

# STAR TRIBUNE 2012 BENEFITS OPEN ENROLLMENT BOOKLET

## TABLE OF CONTENTS

Introduction	2
Life Insurance	3
Accidental Death and Dismemberment	4
Long Term Disability	5
Before-tax vs. After-tax Premiums	6
Flexible Spending Account Plan	8
Benefit Program Eligibility	14
Making Mid-Year Changes	15
Benefit Plans That Are Not Part of Open Enrollment	17
• 401(k) Retirement Savings Plan	
• Pre-tax Parking Plan	
Benefits Contacts	18

## INTRODUCTION

This booklet is a summary of the Star Tribune employee benefits program and is intended to help you make enrollment decisions for 2012. If you have questions after reviewing this booklet, refer to the Benefits Contacts List at the end of the booklet to contact the appropriate person to answer your questions.

We encourage you to learn about your benefits and make your benefit selections wisely. If you have questions:

- ❖ Call the Benefits Hotline at (612) 673-7458.
- ❖ Send an e-mail message to: [benefits@startribune.com](mailto:benefits@startribune.com).

Please read this information carefully. The benefits you elect to pay on a before-tax basis for 2012 cannot be changed until Jan. 1, 2013, unless there is a qualified change in your family or employment status (see page 15 for details).

**If you take no action during Open Enrollment, your current benefit elections will remain in place for 2012 with the following exception: any FSA elections will expire effective December 31, 2011. If you wish to have Health Care and/or Dependent Care Reimbursement Accounts under the FSA plan for 2012, you must make an online election during Open Enrollment.**

-----

This booklet summarizes your available benefits. Read it carefully before selecting your benefits options. This is not the official document for the plans. Complete plan descriptions are available in the Human Resources Department and copies are available upon request. Every effort has been made to ensure the accuracy of this booklet. However, should there be any variances, errors, ambiguities or uncertainties in this booklet as compared to the plan documents, the plan documents will govern.

The terms in this document should in no way be interpreted as a contractual obligation, either implied or expressed.

The Company reserves the right to amend its employee benefit plans at any time and for any reason, subject only to restrictions imposed by collective bargaining agreements.

## LIFE INSURANCE

### *Optional Life Insurance*

You have the option to purchase life insurance through The Hartford. See the Employee Cost Sheet in your open enrollment package for details.

### *Spousal Life Insurance*

You may have the option to purchase spousal life insurance through The Hartford for your spouse or same sex domestic partner. Premiums are based on your age. See the Employee Cost Sheet in your open enrollment package for details. Note: Spousal Life Insurance is not available for Photoplate employees.

If your spouse or domestic partner is a benefits-eligible Star Tribune employee, you cannot elect spousal life insurance, as the definition of an eligible spouse under our contract with The Hartford does not include a spouse who is eligible for employee coverage under the same group policy.

### *Adding/Increasing Coverage*

If you want to add or increase optional or spousal life coverage, evidence of insurability (EOI) will be required. An EOI form will be provided by the online open enrollment system when you enter your request for increased coverage. EOI forms are also available in Human Resources, can be printed from the Benefits site on Stribnet or you can request one by calling the Benefits Hotline at (612) 673-7458. Complete the EOI form and mail it directly to The Hartford. If your request for coverage is denied, The Hartford will send you a letter explaining why coverage was denied. If your coverage is approved, the new/increased coverage will be effective and the new payroll deduction will begin the first of the month following the approval date.

## ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (AD&D)

Accidental Death and Dismemberment (AD&D) coverage is not available to Photoplate employees.

The Hartford is the provider of AD&D benefits.

AD&D provides benefits in the event of a death or certain other losses as a result of an accidental injury that occurs while covered. AD&D insurance is purchased through The Hartford in increments of \$10,000, up to \$250,000. Employee or family coverage is available. The coverage amount you elect is the "benefit payable" amount. Family coverage provides: 100% of the "benefit payable" for an employee loss; 50% of the employee "benefit payable" for a spouse/same sex domestic partner's loss; and 10% of the employee "benefit payable" amount for a dependent's loss. For example, if an employee elects \$100,000 in coverage, the benefit payable is \$100,000 in the event of the accidental death of the employee, \$50,000 in the event of the accidental death of the employee's spouse/domestic partner, and \$10,000 in the event of the accidental death of the employee's dependent child.

If your spouse or dependent is also eligible for AD&D coverage as an employee of Star Tribune, they are not eligible to be covered as a dependent under your AD&D coverage and only one of you can cover your eligible children.

### Loss Schedule:

### Benefit Payable:

Life	Full Amount
Both Hands or Both Feet	Full Amount
Sight of Both Eyes	Full Amount
One Hand and One Foot	Full Amount
One Hand and Sight of One Eye	Full Amount
One Foot and Sight of One Eye	Full Amount
Speech and Hearing in Both Ears	Full Amount
One Hand or One Foot	One-half Full Amount
Sight of One Eye	One-half Full Amount
Speech or Hearing in Both Ears	One-half Full Amount
Thumb and Index Finger of the Same Hand	One-quarter Full Amount
Quadriplegia	Full Amount
Paraplegia	One-half Full Amount
Hemiplegia	One-half Full Amount
Diplegia	One-half Full Amount
Monoplegia	One-quarter Full Amount

### *Adding/Increasing Coverage*

Evidence of Insurability is not required in order to add or increase AD&D coverage. See the Employee Cost Sheet in your open enrollment package for premium rates.

## LONG TERM DISABILITY (LTD) COVERAGE

**Long-term disability coverage is not available to Fleet and Mailroom employees.**

The long term disability (LTD) plan is designed to protect you against loss of income if you become totally disabled and are unable to work after a certain period of time. LTD benefits are reduced by any other disability benefits you are eligible to receive. The Hartford is the provider of long-term disability benefits.

### *Before-tax vs. After-tax Premiums*

If you choose optional LTD coverage, your decision to pay your premiums on an after-tax or before-tax basis will affect the taxability of any LTD benefits you receive in the future. The portion of your LTD benefits that is attributable to employer contributions, generally 50%, will always be taxable. But the portion of LTD benefits attributable to your contributions will be taxable if you elect to pay your premiums on a before-tax basis, or non-taxable if you elect after-tax premiums.

### *Adding Coverage*

If you currently do not have optional LTD coverage and want to add it, evidence of insurability (EOI) will be required and an EOI form will be provided by the online enrollment system when you enter your request for increased coverage. EOI forms are also available in Human Resources, can be printed from the Benefits site on Stribnet or you can request one by calling the Benefits Hotline at (612) 673-7458. Complete the EOI form and mail it directly to The Hartford. If your request for coverage is denied, the insurance company will send you a letter explaining why coverage was denied. If your coverage is approved, the coverage will be effective and the new payroll deduction will begin the first of the month following the approval date.

## BEFORE-TAX OR AFTER-TAX PREMIUMS

Participation in your union's health and welfare plan and payment of plan premiums are mandatory. Based on IRS rulings, the company will deduct union health and welfare plan premiums from your pay on a before-tax basis. You will not have an after-tax option.

The Star Tribune gives you the choice to pay some benefit premiums before taxes are withheld from your paycheck (before-tax) or after (after-tax). Consider the following to determine which choice is right for you.

- ❖ You can use before-tax dollars to pay your share of the premium for long term disability (LTD) coverage, if you are eligible for LTD benefits.
- ❖ You can contribute before-tax dollars to a Dependent Care Reimbursement Account to pay certain expenses involved in caring for your dependents while you are working. (Details on pages 8-13.)
- ❖ You can contribute before-tax dollars to a Health Care Reimbursement Account for you and your family to pay health care expenses that are not covered by insurance or other sources. (Details on pages 8-13.)

Premiums for supplemental or spousal life insurance must be paid with after-tax dollars in accordance with current tax law.

### *Before-tax advantages*

When you use before-tax dollars to pay your premiums or reimburse yourself for health or dependent care expenses, your contributions are taken out of your paycheck before income taxes are calculated, so you pay less in taxes. And, reimbursements paid to you from your Health Care Reimbursement Account, Dependent Care Reimbursement Account are not subject to income taxes.

### *Things to consider*

#### ❖ **Taxability of disability benefits (does not apply to Fleet and Mailers)**

If you choose optional LTD coverage, your decision to pay your premiums on an after-tax or before-tax basis will affect the taxability of any LTD benefits you receive in the future. The portion of your LTD benefits that is attributable to employer contributions will always be taxable. But the portion of LTD benefits attributable to your contributions will be taxable if you elect to pay your premiums on a before-tax basis, or non-taxable if you elect after-tax premiums.

## BEFORE-TAX VERSUS AFTER-TAX PREMIUMS (continued)

### ❖ **Social Security benefits**

Because the contributions you make on a before-tax basis are not taxed as wages for Social Security purposes (except in the case of 401(k) contributions), your ultimate Social Security benefits might be somewhat less than they could have been. This depends on many things, including your earnings history, whether you are above or below the Social Security “wage base” and what happens to the Social Security laws between now and when you retire.

### ❖ **Before-tax premiums limit your ability to make mid-year changes**

You cannot make changes during the year to any benefits you elect to pay on a before-tax basis, unless you have a change in family or employment status, and you request a change within 30 days of the status change event. You can drop or decrease coverage during the year for benefits you elect to pay with after-tax premiums. See page 15 for more information on making mid-year changes.

### ❖ **Dependent care tax credit**

Some people may save more in taxes by claiming a dependent care tax credit rather than using a Dependent Care Reimbursement Account. For help in determining which option is better for you, consult a qualified tax advisor.

## FLEXIBLE SPENDING ACCOUNT PLAN

The Flexible Spending Account (FSA) allows you to pay some health and dependent care expenses with before-tax dollars. As a result, you pay less federal, state and Social Security taxes - and you have more take-home pay. There are two FSA reimbursement accounts: the Dependent Care Reimbursement Account (DCRA) and the Health Care Reimbursement Account (HCRA). The DCRA is for reimbursement of dependent care costs you must pay to enable you and your spouse (if married) to work. The HCRA is for reimbursement of qualified health care expenses for you and your dependents that are not covered by insurance.

### ❖ *How the FSA Plan Works*

The amount you elect to contribute for the year will be divided into equal amounts and deducted from your paychecks on a before-tax basis over 24 pay periods (two per month). As you incur eligible expenses, such as medical and dental expenses or dependent day care charges, you may submit claims for reimbursement to HealthPartners. Claims are generally processed within 7-10 business days of receipt of claims that include all required documentation.

### ❖ *Claim Substantiation*

Services must be incurred before claims can be submitted. Dependent care claims must include a statement or receipt from the provider or dependent care facility that indicates: 1) the expense(s) that have been incurred; 2) the amount of the expenses; 3) the address and tax identification/social security number of the provider; and 4) the date(s) on which expenses were incurred. Claims that do not include the required documentation will be returned to the participant.

### ❖ *Determining your Election (See Election Worksheet on page 12)*

Your election should be based on expenses you and your eligible dependents will incur in calendar year 2012. You can contribute up to \$5,000 per plan. For the DCRA, there are some additional guidelines: 1) your contributions cannot be greater than your income or your spouse's income; 2) if your spouse is disabled or a full-time student, he/she is assumed to earn \$250 per month for one eligible dependent, or \$500 per month for two or more dependents; 3) if your spouse also participates in a DCRA, your combined total contributions cannot exceed \$5,000; 4) if you and your spouse file separate income tax returns, your individual DCRA contribution is limited to \$2,500. Please consult the Summary Plan Description (SPD), available from Human Resources, for additional information.

Be careful when deciding how much to contribute to the plan(s). You can only be reimbursed for expenses defined by both the IRS and the plan as eligible, and in accordance with IRS regulations, money left in your FSA plan(s) after the claim filing deadlines shown below will be forfeited. If you don't use it, you'll lose it. Please consult the List of Eligible Expenses on page 13 before determining your election(s).

## FLEXIBLE SPENDING ACCOUNT PLAN

### ❖ *Claim Submission Deadline*

Only medical expenses incurred in the same calendar year as that for which the election was made can be reimbursed from the plan. There is no grace period into the following year. Deadlines for incurring and submitting health care and dependent care expenses are as follows:

<b>Account</b>	<b>Incur Claims</b>	<b>Claim Filing Deadline</b>
Health Care Account	2012 Calendar Year	Feb. 28, 2013
Dependent Care Account	2012 Calendar Year	Feb. 28, 2013

### ❖ *Changing your Election*

The amount you contribute cannot be changed during the plan year except under very limited circumstances. A prospective election change based on a change in status event is allowed only if the election change is necessary and consistent with the change in status event, and, for the HCRA, results in a gain or loss of health care insurance. If you have a change in status event that qualifies you to change your contributions, complete and return a family status change form to Human Resources within 30 days of the event. Please see page 15 for additional information regarding change in status events.

### ❖ *Definition of a Dependent*

For expenses to qualify under the DCRA, the dependent must be: (1) a child under age 13 who lives with you for more than one-half of the year (temporary absences for education, vacation, illness or special circumstances are excluded); (2) a spouse incapable of self-care; or (3) a parent, grandparent or other relative who lives in your home, depends on you for at least one-half of his/her support, who is incapable of self-care and who is claimed by you as a dependent on your tax return. Non-child dependents are not eligible dependents for DCRA if they receive an income in excess of \$3,200 per year.

An eligible dependent under the HCRA is: 1) a spouse to whom you are legally married and who is treated as such for tax purposes; 2) a relative or member of your household who is a tax dependent; and 3) any child for whom you must provide benefits under a qualified medical child-support order. If you are married or divorced, you can treat children as eligible dependents if you provide more than half of their support and claim them as dependents on your income tax return.

## FLEXIBLE SPENDING ACCOUNT PLAN

### ❖ *Miscellaneous*

**Direct Deposit:** Direct deposit of reimbursement checks is available to all participants. If you wish to have direct deposit, complete the form available online at [www.healthpartners.com](http://www.healthpartners.com) or call HealthPartners Member Services.

**\$20 Minimum Reimbursement:** Claims submitted for less than \$20 will be held and checks will not be issued until the reimbursement reaches \$20 or more. The minimum reimbursement does not apply to year-end balances less than \$20.

**Weekly Claim Processing:** Claims are processed weekly, generally within 5 business days of receipt of claims that include all required documentation.

**Maximum Reimbursement:** Reimbursements from the DCRA cannot exceed your current account balance. If your claim exceeds your account balance, you will receive additional reimbursements as you contribute more to the plan. HCRA reimbursements up to your annual election may be requested immediately at the beginning of the plan year.

### ❖ *Federal Dependent Care Tax Credit*

The federal government also provides a dependent care tax credit for those with dependent care expenses. The tax credit is available to most taxpayers. Since you cannot take advantage of both the tax credit and the Dependent Care Spending Account for the same expenses, it is up to you to determine which of these two tax-saving options saves you more money. For help in determining which option is better for you, consult a qualified tax advisor.

### ❖ *Dependent Care Tax-Reporting*

The W-2 Wage and Tax Statement issued to you after the end of the year will include the amount you contributed to the Dependent Care Reimbursement Account. In order to exclude this amount from your federal taxable wages when preparing your annual tax returns, you must provide the name, address and taxpayer identification number for your dependent care provider. If your dependent care provider is a tax-exempt organization, such as certain church-run daycare services, you may be exempt from this requirement.

### ❖ *Annual Re-enrollment Required*

**If you do not make a new election during the annual open enrollment period, your prior election will be stopped for the following year.**

## FLEXIBLE SPENDING ACCOUNT PLAN (continued)

### ❖ *Summary Plan Description*

This booklet provides only a brief overview of the plan. If you are planning to enroll in the Flexible Spending Account Plan, carefully read the Star Tribune Comprehensive Welfare Benefit and Cafeteria Plan Summary Plan Description (SPD), available from Human Resources, which provides important information regarding the administration of the plan. Should there be any variances or uncertainties between this document or the SPD and the official plan document, the plan document will govern.

### ❖ *FSA Administrator*

The FSA administrator is HealthPartners. If you have questions, please call HealthPartners at 952-883-7000 or 1-866-443-9352.

## FLEXIBLE SPENDING ACCOUNT PLAN

### *Election Worksheet*

Use the tables below and the list of eligible expenses on page 13 to determine your election(s) for the Flexible Spending Account. Call HealthPartners Member Services at 952-883-7000 or 1-866-443-9352 for information about expenses not on this list or for additional details.

Remember, you may only claim expenses from the Health Care Reimbursement Account that are your responsibility after insurance, and from the Dependent Care Reimbursement Account, expenses that enable you and your spouse (if married) to work.

<u>Estimated Health Care Reimbursement Account Expenses</u>		<u>Estimated Dependent Care Reimbursement Acct Expenses</u>	
Enter the amount you estimate you will pay out-of-pocket for you and your eligible dependents next year for:		Enter the amount you expect to pay for care of a child or eligible dependent unable to care for him/herself to enable you and your spouse to work. Adjust for vacations and summer care.	
<b>Health Care</b> (not reimbursed by Insurance)	<b><u>Annual Amount</u></b>	<b>Dependent Care</b> (expenses incurred while you or your spouse are on vacation and kindergarten expenses are not reimbursable.)	<b><u>Amount</u></b>
• Deductibles/Co-insurance	_____	• Child Care	_____
• Over-the counter medicines*	_____	• Other Dependent Care	+ _____
• Routine exams and physicals	_____	<b>Total</b>	_____
• Physical therapy/chiropractic	_____	• Less vacation/summer adjustment -	_____
• Insulin, syringes, chem strips	_____	<b>Dependent Care Total</b>	_____
• Prescription drugs/Co-pays	_____	<hr/>	
• Prescribed Acupuncture	_____	<b><u>CALCULATING YOUR ELECTIONS</u></b>	
• Psychiatric/psychological care (excluding marriage counseling)	_____	<b><u>Health Care Election</u></b>	
• Dialysis	_____	A) <b>Health Care Total</b> _____	
• Out-of-pocket dental/orthodontic expenses	_____	B) <b>Health Care Total</b> divided by 24 pay periods = <b>Pay Period Election</b> _____	
• Home health care	_____	C) <b>Pay Period Election</b> multiplied by 24 pay periods = <b>Annual Election</b> _____	
• Hearing and deaf services (hearing aids, batteries, special equipment)	_____	<b><u>Dependent Care Election</u></b>	
• Out-of-pocket vision expenses (exams, glasses, contact lenses)	_____	A) <b>Dependent Care Total</b> _____	
• Transportation (mileage: \$.10/mile)	_____	B) <b>Dependent Care Total</b> divided by 24 pay periods = <b>Pay Period Election</b> _____	
• Diagnostic services	_____	C) <b>Pay Period Election</b> multiplied by 24 pay periods = <b>Annual Election</b> _____	
• Drug/alcohol rehabilitation	_____		
• Wheelchairs, crutches, orthotics	_____		
• Other (see attached list)	_____		
<b>Health Care Total</b>	_____		

\* Over-the-counter medicines must be prescribed by your physician. Other non-medicine products must be purchased for medical care reasons for an employee, spouse or eligible tax dependent and cannot merely benefit general health or for cosmetic purposes.

## FLEXIBLE SPENDING ACCOUNT PLAN

### *Eligible Health Care Expenses*

#### Medicines and Drugs

- ❖ prescription drugs or insulin

#### Over-the-Counter Items

- ❖ refer to the EBIA Health Care Expenses table located on the HealthPartners website or contact Member Services at 952-883-7000 or 1-866-443-9352

#### Medical Equipment

- ❖ wheelchair or autoette
- ❖ crutches (purchase or rental)
- ❖ special mattress prescribed to alleviate arthritis
- ❖ oxygen equipment & oxygen to relieve breathing problems that result from a medical condition
- ❖ artificial limbs
- ❖ support hose (with a doctor's prescription)
- ❖ wigs for hair loss because of disease
- ❖ excess costs of orthopedic shoes over ordinary shoe

#### Health Fees/Care/Services

- ❖ physician fees
- ❖ obstetrical expenses
- ❖ hospital services
- ❖ nursing services for care of specific medical ailment
- ❖ cost of room, board where nurse's services qualify
- ❖ surgical or diagnostic services
- ❖ services of chiropractors and osteopaths
- ❖ anesthesiologist fees
- ❖ dermatologist fees (non-cosmetic)
- ❖ gynecologist fees
- ❖ Christian Science practitioner fees
- ❖ physicals (routine, preventative, school)
- ❖ vaccinations
- ❖ legal sterilization
- ❖ hearing care/exams
- ❖ hearing aids, repair and batteries
- ❖ dental and orthodontic care
- ❖ artificial teeth/dentures
- ❖ fluoride treatment
- ❖ braces/orthodontic devices
- ❖ vision care
- ❖ optometrist or ophthalmologist fees
- ❖ Laser correction surgery
- ❖ eyeglasses
- ❖ contact lenses and solutions

#### Therapy/Treatment

- ❖ X-ray treatments
- ❖ treatment for alcoholism or drug dependency
- ❖ acupuncture (prescribed by doctor)
- ❖ physical therapy (as a medical treatment)
- ❖ speech therapy

#### Assistance for the Disabled

- ❖ cost of guide for the vision impaired
- ❖ cost of note taker for the hearing impaired
- ❖ excess cost of Braille books/magazines
- ❖ seeing eye dog/hearing-trained animal (cost of buying, training and maintaining)
- ❖ household visual alert system
- ❖ excess cost of specifically equipping automobile (e.g., device for lifting)
- ❖ tape recorders, typewriters, computer equipment for vision impaired
- ❖ tuition for special schools
- ❖ home improvements for disabled (e.g., ramps)

#### Psychiatric/Psychological Care

- ❖ services of psychotherapist, psychiatrist and psychologist (marriage counseling not covered)
- ❖ legal fees directly related to mental commitment of mentally ill person

#### Miscellaneous

- ❖ expenses for donating an organ
- ❖ cost of computer storage of medical records
- ❖ cost of special diet if medically necessary in excess of cost of normal diet
- ❖ lodging/airfare associated w/necessary health care
- ❖ social security tax paid on nurse's wages where nurse's services qualify

### *Eligible Dependent Care Expenses*

- ❖ day care for children up to age 6
- ❖ before/after-school care for children up to age 13
- ❖ care for a dependent unable to care for him/herself
- ❖ elderly care (if the dependent lives in your home)

### *Non-Reimbursable Items*

- ❖ over-the-counter medicines that are not prescribed by a physician
- ❖ cosmetic surgeries or treatments
- ❖ teeth whitening treatments
- ❖ weight loss/smoking cessation programs for general well-being (unless prescribed by a physician to alleviate a medical condition)
- ❖ employment-related expenses
- ❖ health insurance premiums
- ❖ contact lens replacement insurance
- ❖ health/fitness center programs for general health
- ❖ diaper service for infants
- ❖ maternity clothing
- ❖ expenses for dependent food, clothing or education (unless part of total service provided)
- ❖ kindergarten expenses
- ❖ dependent care expenses paid to one's child (under age 19 or claimed as a dependent for tax purposes)

## BENEFIT PROGRAM ELIGIBILITY

To be eligible to participate in the Star Tribune benefits program, you must be a regular employee of the Star Tribune. In addition, you must be regularly scheduled to work 30 or more hours per week. Your Star Tribune benefits will be effective the first of the month following 28 days of employment as an eligible employee. Benefits eligibility is governed by the current collective bargaining agreements and you are only covered by the portions of this program that are stipulated in your collective bargaining agreement. Your 2012 Employee Benefits Cost Sheet (enclosed) will show the Star Tribune benefit plans in which you are eligible to participate.

### *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.

### *Same Sex Domestic Partner*

Same sex domestic partners may obtain spousal life coverage if both you and your domestic partner meet the following requirements:

- ❖ are not related by blood closer than permitted under marriage laws of the state,
- ❖ are not related by marriage,
- ❖ are competent to enter into a contract,
- ❖ have no other domestic partner with whom the household is shared, or with whom the adult person has another domestic partner,
- ❖ are jointly responsible to each other for the necessities of life,
- ❖ are committed to each other to the same extent as married persons are to each other, except for the traditional marital status and solemnities, and
- ❖ you have provided Human Resources with a copy of your affidavit of same sex partnership registration or your domestic partner registration from the City of Minneapolis.

## MAKING MID-YEAR CHANGES

You can drop or decrease coverage during the year for benefits you elect to pay with after-tax premiums. However, in accordance with IRS rules, you can only make changes to before-tax benefits during open enrollment or if you have a qualified change in family or employment status. Applicable benefits changes must be requested within 30 days after the date of the change in status event.

### *Change in Status Events*

- ❖ Change in employee's legal marital status, i.e., marriage, divorce, death of spouse, legal separation or annulment;
- ❖ Change in number of eligible children, or unmarried dependent grandchildren, including birth, adoption, placement for adoption or death of a child;
- ❖ Change in employee, spouse, eligible child or unmarried dependent grandchild's employment status, including:
  - Termination or commencement of employment
  - A strike or lockout
  - A commencement of or return from an unpaid leave of absence
  - A change in worksite
  - A change in employment status of employee, spouse, eligible child or unmarried dependent grandchild resulting in becoming (or ceasing to be) eligible under this plan or another plan or Qualified Benefits Plan. For example, employee, spouse, eligible child or unmarried dependent grandchild's employment status changing from part-time to full-time, salaried to hourly paid, union to non-union, or vice versa, if such a change results in a becoming (or ceasing to be) eligible for benefits.
- ❖ Eligible child ceases to satisfy eligibility requirements for coverage because of age attainment;
- ❖ Unmarried dependent grandchild satisfies or ceases to satisfy eligibility requirements for coverage because of age attainment, student status, marital status, or any other similar circumstances;
- ❖ Significant change in the health care coverage for you or your spouse attributable to your spouse's employment, or a change in your spouse's election under his/her employer's plan, because of that plan's open enrollment;
- ❖ Change in place of residence that takes you, your spouse, eligible child or unmarried dependent grandchild out of the medical plan's total coverage area; and
- ❖ You/spouse/eligible child becomes covered/loses Medicare/Medicaid coverage.

Eligible child or eligible children means your natural or adopted child, stepchild, child for whom you have provided proof of legal guardianship, or the child of your domestic partner.

## MAKING MID-YEAR CHANGES (continued)

In addition, to be eligible for coverage under the Flexible Spending Health Care Reimbursement Account (“HCRA”) and Dependent Care Reimbursement Account (“DCRA”) Component Programs, an eligible child must meet certain dependency requirements. As a result, in addition to the above-described change in status rules, certain other events relating to whether an eligible child meets those dependency requirements (e.g., changes in student or marital status) may permit you to change your before-tax Premium Conversion elections for the HCRA and DCRA Component Programs.

For the HCRA and DCRA, you may make changes to your annual amount if the change is because of, and consistent with, the change in status event.

In addition to the status changes listed above, for the DCRA, you may also make changes to your account if:

- ❖ The cost of your dependent care is significantly increased or decreased during the plan year by a dependent care provider who is not a relative of the dependent,
- ❖ You change dependent care providers or elect not to have a dependent care provider due to one of the family status changes listed above, or
- ❖ Your dependent no longer qualifies as a dependent for the DCRA.

## BENEFIT PLANS THAT ARE NOT PART OF OPEN ENROLLMENT

Many of your benefits are part of the open enrollment process each fall. However, some other benefits programs are on a different enrollment schedule or can be changed more frequently.

### ***401(k) Retirement Savings Plan***

The Star Tribune 401(k) Retirement Savings Plan allows you to save a portion of your pay on a pre-tax basis. If you are eligible, but not yet participating and you are interested in enrolling, or you are already a participant and you want to change your contribution rate or investment allocation, contact Fidelity at (800) 835-5091 or at [www.401k.com](http://www.401k.com). Enrollments and changes can occur at any time during the year, once you have met eligibility requirements.

#### ❖ **Matching Contributions (does not apply to Electricians)**

For each dollar that you contribute to your 401(k) account up to 6% of your pay, the company will contribute a basic match of 25 cents. The basic match is contributed each pay period that you contribute to the 401(k) plan. In addition to the basic match, the company may make a discretionary match of up to a maximum of 25 cents per dollar contributed by employees (with the same limitations as above), if the company achieves its financial objectives. To be eligible for this discretionary match, you are required to be employed as of the last day of the Plan Year. The discretionary match is made annually, after the end of the year when company financial results are known.

#### ❖ **401(k) Catch-Up Contributions**

If you reach age 50 during the calendar year and are making the maximum plan (25%) or IRS (\$16,500 in 2011 maximum) pre-tax contribution, you may elect to make an additional "catch-up" contribution each pay period. You must make a separate election to make this catch-up contribution. (The annual maximum for the catch up contribution for 2011 is \$5,500.) Catch-up contributions are not matched by the company. 2012 limits have not been released as of the printing of this booklet.

### ***Pre-tax Parking Program***

This program allows you to pay company-sponsored parking fees on a pre-tax basis.

The program operates under monthly participation periods. Employees may enroll, make changes or cancel participation by submitting a Star Tribune Pre-tax Parking enrollment/change form (available on the Benefit Forms page of Stribnet Employee Benefits + Services Benefits site) *no later than 10 business days before the first day of the affected month.*

If you are currently a participant, your participation will automatically continue in 2012 unless revoked by you in writing by Dec. 15, 2011.

Contact Human Resources at (612) 673-4079 if you have questions regarding this plan.

## BENEFITS CONTACTS

Benefit/Program	Star Tribune Contact	Vendor Contact
Benefits E-mail	<a href="mailto:benefits@startribune.com">benefits@startribune.com</a>	
Benefits Hotline	(612) 673-7458	
Employee Assistance Program		LifeWorks EAP: (888) 456-1324 <a href="http://www.lifeworks.com">www.lifeworks.com</a> user id: star, password: 5466  LifeWorks Management Line (800) 608-7515
Family Status Change <ul style="list-style-type: none"> <li>• For a change in status affecting your union health and welfare plan such as birth of a child, contact your union health and welfare benefit plan office.</li> <li>• For a change in status affecting your Star Tribune benefits, contact Diane Chretien.</li> </ul>	Diane Chretien (612) 673-4079	
Flexible Spending Account <ul style="list-style-type: none"> <li>• Health Care and Dependent Care Reimbursement Accounts</li> </ul>	Diane Chretien (612) 673-4079	HealthPartners (952)883-7000 or (866)443-9352 <a href="http://www.healthpartners.com/startribune">www.healthpartners.com/startribune</a>
401(k) Savings Plan	Lisa Presnail (612) 673-7260	Fidelity Customer Service (800) 835-5091 <a href="http://www.401k.com">www.401k.com</a>
Leave of Absence <ul style="list-style-type: none"> <li>• Family &amp; Medical Leave</li> <li>• Military Leave, Personal Leave</li> </ul>	Diane Chretien (612) 673-4079	Health Partners Worksite Health (952) 883-7540 or (877) 356-7286
Life and Long-Term Disability Insurance	Diane Chretien (612) 673-4079	
New Hire/Newly Benefits Eligible <ul style="list-style-type: none"> <li>• Benefit enrollment materials</li> <li>• Benefits effective date</li> </ul>	Diane Chretien (612) 673-4079	
Pension/Retiree Benefits <ul style="list-style-type: none"> <li>• Pension estimates</li> </ul>	Lisa Presnail (612) 673-7260	

<b>Benefit/Program</b>	<b>Star Tribune Contact</b>	<b>Vendor Contact</b>
Pre-tax Parking Plan	Diane Chretien (612) 673-4079	
Union Benefits – GCIU Local 1M Health & Welfare Plan (for Press, Paperhandlers and Photoplate)		Wilson-McShane Corp. Susan Knoblauch, (952) 851-3563
Union Benefits – IBEW Local 292 Health & Welfare Plan (for Electricians)		Local 292 Fringe Benefits Office (952) 591-7733
Union Benefits – Minnesota Teamsters Health & Welfare Plan (for Mailers and Fleet Drivers)		Minnesota Teamsters Health & Welfare Plan Office (763) 267-6130
Workers' Compensation	Steve Walstead (612) 673-8801	