2020 OPEN ENROLLMENT
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Open Enrollment

1. When is the open enrollment period?

Tribune Publishing’s open enrollment period will be held from **November 6, 2020** through **November 20, 2020**. For 2020 this will be an active enrollment.

You must **actively enroll** in the following to have coverage for 2020

- Medical
- Dental
- Vision
- Healthcare Flexible Spending Account
- Dependent Care Spending Account
- Limited Healthcare Flexible Spending Account
- Health Savings Account

All other 2019 elections will rollover (STD, LTD, Life, AD&D, voluntary benefits, and Pet Insurance)

2. How do I enroll in benefits for 2020?

Visit [www.tribpubbenefits.com](http://www.tribpubbenefits.com) to select your benefits.

If you are a new hire and your new hire window ends during the open enrollment period of 11/6/2019 – 11/20/2019 or if you’re hired between 11/1/2019 and 12/1/2019, and you have not elected your new hire benefits as of yet, you will need to make both your 2019 and 2020 elections via the [www.tribpubbenefits.com](http://www.tribpubbenefits.com) website

**How to access the Benefits website:**

First time users should click on the Register button and follow the instructions to create a new account at [www.tribpubbenefits.com](http://www.tribpubbenefits.com). You will be prompted to enter information to verify your identity by giving the following information:

- First and Last Name of the employee
- Last four digits of Social Security Number or Employee ID
- Address
- Date of Birth

You will only need to complete this task once as future logins will use the account information you initially created. You can login from anywhere on any device.
You can also call the Tribune Publishing Benefits Service Center at (844) 548-7662 to make your elections over the phone. The Service Center is staffed by specially trained benefits counselors who can assist with enrollment, claims issues, or answer any questions you may have regarding your 2020 benefits. Spanish and other language translation services are also available upon request.

Tribune Publishing Benefit Service Center

Hours of Operation

Monday – Friday 9am – 7pm Central Time

3. What happens if I do not enroll?

If you do not actively enroll during the open enrollment period, you will default to NO COVERAGE for the following plans:

- Medical
- Dental
- Vision
- Healthcare Flexible Spending Account
- Limited Purpose Flexible Spending Account
- Dependent Care Flexible Spending Account
- Health Savings Account

All other coverages will remain at your current 2019 election including:

- Basic Life Insurance (company provided)
- Supplemental Life Insurance
- Short Term Disability (Company provided)
- Short Term Disability Buy Up
- Long Term Disability
- Voluntary benefits through MetLife
- Pet Insurance

You will not be able to add benefits for the remainder of 2020 unless you have a qualifying life event which changes your status, such as the following:

- Birth, adoption, placement for adoption, or legal guardianship of a child
- Marriage, divorce, legal separation or annulment
- Registering your Domestic Partner
- Change in your ability to meet the requirements for Domestic Partner coverage
- Dissolution of Domestic Partnership
- Death of a dependent
- Change in employment (commencement, termination or full-time/part-time status) that affects eligibility under another plan
- Spouse/Domestic Partner or dependent enrolls in or ends coverage in Medicare or Medicaid
- Dependent child no longer qualifying as an eligible dependent

For the full list of qualifying family status changes, please visit the Tools and Resources section of the www.tribpubwellbeing.com company benefits microsite.

4. **Who do I contact if I have benefits questions?**

If you have questions about 2020 benefits or the open enrollment process, the Tribune Publishing Benefits Service Center ((844) 548-7662) is currently available to take your calls and answer general questions around 2020 benefits. They will not be able to take open enrollment elections until the window opens on November 6.

5. **Can I make changes to my elections during the enrollment period?**

You can make as many changes as you want to your benefit elections between November 6 and November 20. After November 20, your benefit elections will be final for the 2020 Plan Year and you will no longer be able to make any changes, unless you have a qualified life event change (see question #3 or visit the Tools and Resources section of the www.tribpubwellbeing.com company website to view qualified events and how to process.

**ELIGIBILITY**

**Dependent Eligibility**

6. **How do I know if my dependents are eligible for coverage?**

An eligible dependent is considered to be one of the following:

- Your spouse to whom you are legally married
- Your domestic partner
- You or your spouse’s or domestic partner’s natural child, stepchild, legally adopted child, a child placed for adoption or a child for whom you or your spouse are the legal guardian, up to age 26, regardless of the child’s student or marital status, and who is not otherwise eligible for group health care coverage offered by his or her own employer.
- An unmarried child of any age who is or becomes disabled and is dependent upon you (subject to plan review).
- A child for whom health care coverage is required through a Qualified Medical Child Support Order (QMCSO). Generally, a QMCSO is issued as part of a paternity, divorce, or other child support settlement.

Your dependents will not be enrolled in the plan unless you are also enrolled.

7. **What information will I need to provide to enroll an eligible dependent?**
To enroll a newly eligible dependent, you will need to provide their date of birth and social security number along with documentation showing they are a valid dependent. Existing covered dependents in 2019 will not need to provide documentation. We ask that you verify all data for your dependents during open enrollment to ensure they are considered an eligible dependent for the 2020 plan year.

8. What if my spouse/domestic partner and I are both employed at Tribune Publishing?

If you and your spouse or domestic partner is covered under Tribune Publishing benefits, you may each be enrolled as an employee, or be covered as a dependent of the other person, but not both. Additionally, if you and your spouse or domestic partner is covered under Tribune Publishing benefits, only one parent may enroll your child as a dependent.

9. What if I have a family status change during or after the enrollment period?

Please contact the Tribune Publishing Benefits Service Center at 844-548-7662 or www.tribpubbenefits.com to process your qualifying life event.

Part-Time Eligibility

10. Am I eligible for coverage if I am a part-time employee?

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 coverage only during open enrollment based on the hours worked between October 3, 2018 – October 2, 2019.

If you are deemed to be eligible, you will receive an enrollment kit in the mail.

Union employees must refer to their collective bargaining agreement on what benefits are offered to part-time employees in your union.

Medical

11. Who are the Medical carriers for 2020?

Medical carriers vary based on your home ZIP code. Blue Cross Blue Shield of IL will be offered nationally. Kaiser Mid-Atlantic will be offered in Maryland, Washington DC and Virginia. United Healthcare (“UHC”) will no longer be an additional option for residents of the state of Florida and Connecticut.

If you are using the “Find a Doctor” feature on the carrier websites, please use the following networks:

- Blue Cross Blue Shield of Illinois (“BCBSIL”) - Select PPO (Participating Provider Options) network
- Kaiser – Select Kaiser network
12. Where can I find the website/contact information for the carriers for 2020?

Tribune Publishing’s benefits microsite provides all of the related benefits information for 2020, based on our four pillars of Wellness (Physical, Work-Life, Financial and Social):

- Health Plan Information
- Savings Plan Information
- 2020 Benefits Guide
- Vendor website and contact information

As previously communicated, the site is located at www.tribpubwellbeing.com and can be accessed anywhere from any device (no longer need to be logged into the Tribune Publishing network). If you have not done so, please take a look at the site as there is a wealth of information available at your fingertips. If for some reason you are having difficulties with the website connecting, you can also use the webpage http://tribpub.gobenefits.net.

13. How do I know which medical plan is right for me?

You will be able to choose from a variety of medical plans that offer quality coverage at a range of costs. You should consider how much you want to have deducted from your paycheck and how much you anticipate your health costs to be in 2020. As a reminder, there is a plan comparison tool on the benefits website. Answer a few questions and it will give you suggestions of which medical plan may be right for you.

Need to review your medical claim experience for 2019? Please go to the following websites to see your current claims experience. If you have not done so, you will need to set up an online profile to access your claims information.

Blue Cross/Blue Shield – https://www.bcbsil.com. Click on Login to go to your existing account or create a new one
United HealthCare – https://www.myuhc.com. Click on register now to create your online profile
Kaiser (Mid-Atlantic) – www.kp.org. Click on register if you are a new user.
Rx Benefits – www.express-scripts.com

Plans Not Eligible for a Health Savings Account
- Blue Advantage HMO for IL
- Signature PPO
- Signature HMO (Kaiser Mid-Atlantic)

Plans Eligible for Health Savings Account
- Premier HSA Plan
- Premium HSA Plan
- Basic HSA Plan
14. What is a deductible?

A deductible is what you pay before the plan begins to pay benefits. For example, if you are in the Premier HSA with a $1,500 deductible, you would be responsible for the first $1,500 in medical expenses before the plan begins to pay benefits at the 80% coinsurance level. Keep in mind that preventive care is not subject to the deductible in any of the medical plans offered in 2020. This means that preventive care is 100% covered and you do not need to fulfill the deductible before the plan begins to pay benefits.

15. What is coinsurance?

After you reach your deductible limit the plan starts paying a portion of your health costs. The coinsurance amount depends on the plan you are in, and whether services are in-network or out-of-network. For example, if you are in the Signature PPO plan, once you have paid the $1000 deductible, the Plan will pay for 80% of your subsequent in-network expenses while you are responsible for 20%. Refer to the plan comparison chart for the coinsurance levels. In-network preventive care is covered by the company at 100%.

16. What is an annual out-of-pocket maximum?

Once you reach the annual out-of-pocket maximum (amounts vary depending on plan), the Plan pays 100% of your eligible medical expenses for the remainder of the calendar year. Please refer to the plan comparison chart for the out-of-pocket maximum levels.

17. How are deductibles and out-of-pocket maximums met under each plan?

**Aggregate:** Under the Premier HSA Plan, if you cover any family member(s) in addition to yourself:
- The entire Family Deductible must be met before benefits begin to pay out for any family member.
- The entire Family Out-of-Pocket Maximum must be met before the plan pays in full for any family member.

**Example (Premier HSA) – Aggregate deductible:** – If the individual deductible limit is $1,500 and the family deductible is $3,000 and one member of your family has a procedure that costs $5,000, your family will be responsible for $3,000 and the plan will pay benefits for that member for all amounts over the family deductible limit. Then any future charges for any family member the plan will begin paying benefits, so if someone in your family needs medical services the family deductible has already been met.

**Embedded:** For all other plans (Signature PPO, Signature HMO, Premium HSA, Basic HSA), if you cover any family member(s) in addition to yourself:
- Once one family member meets the Single Deductible, benefits begin to be paid for that individual.
• Once one family member meets the Single Out-of-Pocket Maximum, the plan pays covered benefits in full for that individual.

**Example (Premium HSA Plan): – Embedded deductible** – If the individual deductible limit is $2,850 and the family deductible is $5,700 and one member of your family has a procedure that costs $5,000, your family will be responsible for $2,850 and the plan will pay benefits for that member for amounts over the deductible limit. There will also be $2,850 left over in the family deductible, so if someone in your family needs medical services you pay the remainder of the deductible.

**How are my medical premiums calculated? What is the calculation based upon?**

Medical premiums are based on salary bands. The higher the salary band, the more an employee is required to share in the cost of the medical premiums. Below are the salary bands for the 2019 Plan Year:

- $0 - $35,000
- $35,001 - $55,000
- $55,001 - $75,000
- $75,001 - $200,000
- $200,001+

If you are a commissioned employee, your medical premiums will be based on what is called the Annual Benefits Base Rate (“ABBR”). This is defined as your base salary + commissions earned in the 2019 Plan Year.

Your ABBR will be updated in early January for purposes of calculating your 2020 medical benefit premiums. Any changes to associated medical deductions will be updated by the first paycheck in February 2020.

**18. Can you help explain the Blue Distinction Center requirement for the BCBS plans (excluding Blue Advantage HMO) for 2020?**

If you’re a BCBSIL member enrolled in the Signature PPO, Premier HSA, Premium HSA or Basic HSA plan, are in need of surgery and you are not sure where to turn, look to the Blue Distinction Centers (BDC/BDC+) of Excellence program, which recognizes facilities and providers nationwide for their expertise in delivering quality specialty care for:

- Bariatric surgery
- Cardiac care
- Knee and hip replacement
- Spine surgery
- Transplants

In addition to having access to this network of excellence, you and a companion are also eligible for a benefit up to $10,000 (combined) should you need to travel to a Center of Excellence facility for any of the procedures listed above. If you are having bariatric surgery, cardiac care, knee and hip replacement, spine surgery, or a transplant, and do not use a BDC, your hospital facility charge will be considered out of network even if the doctor is in the BCBS network.
19. Where can I go to view the list of Blue Distinction Centers in my area?

You can go to the following website: www.bcbs.com/blue-distinction-center/facility. Click on the facilities tab and then pick your state and procedure type. You will note there are other procedures listed on the site, but the ones you should be concerned with are the five procedure types only:

- Bariatric surgery
- Cardiac care
- Knee and hip replacement
- Spine surgery
- Transplants

This website is updated in real time. When new hospitals are added they will display on this website.

20. I noticed some hospitals do not currently have the Blue Distinction Center ranking. Will my hospital be added to the list?

If you have questions about a specific hospital and why it may not be on the list, please contact Blue Cross Blue Shield of IL at 888-775-6533.

21. In the event of an emergency and I need to have emergency surgery at a hospital that is not a Blue Distinction Center, will my charges be considered out of network?

No. All charges for emergency procedures would be considered in-network even if done at a non BDC/BDC+ facility.

Savings & Spending Accounts

Health Savings Accounts

22. What is a Health Savings Account (“HSA”)?

If you are enrolled in a high-deductible health plan, you will continue to have the option to contribute pre-tax dollars to a Health Savings Account (“HSA”), administered by HSA Bank with Empyrean. Please note, we will no longer be using Benefit Strategies as the HSA provider after 2019. You will select an annual amount which will be prorated and deducted from your pay at each pay period. You can change the deduction amount throughout the year, as long as the annual amount doesn’t exceed the IRS limit (detailed in the table below). HSA funds can be used for qualified medical expenses for you and your covered dependents, such as:
• Doctor visits – deductibles, copayments, coinsurance
• Prescription medication
• Dental care (including orthodontia)
• Eyeglasses, contacts, LASIK surgery

Your account balance rolls over from year to year and is portable – meaning that if you every leave Tribune Publishing, your account is yours to keep. In January 2020, Tribune Publishing will contribute $500 to those enrolled in Employee Only coverage and $1,000 for those enrolled in Employee + Spouse/Domestic Partner, Employee + Child(ren) or Employee + Family coverage.

Note: The annual HSA contributions are limited by IRS guidelines. These limits include your contribution amount as well as Tribune Publishing’s contribution. If you are 55 or older, you may contribute an additional $1,000 above the IRS limit.

DON’T MISS OUT ON THE COMPANY CONTRIBUTION!

You MUST open the Health Savings Account through HSA Bank to receive the Tribune Publishing Employer Contribution. If you click “Decline Coverage”, you won’t receive the employer contribution. Don’t miss out! In 2020, the Employer Contribution will be paid in a one-time payment after the first payroll of 2020.

In order to ensure that you receive the employer contribution (as a new enrollee in an HSA):

• Your address must not contain a PO Box

If you have a PO Box as your primary address or any of your address lines in Workday have a PO Box, HSA Bank cannot open an account for you for a Health Savings Account. You must have a physical address on file in Workday. This is in line with US Patriot Act Guidelines.

23. What are the advantages of a Health Savings Account (“HSA”)?

Health Savings Accounts have tax advantages!
• They are “triple tax-advantaged”, meaning:
  • Amounts you contribute are tax-free
  • The account earns interest or investment income tax-free
  • As long as you withdraw it for a qualified medical expense, the withdrawal is tax-free

If you retain a balance the account past age 65, you may withdraw the account for any reason and only pay ordinary income tax on it.

24. Are there limits to how much I can contribute under the HSA Plans?

The annual HSA contributions are limited by IRS guidelines. These limits include your contribution amount as well as Tribune Publishing’s contribution. If you are 55 or older, you may contribute an additional $1,000 above the IRS limit.

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>2020 IRS Limit</th>
<th>Tribune Publishing Contribution</th>
<th>Your Maximum Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$3,550</td>
<td>$500</td>
<td>$3,050</td>
</tr>
</tbody>
</table>
If you are enrolled in the Signature PPO plan or the Blue Advantage HMO Plan in IL, you won’t be eligible to elect an HSA, but you can still contribute pre-tax dollars to a Healthcare Flexible Spending Account (FSA).

<table>
<thead>
<tr>
<th>Employee + Spouse/Domestic Partner</th>
<th>$7,100</th>
<th>$1,000</th>
<th>$6,100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee + Children</td>
<td>$7,100</td>
<td>$1,000</td>
<td>$6,100</td>
</tr>
<tr>
<td>Family</td>
<td>$7,100</td>
<td>$1,000</td>
<td>$6,100</td>
</tr>
</tbody>
</table>

25. **My spouse is enrolled in an FSA. Can I contribute to an HSA?**

The IRS will assume that your spouse's FSA funds are available to all family members. This would make you ineligible to contribute to an HSA. You will remain ineligible until the end of the FSA plan year (not just until there is a zero balance in your FSA).

26. **I am currently on a maintenance medication. If I choose an HSA Plan, how will my prescription be paid?**

Prescription drugs under all of the HSA Eligible plans are subject to the deductible before the plan pays any benefits. Example: If previously, you had a 90-day maintenance medication where you paid a $150 copay and the retail cost of the drug was $1,000, you would be responsible for paying the $1,000 which would be subject to the deductible. The HSA plan would begin paying at the coinsurance level when your deductible has been met. If you are interested in moving to an HSA Plan with Health Savings Account and take maintenance medications, you can contact Rx Benefits and they can give you an idea how much a drug would cost when subject to deductible/coinsurance.

27. **I am an active employee who is 65 or older. Am I eligible for an HSA account?**

Yes, provided you are not enrolled in Medicare benefits. Enrolled in Medicare is defined as:

- Part A which covers hospital treatment
- Part B which covers outpatient treatment
- Not enrolled in Social Security benefits. If you are receiving Social Security Benefits, you are automatically enrolled in Part A.

28. **With the HSA Administrator moving from Benefit Strategies to HSA Bank, will that impact my Benefit Strategies debit card?**

Since we are changing administrators, your HSA debit card will no longer work after 12/31/2019. You will need to submit any expense reimbursements to your HSA by uploading those to the Benefit Strategies website.

29. **If I sign up and open an HSA account with HSA Bank, and have an old HSA Account at Benefit Strategies or elsewhere, can I roll over those funds to HSA Bank?**
Yes. We will be sending a note out to all employees the week of December 3 which will explain the process of how you can facilitate an automatic rollover of funds from Benefit Strategies or from any other HSA providers and include that form via email and it will also be available on the www.tribpubwellbeing.com website for your to download at that time.

You will need to submit this form to Benefit Strategies after your last payroll of the year to facilitate this process. If you have any expenses that need to be paid, please submit those prior to submitting the rollover paperwork. Rollovers can take up to 10 business days to process.

HSA Bank will offer anyone a $25 reward bonus for rolling over funds of $500 or more to HSA Bank. Please note: the $25 reward bonus is only offered one time. If you have multiple accounts with greater that $500, you will only receive one $25 reward bonus.

This $25 reward bonus will cover any monthly maintenance fees or account closure fees that Benefit Strategies may impose on you after January 1, 2020. You can view their fee schedule on their website, www.benstrat.com.

30. Can I decide to leave my HSA with Benefit Strategies?

Yes. You can leave your HSA with Benefit Strategies if you wish. Please note, that as you will no longer be with an active employer at Benefit Strategies, your account will begin to be debited with monthly maintenance fees according to the Benefit Strategies fee schedule which can be found on their website, www.benstrat.com.

31. If I move to a non-HSA eligible plan (BCBS PPO, Kaiser Signature HMO, or Blue Advantage HMO), can I continue to use my HSA Account for expense reimbursements?

Yes. Your HSA account is yours to use as you wish. You can use it to reimburse yourself for any qualified medical expenses, even if those expenses are for a non-HSA eligible plan.

Keep in mind, however, that if you are not in a plan that is eligible to open an HSA account, you will not be able to fund your existing HSA with additional contributions. In this case you would need to sign up for a traditional Flexible Spending Account in 2020.

Example: In 2019 you were in the Premier HSA Plan and decide to change your election to the BCBS PPO Plan and you have a balance in your HSA Account. You can continue to use your HSA Account for medical expense reimbursement but will not be able to put any additional contributions towards your HSA, because you are not enrolled in a qualified high deductible health plan.

You will be able to open a traditional Health Care Flexible Spending Account to fund for any additional expenses for 2020. Keep in mind, that a traditional health care flexible spending account is use it or lose it, meaning if you do not use all the funds for 2020, those are forfeited.

32. When will I receive my new HSA Bank debit card?

You should receive your welcome kit from HSA Bank in mid-December which will include your new debit card.
Flexible Spending Accounts

33. What is a Flexible Spending Account (“FSA”)?

Like an HSA, a Flexible Spending Account (“FSA”) allows you to set aside pre-tax dollars for qualified expenses. Your account is immediately funded with the full amount you select at the beginning of the year, and you “pay your account back” through pre-tax contributions each pay period. Unlike an HSA, your money does not roll over from year to year, so any unused funds will be forfeited. Expenses must be incurred by December 31, 2019 and submitted for reimbursement by March 31, 2020.

If you are enrolled in a PPO plan, you are eligible for a General-Purpose Healthcare FSA. The minimum annual contribution amount is $260, and the maximum is $2,700 for 2020. Eligible medical expenses include:

- Doctor visits – deductibles, copayments, coinsurance
- Prescription medication
- Dental care (including orthodontia)
- Eyeglasses, contacts, LASIK surgery

34. What is a limited purpose FSA?

If you are in an HSA plan, you can contribute additional pre-tax dollars to a Limited Purpose FSA for dental and vision care expenses only. This approach enables you to pay for vision and dental care expenses throughout the year, while saving your HSA funds for future medical needs. The minimum annual contribution amount is $260, and the maximum is $2,650 for 2020.

35. What is a Dependent Care FSA?

A Dependent Care FSA covers expenses such as babysitting, after-school programs, preschool and eldercare. The minimum contribution is $260, and the maximum is $5,000 annually.

Note: The Dependent Care FSA is not loaded in the beginning of the year. Funds are available as contributions are taken from your pay at each pay period.

36. With the FSA plan administrator changing to FSA Bank for 2020, how do I submit 2019 expenses?

For the Health Care Flexible Spending Account, Limited Purpose Flexible Spending Account and the Dependent Care Flexible Spending Account, you must submit all 2019 expenses to Benefit Strategies by March 31, 2020. Please do not wait until the last minute in the event there are issues with processing your reimbursement.

Prescription Drug

37. Who is the prescription drug provider for 2020?
If you’re enrolled in a Blue Cross Blue Shield medical plan (excludes Blue Advantage HMO), your prescription drug carrier will be Rx Benefits. Rx Benefits offers a concierge level of service to help employees navigate the prescription drug marketplace, with the backing of Express Scripts behind them.

*Note: Kaiser continues to offer its prescription drugs through their medical plan. If you elect the Blue Advantage HMO, your Rx carrier will be Prime Therapeutics.*

### 38. Will I receive new ID cards for 2020?

You will receive new ID cards for the 2020 plan year for Medical coverage and Prescription coverage if you enroll and change plans. Watch for your new ID cards towards the end of December. If you elect the Blue Advantage HMO, you will receive one combined medical and prescription ID card.

### Dental & Vision

#### 39. Who is the dental carrier for 2020?

The dental carrier for 2020 is MetLife. You may choose a standard plan or buy-up to an enhanced plan that covers child orthodontia. Please note, we will no longer use Delta Dental after 2019.

#### 40. Who is the vision carrier for 2020?

We are offering vision insurance through MetLife. Please note, we will no longer use Eyemed after 2019.

#### 41. Will I receive new ID cards for Dental and Vision for 2020?

No. MetLife does not print ID cards for employees. You simply advise your provider that you are with MetLife and they will submit the claim for reimbursement.

### Life Insurance/AD&D Insurance

#### 42. Who is the life insurance/AD&D carrier for 2020?

Tribune Publishing will provide life insurance through MetLife for 2020. The company will continue to provide coverage equal to 1 times salary at no cost to you. You can purchase supplemental insurance for you, your spouse/domestic partner, and children as well. Supplemental Life insurance elections will rollover for 2019 for Employee Supplemental Life, Spouse life, and Child Life plans.

You can also purchase Accidental Death & Dismemberment (“AD&D”) insurance in $25,000 increments up to a maximum of $4 million dollars through Metlife. 2020 elections for Voluntary AD&D will rollover from 2019.

#### 43. Will I need to provide Evidence of Insurability (“EOI”) for supplemental life insurance?
Yes, you will need to provide EOI regardless of increase.

44. **What about my life insurance beneficiaries? Will I need to re-enter those on the website?**

You will not need to re-enter your beneficiary information during open enrollment. We do ask that you please review and ensure your beneficiary information is correct as personal situations may have changed over the past year. To review your current beneficiary elections, please go to the www.tribpubbenefits.com to review this information.

**Leaves of Absence & Disability Insurance**

45. **Who is the disability vendor for 2020?**

Liberty Mutual/Lincoln Financial will continue to administer Short-Term Disability (“STD”), Long-Term Disability (“LTD”), and leaves under the Family and Medical Leave Act (“FMLA”).

- **Short-Term Disability (“STD”)** - Tribune Publishing will continue to provide enhanced short-term disability coverage at 100% of your pay for the first 4 weeks, and 50% thereafter, for a maximum duration of 26 weeks. You may also elect to purchase additional coverage up to 60% or 80% of your pay.

- **Long-Term Disability (“LTD”)** – You can purchase LTD coverage at 60% of your pay, at a maximum of $15,000 per month. This election must be made during open enrollment. Your LTD benefits start after your 26-week Short-Term Disability ends.

46. **Will I need to provide Evidence of Insurability (“EOI”) for LTD coverage?**

If you are not currently enrolled in LTD coverage and you elect it for the first time during Annual enrollment, you will be required to submit an EOI form to Liberty Mutual/Lincoln Financial for review. If you are currently enrolled, your election will be populated in the benefits system and no EOI will be required.
47. My pay is commissioned based. How is my disability pay calculated?

If you are a commissioned employee, your disability pay will be calculated using your Annual Benefits Base Rate (“ABBR”) from 2019.

Your ABBR will be updated in early January for purposes of your 2020 disability deductions. Any changes to disability insurance amounts (whether STD or LTD) and associated deductions will show up on your paycheck no later than the first paycheck in February. You will receive a notification via email when this change occurs.

48. I am currently on a leave of absence or scheduled to go on a leave of absence in 2019. How does this affect my enrollment options?

If you are currently on a leave of absence or scheduled to go out on a leave of absence in 2019, you will still have the opportunity to enroll in 2020 Tribune Publishing benefits during open enrollment. Your 2020 benefits will begin on January 1, 2020. If you are on short-term disability, your disability pay will continue to be calculated at the 2019 disability pay rate even if your disability crosses years.

49. Are any of my open enrollment benefit elections affected by my current leave of absence and/or disability status?

If you apply for an increase in life insurance and are approved, the coverage will be effective upon your active return to work status, subject to approval of applicable Evidence of Insurability (EOI). Your current basic and/or supplemental life insurance will remain in effect until December 31, 2019 or you return to work, whichever is later.

If you buy-up STD or enroll in LTD, the coverage will be effective upon your active return to work status, subject to approval of applicable Evidence of Insurability (“EOI”). Your current disability elections will remain in effect until December 31, 2019 or you return to work, whichever is later.

50. What happens to my benefits if I go on long-term disability?

If you transition to long-term disability (“LTD”), you will remain eligible for benefits for up to 12 months as long as you are on an approved LTD claim from Liberty Mutual. After this, you will be offered COBRA and other conversion rights available to you at the time benefits terminate.

The following pre-tax benefits will be discontinued on the date of your transition to LTD: Health Savings Account (“HSA”), Dependent Care FSA (“DCSA”) and Health Care FSA (“HCSA”). You will have 90 days to submit eligible HCSA and DCSA claims for expenses incurred prior to your LTD transition date. Post-tax voluntary benefit elections will also end on the date of your transition to LTD. This includes STD, LTD (premiums are waived once you transition to LTD), Critical Illness, Hospital Indemnity, Legal Assistance, and Identity Protection and Pet Insurance.
Other Benefits

51. Who is the commuter benefits carrier for 2020?

In 2020 transportation reimbursement (which covers both transit and parking expenses) will continue to be offered by Wageworks. You will have the opportunity to contribute pre-tax dollars for transportation and parking expenses, which helps lower your tax bill. You can make or change your election on www.wageworks.com. This must be done by the 10th of the month to receive commuter benefits for the upcoming month. So, if you want to have deductions starting in January 2020, you must have your election in Wageworks by December 10th.

52. How can I enroll in Pet Insurance in 2020? Will I have an option to continue this benefit?

If you are currently enrolled in Pet Insurance for 2019, your deduction will continue for 2020. If you would like to enroll or change this coverage, you will need to go on the Resources page of the www.tribpubbenefits.com website and click on the VPI/Nationwide link. You can also go to www.petinsurance.com/tribunepublishingcompany.

53. In the Open Enrollment communications, it spoke about a 529 Savings Plan option with Vanguard. Can you help explain this option?

Employees will have the option to open a 529 Plan Account with Vanguard. A 529 Plan account is where you deposit money for higher education expenses either for yourself or your children. As part of this program, Tribune Publishing 401(k) plan participants will have the $3,000 minimum deposit waived for the Vanguard 529 Plan option.

529 Plans vary by state. Vanguard offers a comparison tool on which plan would be best for you. Some states offer a state tax deduction, while others do not. Initial opening deposits may also vary from state to state. If you live in a state where there is a state tax deduction for example, you may be better off going with your home state’s plan. The Vanguard tool will help you evaluate this.

If you have not participated in a 529 Plan, we suggest you review this feature within the Tribune Publishing 401(k) Plan for Tribune Publishing 401(k) Plan participants or contact your financial advisor. If you have questions, you can contact Vanguard directly at (800) 523-1188.

54. Would you please explain what Sofi is?

We recently partnered with San Francisco-based Social Finance, Inc. (known more commonly as Sofi) and are happy to add their student loan refinancing services to our benefits package. We are continually evaluating our benefit offerings to ensure that we offer our employees a comprehensive set of benefits that fall into our pillars of well-being – Physical, Work-Life, Financial and Social.

As an industry leader in student loan refinancing, Sofi consolidates and refines federal and private student loans to offer lower interest rates which can help you save and gain financial flexibility. Sofi
offers flexible terms, low rates, no hidden fees – and potentially big savings. To see if you qualify, you may apply through www.sofi.com/TribPub. Upon refinancing, you’ll receive a $300 welcome bonus*.

Note: No information from the qualification process will be shared with Tribune Publishing or with any employee at Tribune Publishing.

*Payment will be issued electronically once you become a SoFi borrower; you have submitted a completed application with documents and your loan has been disbursed. Offer good for new customers only.

The benefits described in this communication are for non-union employees and the employees of the nine newly organized bargaining units. Benefits for union-represented employees are subject to collective bargaining and may differ from the benefits described in this document. Premiums for union-represented employees who participate in these plans may also be different.