressure and high cholesterol. Following is a high-level overview of your in-network vision coverage. For complete coverage details, please refer to the Plan details, located on www.tribpubwellbeing.com.

<table>
<thead>
<tr>
<th>Plan Feature</th>
<th>Frequency</th>
<th>In-Network</th>
<th>Frequency</th>
<th>In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination</td>
<td>Once every 12 months</td>
<td>$10 copay</td>
<td>Once every 12 months</td>
<td>$10 copay</td>
</tr>
<tr>
<td>Basic Lenses</td>
<td>Once every 12 months</td>
<td>$25/$25/$25</td>
<td>Once every 12 months</td>
<td>$10/$10/$10</td>
</tr>
<tr>
<td>Frames</td>
<td>Up to $130; 20% off balance over $130</td>
<td>Up to $175; 20% off balance over $175</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact Lenses</td>
<td>Up to $130; 15% off balance over $130*</td>
<td>Up to $175; 15% off remaining balance over $175*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*For conventional lenses only.

**DELTA DENTAL ENHANCED BENEFIT PROGRAM**

Your dental plan includes the Delta Dental of Illinois’ Enhanced Benefits Program, which offers additional benefits if you or your dependents have specific health conditions (e.g., diabetes, periodontal disease or pregnancy). The program includes additional cleanings and/or applications of topical fluoride.

The cost of these additional services will be applied to your annual maximum. To enroll online, sign into the Member Connection at www.deltadentalil.com and select the “Enhanced Benefits” link.
401(k) Savings Plan

**Vanguard**

To help you save for the retirement of your dreams, we offer the Tribune Publishing Savings Plan. The Tribune Publishing 401(k) Savings Plan helps you save for retirement on a tax-deferred basis. You choose how much to deposit each pay period and how your money is invested. Even better—your contributions are made via convenient, pre-tax payroll deductions, and your funds are tax-deferred until you withdraw them in retirement. You can also make Roth 401(k) contributions on an after-tax basis. Roth 401(k) contributions can be withdrawn tax free in retirement (provided you are 59 1/2 and made your first Roth contributions five years earlier).

**Matching contributions**

For every $1 you contribute of the first two percent of your eligible pay, Tribune Publishing will contribute $1. For every $1 you contribute of the next four percent of your pay, Tribune Publishing will contribute $0.50. So, if you contribute six percent of your eligible pay, you will receive a four percent contribution. This matching contribution is made each pay period. Make sure you maximize your contributions with the company match—it’s easy money!

**True-up company match**

In addition to the company match, Tribune Publishing will contribute the difference between the maximum you could have received as a company match (assuming you have not exceeded the maximum match available) and the actual match you received during the year. True-up contributions are made early in the new plan year for contributions made in the previous plan year.

**Deferred taxes**

Traditional 401(k) contributions are made before you pay income taxes. Taxes are deferred on your savings and any earnings until you begin making withdrawals.

**Compounded growth potential**

Earnings on your savings are automatically invested, where they will continue to grow. As many retirement savers have discovered, the effects of long-term compounding can be remarkable.

**Investment choices**

A variety of investment options are available, ranging from conservative to aggressive, so you can choose the investments that best match your goals and time frame.

Learn to better manage your 401(k) investments with the help of the Financial Engines Personal Advisor service.

**Review your beneficiaries**

Reviewing your beneficiaries should be a regular part of your annual enrollment review, since your personal circumstances may have changed. You can manage your 401(k) beneficiaries by visiting [www.vanguard.com](http://www.vanguard.com) or calling 800-523-1188.

529 Plan

**Vanguard**

To help you save for your child’s future education, we offer the Vanguard® 529 College Savings Plan. The 529 Plan is a tax-advantaged plan* managed by Vanguard and sponsored by the state of Nevada.

You choose how much to contribute, and then your regular contributions are automatically deposited into your 529 Plan account. You can open your Vanguard 529 Plan account with as little as $50, provided you enroll online and contribute to your account through automatic bank withdrawals. To learn more, call a Vanguard education specialist at 866-734-4533.

*The availability of tax or other benefits may be contingent on meeting certain requirements.

For more information on the Tribune Publishing 401(k) Savings Plan or 529 Plan, and to access financial tools, visit [www.vanguard.com](http://www.vanguard.com) or call 800-523-1188.
Financial

Parking and Transit Program

WageWorks
You can also use pre-tax dollars to pay for parking and transit expenses and can enroll in the program at any point during the year.

<table>
<thead>
<tr>
<th>Parking and Transit Program</th>
<th>Eligible Expenses</th>
<th>Commuting expenses (e.g., bus, commuter train, van pool, trolley, subway, ferry, parking, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Pre-Tax Maximum</td>
<td>Parking: $255</td>
<td>Transit: $255</td>
</tr>
</tbody>
</table>

For a complete list of parking and transit expenses or to enroll, visit www.wageworks.com.

Business Travel Accident and Assistance Coverage

AC Newman
Our travel accident benefit covers injuries and death sustained during business travel.

Our travel assistance benefit provides 24/7 access to personal and emergency assistance when you are traveling for business or personal reasons. Dependents traveling with you are also eligible.

Services include:
- Care of minor children
- Compassionate visits
- Emergency medical evacuation
- Emergency message transmission
- Emergency trauma counseling
- Hospital admission guarantee
- Interpreter and legal referrals
- Lost luggage and document assistance
- Medical consultations, evaluations and referrals
- Medical monitoring
- Medical repatriation
- Prescription drug assistance
- Pre-trip information
- Return of mortal remains

Basic Life

MetLife
We help our eligible employees maintain financial security by providing a group life benefit at no cost to you. This benefit is equal to one times your annual salary.

Supplemental Life and AD&D Coverage

MetLife
You also have the opportunity to purchase additional life and accidental death and dismemberment (AD&D) coverage for yourself and your dependents at group rates. Note: Spouse and child coverage is only available when the employee elects voluntary coverage for him or herself.

Employees and dependents who elect coverage when first eligible can elect up to the Guaranteed Issue amounts for life insurance without being required to submit Evidence of Insurability (EOI). If you want to buy more than the Guaranteed Issue amount or if you elect to waive coverage now and enroll later, you will be required to submit EOI.

REVIEW YOUR BENEFICIARIES

Reviewing your beneficiaries should be a regular part of your annual enrollment review, since your personal circumstances may have changed. You can manage your life insurance beneficiaries by visiting www.tribpubbenefits.com or calling 844-548-7662.
Disability Coverage

Lincoln Financial (formerly Liberty Mutual)

We offer eligible employees short-term disability (STD) and long-term disability (LTD) coverage for your financial needs should you need to take a leave from work due to a serious illness or injury. Following is a brief summary of our STD and LTD coverage. STD coverage is fully paid by Tribune Publishing and LTD coverage is paid for entirely by you. See chart and illustration below.

**Short-Term Disability (STD) Coverage**

| STD Coverage Features   | First 4 weeks: 100%  
|                        | After 4 weeks: 40%  
|                        | (buy-up options available at employee’s expense) |
| Weekly Maximum Benefit  | None |
| When Benefit Begins     | 8th calendar day of disability |
| Maximum Benefit Period  | 26 weeks |

**Long-Term Disability (LTD) Coverage**

<table>
<thead>
<tr>
<th>LTD Coverage Features</th>
<th>60%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Maximum Benefit</td>
<td>$15,000</td>
</tr>
<tr>
<td>When Benefit Begins</td>
<td>Generally around 180 days</td>
</tr>
<tr>
<td>Maximum Benefit Period</td>
<td>Greater of Social Security Normal Retirement Age or age 65 (but not less than 5 years)*</td>
</tr>
</tbody>
</table>

*Applies when the age of disability is under 60.

Identity Theft Protection Benefit

**LifeLock**

You have the option of enrolling in our Identity Theft Protection benefit. This program proactively monitors for exposure of your personal data and helps protect you and your family against identity theft globally and in real time.

Legal Plan

**Hyatt Legal (MetLife)**

You have the option of enrolling in the voluntary Legal Plan at a low monthly premium. The plan gives you and your family members access to legal assistance for matters concerning estate planning, real estate, family law, consumer protection and more. Note: One-year enrollment is required.

Auto & Home Insurance

**MetLife**

You have the option of purchasing personal lines of auto and home insurance at discounted rates.

DID YOU KNOW VOLUNTARY BENEFITS CAN HELP OFFSET HEALTH CARE EXPENSES NOT COVERED BY YOUR MEDICAL PLAN?
Employee Assistance Program (EAP)

Morneau Shepell
We understand that it can be difficult to manage family, work-related and personal issues. That’s why we offer an EAP at no cost to you. To help guide you through difficult situations or simply assist you with day-to-day tasks like finding a last-minute dog sitter, trained professionals work with you as you search for solutions. You have access to up to five completely confidential in-person sessions to discuss issues related (but not limited) to:

- Emotional well-being
- Family life
- Healthy living
- Legal/financial matters

Pet Insurance

Nationwide
You have the option of purchasing voluntary pet insurance at discounted group rates to help cover the costs associated with veterinary care.

Will Preparation Services

MetLife
You and your spouse have access to an attorney for preparing or updating a will, living will and powers of attorney when you enroll in supplemental life coverage.

Employee Discounts

Working Advantage
All employees have access to discounts on automotive, electronic, consumer, educational assistance, home security, travel, home and work-life products and services.

Flexible Time Off

- **Non-exempt (hourly) employees**: As an hourly employee, you are encouraged to take time off as needed for vacations, sickness, personal business or for any other reason you may want or need time away from work. You may take the amount of paid time you need for purposes such as vacation, travel and non-extended illness or injury, subject to your professional judgment and to the performance expectations of your manager.

Company Holidays
You will receive the following holidays off in 2019:

- January 1: New Year’s Day
- January 14: MLK Day
- February 18: Presidents Day
- May 27: Memorial Day
- July 4: Independence Day
- September 2: Labor Day
- November 21: Thanksgiving
- November 22: Day after Thanksgiving
- December 25: Christmas
# Benefits Contact Directory

<table>
<thead>
<tr>
<th>Topic</th>
<th>Contact</th>
<th>Phone &amp; Email</th>
<th>Website &amp; Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Benefits and/or Enrollment</td>
<td>Tribune Publishing Benefits Service Center</td>
<td>844-548-7662 9 a.m.-7 p.m. CT</td>
<td><a href="http://www.tribpubbenefits.com">www.tribpubbenefits.com</a></td>
</tr>
<tr>
<td>Medical Coverage</td>
<td>Blue Cross Blue Shield of Illinois</td>
<td>888-775-6533</td>
<td><a href="http://www.bcbsil.com">www.bcbsil.com</a></td>
</tr>
<tr>
<td></td>
<td>UnitedHealthcare</td>
<td>855-396-4454</td>
<td><a href="http://www.myuhc.com">www.myuhc.com</a></td>
</tr>
<tr>
<td></td>
<td>Kaiser Mid-Atlantic</td>
<td>800-777-7902</td>
<td><a href="http://www.kp.org">www.kp.org</a></td>
</tr>
<tr>
<td></td>
<td>Kaiser DC Metro</td>
<td>301-468-6000</td>
<td><a href="http://www.kp.org">www.kp.org</a></td>
</tr>
<tr>
<td>Medical Coverage</td>
<td>Blue Cross Blue Shield of Illinois</td>
<td>888-775-6533</td>
<td><a href="http://www.bcbsil.com">www.bcbsil.com</a></td>
</tr>
<tr>
<td></td>
<td>UnitedHealthcare</td>
<td>855-396-4454</td>
<td><a href="http://www.myuhc.com">www.myuhc.com</a></td>
</tr>
<tr>
<td></td>
<td>Kaiser Mid-Atlantic</td>
<td>800-777-7902</td>
<td><a href="http://www.kp.org">www.kp.org</a></td>
</tr>
<tr>
<td></td>
<td>Kaiser DC Metro</td>
<td>301-468-6000</td>
<td><a href="http://www.kp.org">www.kp.org</a></td>
</tr>
<tr>
<td>Prescription Drug Coverage</td>
<td>BCBSIL/UHC: Rx Benefits</td>
<td>800-334-8134/rxhelp@rxbenefits.com</td>
<td><a href="http://www.express-scripts.com">www.express-scripts.com</a></td>
</tr>
<tr>
<td></td>
<td>Kaiser Mid-Atlantic</td>
<td>800-777-7902</td>
<td><a href="http://www.kp.org">www.kp.org</a></td>
</tr>
<tr>
<td></td>
<td>Kaiser DC Metro</td>
<td>301-468-6000</td>
<td><a href="http://www.kp.org">www.kp.org</a></td>
</tr>
<tr>
<td>Health Savings Accounts (HSAs)</td>
<td>Benefit Strategies, LLC (BSL)</td>
<td>844-236-2368</td>
<td><a href="http://www.benstrat.com">www.benstrat.com</a></td>
</tr>
<tr>
<td>Telem medicine</td>
<td>BCBSIL: MDLIVE</td>
<td>888-676-4204</td>
<td><a href="http://www.MDLIVE.com/bcbsil">www.MDLIVE.com/bcbsil</a></td>
</tr>
<tr>
<td></td>
<td>UHC: Nurseline</td>
<td>877-440-0547</td>
<td><a href="http://www.myuhc.com">www.myuhc.com</a></td>
</tr>
<tr>
<td></td>
<td>Kaiser Mid-Atlantic</td>
<td>800-777-7902</td>
<td><a href="http://www.kp.org">www.kp.org</a></td>
</tr>
<tr>
<td></td>
<td>Kaiser DC Metro</td>
<td>301-468-6000</td>
<td><a href="http://www.kp.org">www.kp.org</a></td>
</tr>
<tr>
<td>Flexible Spending Accounts (FSAs)</td>
<td>Benefit Strategies, LLC (BSL)</td>
<td>844-236-2368</td>
<td><a href="http://www.benstrat.com">www.benstrat.com</a></td>
</tr>
<tr>
<td>Dental Coverage</td>
<td>Delta Dental</td>
<td>800-323-1743</td>
<td><a href="http://www.deltadentalil.com">www.deltadentalil.com</a></td>
</tr>
<tr>
<td>Vision Coverage</td>
<td>EyeMed</td>
<td>866-723-0513</td>
<td><a href="http://www.eyemed.com">www.eyemed.com</a></td>
</tr>
<tr>
<td>401(k) Savings Plan and 529 Plan</td>
<td>Vanguard</td>
<td>800-523-1188</td>
<td><a href="http://www.vanguard.com">www.vanguard.com</a></td>
</tr>
<tr>
<td>Life, Accidental Death and Dismemberment (AD&amp;D)</td>
<td>MetLife</td>
<td>800-GETMET8 (800-438-6388)</td>
<td><a href="http://www.metlife.com">www.metlife.com</a></td>
</tr>
</tbody>
</table>
## Benefits Contact Directory

<table>
<thead>
<tr>
<th>Topic</th>
<th>Contact</th>
<th>Phone &amp; Email</th>
<th>Website &amp; Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auto &amp; Home, Accident, Critical Illness and Hospital Indemnity Insurance</td>
<td>MetLife</td>
<td>800-GETMET8 (800-438-6388)</td>
<td><a href="http://www.metlife.com">www.metlife.com</a></td>
</tr>
<tr>
<td>Identity Theft Protection Benefit</td>
<td>LifeLock</td>
<td>Phone: 800-607-9174 Fax: 952-474-2291</td>
<td><a href="http://www.lifelock.com">www.lifelock.com</a></td>
</tr>
<tr>
<td>Legal Plan</td>
<td>Hyatt Legal (MetLife)</td>
<td>800-GETMET8 (800-438-6388)</td>
<td><a href="http://www.metlife.com">www.metlife.com</a></td>
</tr>
<tr>
<td>Employee Assistance Program (EAP)</td>
<td>Morneau Shepell</td>
<td>866-695-6327</td>
<td><a href="http://www.workhealthlife.com">www.workhealthlife.com</a></td>
</tr>
<tr>
<td>Will Preparation Services</td>
<td>Hyatt Legal (MetLife)</td>
<td>800-GETMET8 (800-438-6388)</td>
<td><a href="http://www.metlife.com">www.metlife.com</a></td>
</tr>
</tbody>
</table>

**Please note:** This communication is intended to provide you with highlights of our benefits program. It is not intended to address all details. Actual benefit coverage is specified in the Plan Documents. In the event of any differences between this communication and the Plan Documents, the Plan Documents will govern. The benefits described in this communication are for non-union employees. Benefits for union-represented employees are subject to collective bargaining and may differ from the benefits described in this communication. Premiums for union-represented employees who participate in these plans may also be different.
This guide is intended to provide you with highlights of our benefits program. It is not intended to address all details. Actual benefit coverage is specified in the Plan Documents. In the event of any differences between this guide and the Plan Documents, the Plan Documents will govern. The benefits described in this guide are for non-union employees. Benefits for union-represented employees are subject to collective bargaining and may differ from the benefits described in this document.