

You can't predict the future,
but you can prepare for it.



Dallas News CORPORATION
BENEFITS
ENROLLMENT
GUIDE 2024





Be Ready for Enrollment

DallasNews Corporation provides a full range of benefits that address your needs now and in the future.

To Your Health

- Medical & Prescription Drug Insurance
- Dental Insurance
- Vision Insurance

To Your Financial Wellbeing

- Life and AD&D Insurance
- Short-Term Disability Insurance
- Long-Term Disability Insurance
- Retirement 401(k) Savings Plan
- Spending Accounts

ENROLLMENT INFORMATION

Do I Need to Enroll?

Before deciding whether you need to enroll in health and group benefits, keep in mind that there are many good reasons to take a close look at all the benefits and options that are being offered to you — even if you're already covered under the DallasNews Corporation benefit plans.

For instance, you may experience life changes from year to year, and there likely will be changes to what you pay for coverage each year. So, it's a good idea to make sure your benefits still fit you and that you're not paying for more coverage than you need.

You must enroll if you want to:

- Elect your medical, dental, or vision coverage for next year.
- Contribute to your HSA or Health Care and/or Dependent Care FSAs.
- Change your Employee or Dependent Supplemental Life Insurance choices (coverage in addition to the employer-paid Basic Life 2x annual earnings) and Supplemental AD&D.

You must enroll during this enrollment period or you will not receive benefits in 2024. To enroll, visit <https://www.myworkday.com/ahbelo/d/home.html> by **November 17th**.

When Can I Enroll?

As a benefits-eligible employee (full-time DallasNews Corporation employee who works at least 30 hours per week), you have the opportunity to enroll in or make changes to your benefit plans during our annual benefits enrollment period. Open Enrollment is Monday, November 6, 2023 to Friday, November 17, 2023 with your benefit choices being effective January 1, 2024. Our benefits plan year is January 1, 2024 to December 31, 2024. Due to IRS regulations, once you have made your choices for the 2024 plan year, you won't be able to change your benefits until the next enrollment period unless you experience a qualifying life event.

If you're enrolling as a new employee, you become eligible for benefits the first of the month following two months of continuous service for all benefits (with the exception of Long Term Disability, which is effective the first of the month following 12 months of full-time continuous service) and must enroll within 30 days to have coverage for the rest of the plan year. You will also need to enroll for the next plan year's benefits during the annual enrollment period.

Eligible Dependents

Dependents eligible for coverage in the DallasNews Corporation benefits plans include:

- Your legal spouse (or common-law spouse in states which recognize common-law marriages). See the Working Spouse Exclusion section on the next page for rules regarding coverage for employed spouses.
- Children up to age 26 (includes birth children, stepchildren, legally-adopted children, children placed for adoption, foster children, and children for whom legal guardianship has been awarded to you or your spouse).
- Dependent children, regardless of age, provided the child is incapable of self-support due to a mental or physical disability, is fully dependent on you for support as indicated on your federal tax return, and is approved by your medical plan to continue coverage past age 26.

Verification of dependent eligibility will be required upon enrollment.

Working Spouse Exclusion

If your spouse is employed and has access to health care coverage through their employer, they are not eligible for DallasNews Corporation coverage. The exclusion does not apply if your spouse,

- Does not work
- Works only part-time
- Is not eligible for coverage
- Has lost coverage as an active employee but has been offered COBRA
- Is covered by Medicare

If your spouse experiences a Qualifying Life Event (loss of job, etc.) during the year, he or she can be added to your DallasNews Corporation coverage within 31 days of the Qualifying Life Event.

Note: The Company reserves the right to verify whether or not your spouse is provided coverage elsewhere. We expect this information to be consistent with the information you reported during Open Enrollment. Misrepresenting whether your spouse has access to medical coverage outside of DallasNews Corporation may result in disciplinary action.

Things to Consider

Take the following situations into account before you enroll to make sure you have the right coverage.

- Does your spouse have benefits coverage available through another employer?
- Did you get married, divorced or have a baby recently? If so, do you need to add or remove any dependent(s) and/or update your beneficiary designation?
- Did any of your covered children reach their 26th birthday this year? If so, they are no longer eligible for benefits unless they meet specific criteria. Additional details can be found in the Eligible Dependents section of this guide.

Qualifying Life Events

When one of the following events occurs, you have 31 days from the date of the event to notify DallasNews Corporation Benefits and/or request changes to your coverage.

- Change in your legal marital status (marriage, divorce or legal separation)
- Change in the number of your dependents (for example, through birth or adoption, or if a child is no longer an eligible dependent)
- Change in your spouse's employment status, resulting in a loss or gain of coverage
- Change in your employment status from full-time to part-time, or part-time to full-time, resulting in a gain or loss of eligibility
- Entitlement to Medicare or Medicaid
- Eligibility for coverage through the Marketplace

Your change in coverage must be consistent with your change in status. Please direct questions regarding specific life events and your ability to request changes to DallasNews Corporation Benefits.

Preparing to Enroll

DallasNews Corporation provides its employees the best coverage possible. As a committed partner in your health, DallasNews Corporation will be absorbing a significant amount of the costs. Your share of the contributions for medical, dental, vision, optional AD&D, HSA and FSA benefits is deducted on a pre-tax basis, which lessens your tax liability. Please note that employee contributions for medical, dental and vision coverage vary depending on the level of coverage you select. In general, the more coverage you have, the higher your contribution will be.

Keep in mind that you may select any combination of medical, dental and/or vision plan coverage categories. For example, you could select medical coverage for you and your entire family, but select dental and vision coverage only for yourself. The only requirement is that you, as an eligible employee of DallasNews Corporation, must elect coverage for yourself in order to elect any dependent coverage. Be sure to have the Social Security numbers and birthdates for any eligible dependent(s) that you plan to enroll. You cannot enroll your dependent(s) without this information.

Open Enrollment Checklist

You only have a small window of time to make changes that are effective for the entire plan year (unless you have a qualifying life event). To save time and money, here are some things you should check off of your to-do list before Open Enrollment begins.

1. Update your personal information.

If you've experienced a qualifying life event in the last year (moving, new baby, change in marital status, etc.), you may need to change your elections. This seems like an obvious action to take, but failure to update your personal information could cost you in the long run.

2. Double-check covered and restricted medications.

Any plan changes could have an impact on prescription costs. If you currently take a medication that requires prior authorization, you may be prompted to try a lower-cost drug or even be limited in the amount of medication you can buy at one time. Review your available options outlined in this guide.



3. Review available plans.

DallasNews Corporation offers two medical plan options for the 2024 plan year. If you're planning on having a baby or major surgery this year, think carefully about your out-of-pocket medical costs and deductible.

4. Consider your HSA or FSA.

Think about how much you plan to spend on health care in the coming year — this includes dental and vision services, prescriptions and more. Maybe this is the year to consider an FSA. Or, if you already have an HSA, take into account any rollover money from last year and your long-term financial goals.

5. Check to see if your pharmacy is in-network.

Many plans offer incentives for using in-network pharmacies. Read through your plan for any changes or amendments from last year to guarantee that your preferred pharmacy will not be negatively affected.

DallasNews Mobile Benefit App

Be sure to check out the DallasNews Mobile Benefit App year-round to review your benefit offerings. You can access the app by visiting <https://bycell.co/cyvdd> or scanning the QR code to the right.



Medical Benefits

Our medical coverage helps you maintain your well-being through preventive care and access to an extensive network of providers, as well as prescription medication. Medical benefits are offered through BlueCross BlueShield of Texas (BCBSTX). Choose the plan that best matches your needs and please keep in mind that the option you elect will be in place for all of the 2024 plan year, unless you have a qualifying life event.

Medical Premiums

Premium contributions for medical will be deducted from your paycheck on a pre-tax basis. Your level of coverage will determine your monthly contributions.

How to Find a Provider

To see a current list of BCBSTX network providers, visit www.bcbstx.com/dallasnews or call Customer Care at **888-514-5662** for assistance.

Medical Plan Summary

The chart on the next page gives a summary of the 2024 medical coverage provided by BCBSTX. All covered services are subject to medical necessity as determined by the plan. Please be aware that all out-of-network services are subject to Reasonable and Customary (R&C) limitations.

Health Care Cost Transparency

Consumer-Driven Health Plans (CDHPs) and tools such as Health Savings Accounts (HSAs) have helped put the power of health care spending in consumers' hands. This means you have control over how your health care dollars are spent, but with the cost of services varying widely, make sure you're making the best choice for your health and your wallet. Health care cost transparency tools are online tools available through BCBSTX, you can use to compare costs for everything from prescription drugs to major surgeries. For more information, visit www.bcbstx.com/dallasnews.



Controlling Health Care Costs

The rising cost of health insurance is a concern for all of us. Keeping costs to a minimum contributes to lower premiums in future years. Here are tips on how you can help lower the cost of health insurance:

- **Use network providers.** You will receive a higher level of benefits if you use providers who participate in the BCBSTX network. Please read the section below for guidance on finding network providers.
- **Use health care cost transparency tools.** There are no pricing standards for health care, so charges for medical services can vary greatly—even for the same procedure, in the same area, within the same network. Use these tools to ensure the most cost effective choice.
- **Request generic rather than brand name prescription drugs.** Generic medications, while just as effective, are considerably less expensive. Please see the Q&A section with information regarding Generic Drugs.
- **Consider seeing your family physician rather than a specialist.** Family physicians can often provide the same level of care for a variety of illnesses and conditions.
- **Exercise and maintain a proper diet.** The healthier you are the less vulnerable you are to disease. This can help reduce doctor's visits and prescription medicines.
- **Use Telemedicine.** Telemedicine is a great alternative to an emergency room or urgent care for non-emergency situations. See the section on MDLive on page 8.



Medical and Prescription Drug Benefits

Each person's health care needs are different. That's why our medical plan offers multiple options so that you can choose the coverage level best-suited to your personal situation. There are no changes to plan designs or contributions this year.

Cost of Coverage

BENEFIT	CDHP PLAN				PPO PLAN			
	IN-NETWORK		OUT-OF-NETWORK		IN-NETWORK		OUT-OF-NETWORK	
Annual/Calendar Year Deductible (Individual/Family)	\$3,000/\$6,000		\$6,000/\$12,000		\$1,500/\$3,000		\$3,000/\$6,000	
Out-of-Pocket Maximum* (Individual/Family includes deductible)	\$6,000/\$12,000		\$12,000/\$24,000		\$4,500/\$7,300		\$9,000/\$14,600	
Coinsurance	20%		50%		20%		50%	
Physician Services								
Doctor's Office Visit	20%*		50%		\$20		50%	
Specialist Office Visit	20%*		50%		\$40		50%	
Hospital Services								
Inpatient (per admission)	20%*		50%		20%*		50%	
Outpatient	20%*		50%		20%*		50%	
Emergency Treatment								
Urgent Care	20%*		50%		\$40		\$40	
Emergency Room Copay (waived if admitted)	20%*		20%		20%*		20%*	
PRESCRIPTION DRUGS								
Retail (30-day Supply)								
Generic	\$5*		\$5* plus 50%		\$15		\$15 Copay plus 50%	
Preferred Brand	25%* (\$30 min Copay, \$100 max Copay)		25%* (\$30 min Copay, \$100 max Copay), plus 50%		\$40		\$40 Copay plus 50%	
Non-preferred Brand	25%* (\$60 min Copay, \$125 max Copay)		25%* (\$60 min Copay, \$125 max Copay), plus 50%		\$55		\$55 Copay plus 50%	
Specialty	\$150*		Not Covered		\$150		Not Covered	
Mail Order (90-day Supply)								
Generic	\$12.50*		Not Covered		\$30		Not Covered	
Preferred Brand	25%* (\$75 min Copay, \$250 max Copay)		Not Covered		\$80		Not Covered	
Non-preferred Brand	25%* (\$150 min Copay, \$312.50 max Copay)		Not Covered		\$110		Not Covered	
EMPLOYEE CONTRIBUTIONS - BIWEEKLY								
	<\$55k	\$55-\$80k	\$80k-\$105k	\$105k+	<\$55k	\$55-\$80k	\$80k-\$105k	\$105k+
Employee Only	\$40.15	\$50.05	\$59.97	\$77.67	\$56.67	\$66.56	\$76.49	\$94.19
Employee + Spouse	\$159.64	\$193.98	\$214.53	\$246.74	\$199.76	\$234.11	\$254.65	\$286.86
Employee + Child(ren)	\$118.05	\$144.87	\$160.86	\$186.20	\$149.57	\$176.39	\$192.37	\$217.72
Family	\$226.20	\$272.57	\$300.41	\$343.62	\$280.09	\$326.46	\$354.30	\$397.51

NOTE: Deductibles, copays, and coinsurance accumulate toward the out-of-pocket maximums. Usual, Customary, and Reasonable charges apply for all out-of-network benefits.

*Includes deductible. Coinsurance of Copay applies after deductible is met.

NOTE: If you are covering yourself and a family member on the PPO plan, each family member only has to satisfy the individual deductible before the 80/20 cost share applies to the family member. If you are covering yourself and a family member on the CDHP plan, the family deductible will apply and may be satisfied by one member or a combination of two or more members covered under your medical plan.

Preventive Care

Did you know that most health plans must cover a set of preventive services, such as shots and screening tests, at no cost to you? Work with your Primary Care Physician to stay up to date on preventive services — identifying and treating illnesses early will save you time and money and promote a healthy lifestyle in the long run!

Any screening test performed in order to catch a disease early is considered a preventive service. Due to the U.S. Patient Protection and Affordable Care Act (ACA), many services, screenings and supplies are paid at 100%. These can include, but are not limited to, the following:

- Wellness visits, yearly physicals and standard immunizations
- Screenings for blood pressure, cancer, cholesterol, depression, obesity and Type 2 diabetes
- Pediatric screenings for hearing, vision, obesity, depression, autism and developmental disorders
- Anemia screenings, breastfeeding support and breastfeeding pumps for pregnant and nursing women
- Iron supplements (for children ages 6 to 12 months at risk for anemia)

Key Things to Remember:

- Many preventive care services and tests are covered at 100%. You can find a list of covered services in your plan documents.
- Think of preventive care visits as routine check-ups. Things that may occur during a preventive visit include immunizations, blood pressure and cholesterol measurement, diabetes screening, or counseling on healthy weight.
- Diagnostic care to identify potential health risks are covered according to plan benefits, even if recommended or performed during a preventive care visit.
- If your physician finds a specific health risk or new medical condition during your appointment, your doctor may bill those services as diagnostic medicine. These types of diagnostic services may result in out-of-pocket costs for you (i.e., deductibles, coinsurance, or copayments) because they are no longer considered preventive care.

Check your benefit summary to see what preventive services are available to you at no cost.

Q&A: Generic Drugs

What is a generic drug?

Generic drugs are copies of brand-name drugs that have exactly the same dosage, intended use, effects, side effects, route of administration, risks, safety and strength as the original drug. In other words, their pharmacological effects are exactly the same as those of their brand-name counterparts.

Are generic drugs as effective as brand-name drugs?

Yes. A generic drug is the same as a brand-name drug in dosage, safety, strength, quality, the way it works, the way it is taken and the way it should be used. FDA requires generic drugs have the same high quality, strength, purity and stability as brand-name drugs.

What standards do generic drugs have to meet?

Health professionals and consumers can be assured that FDA approved generic drugs have met the same rigid standards as the innovator drug. To gain FDA approval, a generic drug must:

- Contain the same active ingredients as the innovator drug (inactive ingredients may vary)
- Be identical in strength, dosage form, and route of administration
- Have the same use indications
- Be bioequivalent
- Meet the same batch requirements for identity, strength, purity, and quality
- Be manufactured under the same strict standards of FDA's good manufacturing practice regulations required for innovator products

Are generic drugs that much cheaper than brand-name medications?

Yes. On average, the cost of a generic drug is 80% to 85% lower than the brand-name equivalent.

Is there a generic equivalent for my brand-name drug?

To find out if there is a generic equivalent for your brand-name drug, visit www.fda.gov to view a catalog of FDA-approved drug products, as well as drug labeling information.

New Specialty Prescription Drug Program — FlexAccess for PPO Plan

Save money on your Specialty medicine by using FlexAccess™ starting January 1, 2024 if you are enrolled in the PPO plan.

One of your new Blue Cross and Blue Shield of Texas benefits is FlexAccess™, a program that helps you find cost assistance (coupon) programs to help cover the cost of specialty medicine(s). With FlexAccess, your cost share (what you pay when you buy your prescription) for your medicine(s) could be reduced.

Signing up is easy: Please call **888-302-3618**, Monday-Friday, 7:00am-7:00pm Central Time, to see if your prescriptions qualify and be led through the enrollment process.

Looking for a Network Provider?

You can access BCBSTX's Provider Finder online through Blue Access for Members (BAM) at www.bcbstx.com/dallasnews. With Provider Finder, you can find a network provider, get cost estimates for various procedures, review providers' certification and recognitions, and determine if a Blue Distinction Center is available for your treatment.

Blue Distinction Centers are hospitals, which are recognized for their expertise in delivering specialty care, while Blue Distinction Plus Centers are hospitals recognized for their expertise and *efficiency* in delivering specialty care. Choosing a Blue Distinction Center may help you achieve a better outcome if you need treatment for the following conditions:

- Bariatric Surgery
- Cardiac Care
- Complex and Rare Cancers
- Knee and Hip Replacement
- Spine Surgery
- Transplants

You can also call Customer Service at **888-514-5662** if you need assistance finding a provider.

Headway – Expanded Therapist Network

Accessed through the BCBTX health plan, Headway offers a search engine which helps you connect to an in-network therapist, faster. Many Headway providers can schedule appointments within 48 hours and there are filters to help members identify a provider who aligns with your values or unique needs.

Find the right fit in seconds on Headway.com.

Share your preferences and insurance details. Their personalized matching process will find the right providers for your unique needs within seconds — and calculate the exact cost for your session.

Schedule your appointment immediately in one-click.

Book directly on Headway, and they'll take it from there. You'll only be billed after your session.

MDLive

Employees and dependents covered under the CDHP or PPO medical plans will have 24/7 access to board certified physicians through MDLIVE. MDLIVE physicians are available by telephone, webcam or online and can prescribe medication and treat a long list of common conditions. MDLIVE is not designed to handle emergency situations or replace your primary care physician, and they must operate under state regulations; therefore, not all services are available in all states.

Speak to a doctor quickly or schedule an appointment based on your availability. Whether you're in the city, a rural area, or on a weekend camping trip, you have access to a board-certified MDLIVE doctor, available 24 hours a day/seven days a week. You can speak to a doctor immediately or schedule an appointment based on your availability. Telehealth can also be a better alternative than going to the emergency room or urgent care for non-emergency situations.

MDLIVE doctors can help treat the following conditions and more:

General Health

- Allergies
- Asthma
- Joint aches
- Sinus infections

Pediatric Care

- Cold/flu
- Ear infections
- Pink eye

Behavioral Health

- Online counseling
- Child behavior/learning issues
- Stress management

To contact MDLive, call **888-680-8646**, or log onto www.mdlive.com/bcbstx.

Urgent Care Centers vs. Freestanding Emergency Rooms

Freestanding emergency rooms may look a lot like urgent care centers, but the costs and services can be drastically different. In general, consider an urgent care center as an extension of your primary care physician, while freestanding emergency rooms should be used for health conditions that require a high level of care. Research the options in your area and determine which ones are covered by your insurance plan's network; note that balance billing may apply. Choosing an urgent care center for everyday health concerns rather than an ER can save you hundreds of dollars.

Benefits Value Advisor

Helping You Maximize Your Benefit Plan

BlueCross BlueShield of Texas (BCBSTX) is working to help you maximize your benefits and plan for your health care. You can speak to a BCBSTX Benefits Value Advisor who can help you get benefits information and find contracting, in-network providers for a number of health care services such as:

- CAT or CT scans (precertification required)
- MRIs (precertification required)
- Endoscopy procedures
- Colonoscopy procedures
- Back or spinal surgery
- Knee surgery
- Shoulder surgery
- Hip or joint replacement surgery
- Bariatric surgery

Benefits Value Advisors can also help you plan for your health care by:

- Helping you better understand your benefits
- Giving you a cost estimate for health care services
- Scheduling a doctor or procedure appointment
- Helping you get general health information about your condition
- Helping you with precertification
- Telling you about online educational tools

To reach a Benefits Value Advisor, call the Customer Service number on the back of your BCBSTX ID card. They are standing by and ready to assist you.

Precertification Requirements:

You are required to contact BCBSTX Benefits Value Advisors PRIOR to having an outpatient MRI or CT scan. They will provide you with a list of providers and associated costs; you will still have the choice to select where the procedure will be performed. Failure to contact them prior to obtaining services will result in a \$200 surcharge, which will be your responsibility to pay in addition to any deductible or coinsurance.

Member Rewards Program

If your doctor recommends a service or procedure such as the ones listed here, we encourage you to contact BCBSTX Benefits Value Advisors or use the Member Rewards tool online at www.bcbstx.com. You will be presented with several cost-effective options nearby from which to choose. If you select the most cost-effective option for your procedure, a reward check will be mailed directly to you after you have the procedure and the claim is paid. If you choose the 2nd or 3rd most cost-effective option, you may be eligible for a smaller reward. Rewards checks can vary in value up to several hundred dollars depending on the procedure and facility you choose. All rewards are subject to tax.

Enhanced Infertility Treatment Coverage through BCBSTX

In 2024, those enrolled in a DallasNews medical plan will have access to expanded infertility treatment coverage. Coverage for infertility treatment includes approved testing and/or surgical and non-surgical intervention, including in-vitro fertilization (IVF), artificial insemination (AI), egg freezing and storing (cryopreservation), and surgical procedures to repair problems with reproductive organs or correct issues that may have an effect on other assisted reproduction technology treatments. The benefit is available up to a lifetime limit of \$10,000 medical and \$10,000 prescription drug expenses.

Please refer to plan documents for more details. For any questions, you can contact Blue Cross Blue Shield of Texas at [888-514-5662](tel:888-514-5662).

Plan Options: Which Option is Best for You?

Scenario 1: Juan (Low Health Care Expenses)

Juan has employee only coverage. His annual salary range is \$55,000 - \$80,000. He is in good health but with seasonal allergies. He goes to his doctor for upper respiratory infection and is referred to an allergist. Since his costs are predictable, he may consider the CDHP over the PPO.

MEDICAL SERVICES RECEIVED	CHDP + HSA	PPO
Ded = Deductible OOP = Out-of-Pocket	Ded. Single/Family \$3,000/\$6,000 OOP Single/Family \$6,000/\$12,000	Ded. Single/Family \$1,500/\$3,000 OOP Single/Family \$4,500/\$7,300
	Expenses paid by Juan	Expenses paid by Juan
Annual Preventive Exam	\$0	\$0
Two PCP visits & 1 specialist visit for allergies	\$490	\$80 (copays for PCP/Specialist)
Pharmacy – 3 generics; 2 brand formulary prescriptions	\$130	\$125 (Rx copays)
Annual Employee Contributions	\$1,301	\$1,731
Medical expenses + Contributions	\$1,921	\$1,936
Employer HSA Funding	-\$575	\$0
Juan's Net Cost for the year	\$1,346	\$1,936

Juan saves \$590 by enrolling in the CDHP + HSA.

Scenario 2: Jason (Moderate Health Care Expenses)

Jason has employee & spouse coverage. His annual salary is \$45,000. Both are healthy and just get their annual exams each year and occasional doctor visit and prescriptions for cold and flu. The CDHP plan (with HSA) can provide real savings opportunities for them.

MEDICAL SERVICES RECEIVED	CHDP + HSA	PPO
Ded = Deductible OOP = Out-of-Pocket Coins = Coinsurance	Ded. Single/Family \$3,000/\$6,000 OOP Single/Family \$6,000/\$12,000 20% Coinsurance after deductible	Ded. Single/Family \$1,500/\$3,000 OOP Single/Family \$4,500/\$7,300 20% Coinsurance after deductible
	Expenses paid by Jason	Expenses paid by Jason
Annual Preventive Exam	\$0	\$0
2 doctor visits	\$240	\$40 (copays)
Pharmacy – 3 generics; 2 brand formulary prescriptions	\$130	\$125 (Rx copays)
Annual Employee Contributions	\$4,151	\$5,194
Medical expenses + Contributions	\$4,521	\$5,359
Employer HSA Funding	-\$1,300	\$0
Jason's Net Cost for the year	\$3,221	\$5,359

Jason saves \$2,138 with the CDHP + HSA.

Scenario 3: Emily (High Health Care Expenses)

Emily has Family coverage. Her annual salary range is \$55,000 - \$80,000. Emily has a spouse and a new baby due in the upcoming plan year. When a big medical event is expected (new baby, hip replacement or back surgery), the PPO may offer the convenience of lower deductibles and predictable copays to help budget costs.

MEDICAL SERVICES RECEIVED	CHDP + HSA	PPO
Ded = Deductible OOP = Out-of-Pocket	Ded. Single/Family \$3,000/\$6,000 OOP Single/Family \$6,000/\$12,000 20% Coinsurance after deductible	Ded. Single/Family \$1,500/\$3,000 OOP Single/Family \$4,500/\$7,300 20% Coinsurance after deductible
	Expenses paid by Emily	Expenses paid by Emily
Annual Preventive Exams	\$0	\$0
Maternity & Delivery charges, 2 spouse visits to PCP & 1 specialist visit	\$6,338 (ded & coins)	\$2,640 (ded & coins)
Pharmacy – 3 generics; 2 brand formulary prescriptions	\$26	\$125 (Rx copays)
Annual Employee Contributions	\$7,087	\$8,488
Medical expenses + Contributions	\$13,451	\$11,253
Employer HSA Funding	\$1,150	\$0
Emily's Net Cost for the year	\$12,301	\$11,253

Emily's costs are \$1,048 less in the PPO.

Dental Benefits

High and low dental plan options are offered through MetLife. There are no changes to rates or plan designs in 2024.

BENEFIT	HIGH PLAN	LOW PLAN
Annual Maximum (Per Person)	\$2,000	\$750
Annual Deductible (Individual/Family)	\$25/\$75	\$25/\$75
Preventive Services	100%	100%
Basic Services	80%	80%
Major Services	50%	Not Covered
Orthodontia Lifetime Maximum	\$1,500	Not Covered
EMPLOYEE CONTRIBUTIONS - BIWEEKLY		
Employee Only	\$8.19	\$5.64
Employee + Spouse	\$16.86	\$11.61
Employee + Child(ren)	\$16.19	\$11.48
Family	\$25.16	\$17.71

NOTE: ID Card not required for dental services.

Vision Benefits

The vision plan is offered through VSP. There are no changes to rates or plan designs in 2024.

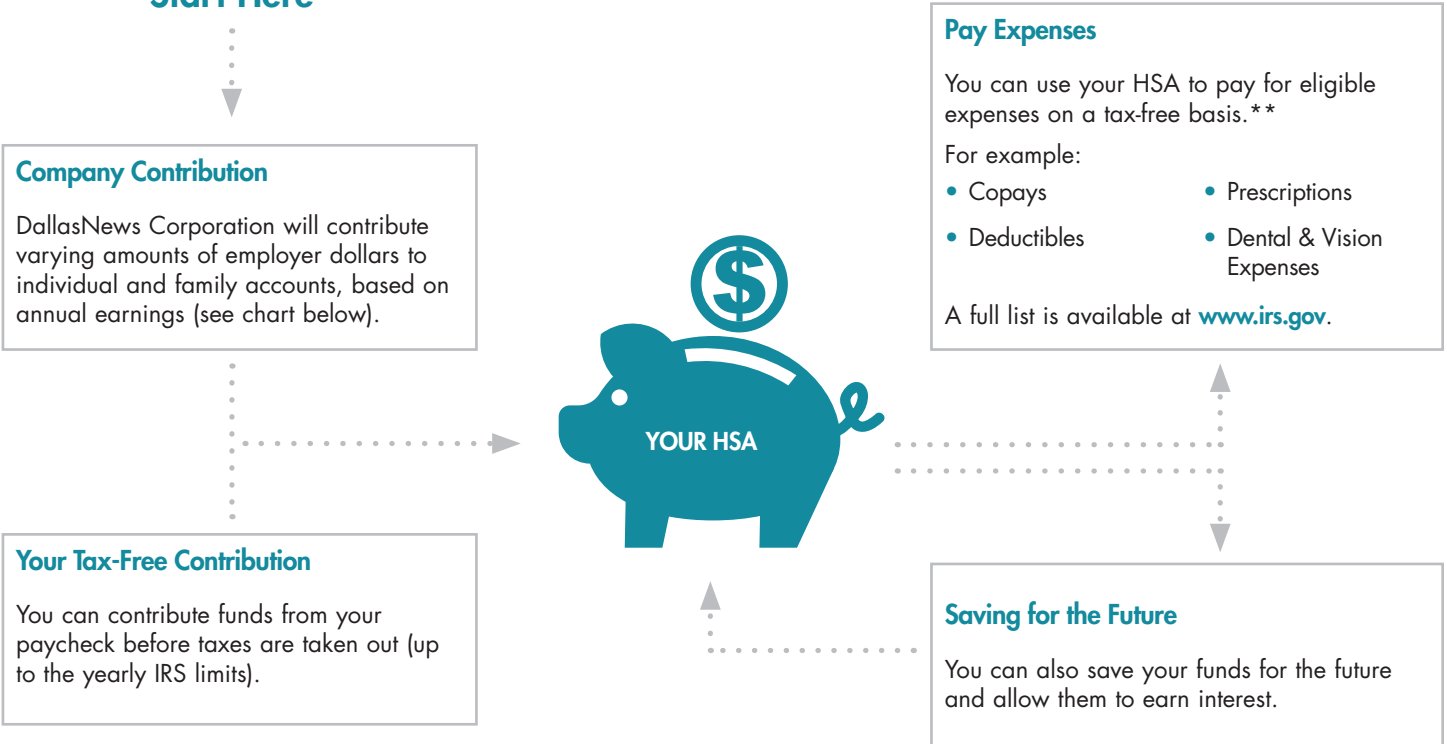
VISION BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Well Vision Exam	Focuses on your eyes and overall wellness	\$15 Copay	Every Calendar Year
Prescription Glasses*	See Frames and Lenses below. Plan provides a second pair of glasses (frame & lenses) or contacts every calendar year at the same benefit level/copay as first pair.	\$25 Copay	See Frames & Lenses
Frames	\$130 allowance for a wide selection of frames \$150 allowance for featured frame brands 20% off amount over your allowance	Included in Prescription Glasses	Every Calendar Year
Lenses	Single vision, lined bifocal, and lines trifocal lenses	Included in Prescription Glasses	Every Calendar Year
Lens Options	Polycarbonate lenses for dependent children Photochromics & tints Standard progressive lenses Premium progressive lenses Custom progressive lenses Average 35-40% off other lens options	\$0 \$0 \$50 \$80-\$90 \$120-\$160	Every Calendar Year
Contact Lenses Instead of Glasses	Contact lens exam (fitting and evaluation) \$150 allowance for contacts and contact lens exam	\$0	Every Calendar Year
Diabetic Eyecare Plus Program	Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.	\$20	As Needed
EMPLOYEE CONTRIBUTIONS - BIWEEKLY			
Employee Only		\$5.70	
Employee + Spouse		\$11.99	
Employee + Child(ren)		\$11.99	
Family		\$11.99	

NOTE: ID Card not required for vision services.

Health Savings Account (HSA)

If you enroll in the CDHP plan, you'll have access to an HSA. You can think of your HSA as a personal savings account for your health care expenses, with some impressive tax advantages. DallasNews Corporation will provide an HSA employer contribution for eligible employees who enroll in the CDHP Plan. The PPO Plan is not HSA-eligible. The purpose of the DallasNews Corporation contribution is to provide dedicated dollars for medical costs to individuals who may not be able to make individual contributions. Therefore, DallasNews Corporation will not be providing a company HSA contribution to our most highly compensated employees, who make more than \$100,000 (inclusive of commissions). In addition, to make sure that there are funds in your HSA when you need it, the DallasNews Corporation HSA contribution will be deposited quarterly into your Fidelity HSA on the first pay date at the beginning of each quarter.

Start Here



HOW MUCH CAN YOU CONTRIBUTE?	2024 IRS CONTRIBUTION LIMIT	EMPLOYER CONTRIBUTION	YOUR MAXIMUM CONTRIBUTION AMOUNT
Employee Only Coverage	\$4,150*	Based on Annual Earnings (See Below)	\$4,150 minus Employer Contribution Amount
Family Coverage	\$8,300*	Based on Annual Earnings (See Below)	\$8,300 minus Employer Contribution Amount

* If an individual reaches age 55 by the end of the calendar year, he or she can contribute an additional \$1,000.

EMPLOYER CONTRIBUTION AMOUNTS (ANNUAL)	EMPLOYEE SALARY BAND (ANNUAL EARNINGS, INCLUDING COMMISSIONS)			
	<\$55k	\$55-\$80k	\$80k-\$105k	\$105k+
Employee Only Coverage	\$650	\$575	\$500	\$0
Family Coverage	\$1,300	\$1,150	\$1,000	\$0

Let's Break it Down

- You and your employer can add funds into the HSA that are not subject to federal income taxes** up to the IRS limits.
- The HSA allows you to pay for qualified medical expenses with these tax-free funds.
- The account can earn interest on a tax-free basis, and you are allowed to roll funds over year after year.
- If you leave your employer or retire, you can take your HSA with you.

** Any reference to taxes is at the federal level. State tax rules may vary.



Flexible Spending Accounts (FSAs)

FSAs enable you to put aside money for important expenses and help you reduce your income taxes at the same time. Your employer offers three types of FSAs — two health-related FSAs (General/Health Care FSA and Limited Use FSA) and one Dependent Care FSA. These accounts allow you to set aside pre-tax dollars to pay for certain out-of-pocket health care or dependent care expenses.



Deductibles, copays, prescription and over-the-counter drugs, medical equipment, etc.

Go to www.benefitsquest.com/fsa for a complete list of covered expenses.

Babysitters, daycare, day camp, home nursing care, etc.

How FSAs Work

1. Each year during the Open Enrollment period, you decide how much to set aside for health care and/or dependent care expenses.
2. Your contributions are deducted from your paycheck on a before-tax basis in equal installments throughout the calendar year.
3. As you incur Medical, Pharmacy, Dental, and Vision care or dependent care expenses throughout the year, submit a claim form for reimbursement. Your claim will be processed, and you will be reimbursed from your account. You can also use your FSA card to pay for eligible expenses at the point of sale. You will not be paying out-of-pocket, so there's no need to fill out a claim form and wait for reimbursement.

Please note that these accounts are separate. If you are enrolled in the CDHP medical plan you can participate in the Limited Use FSA and/or the Dependent Care FSA. If you are enrolled in the PPO plan you can participate in the General/Health Care FSA and/or the Dependent Care FSA. You also have the option not to participate in any of the accounts. You cannot use money from a health-related FSA to cover expenses eligible under the Dependent Care FSA or vice versa.

You must actively re-enroll in FSA Plans each year. You are not automatically re-enrolled.

PLAN	ANNUAL MAXIMUM CONTRIBUTION	EXAMPLES OF COVERED EXPENSES
Health Care Flexible Spending Account	\$3,050	Copays, deductibles, orthodontia, over-the-counter medications, dental and vision expenses, etc.
Limited Use Flexible Spending Account	\$3,050	Dental and Vision expenses only
Dependent Care Flexible Spending Account	\$5,000 (\$2,500 if married and filing separate tax returns)	Daycare, nursery school, elder care expenses, etc.

NOTE: See IRS Publications 502 and 503 for a complete list of covered expenses.

Health Care Items You Might Not Realize are FSA Eligible:

- Sunscreen
- Heating and cooling pads
- First aid kits
- Shoe inserts and other foot grooming treatments
- Travel pillows
- Motion sickness bands

Disability Insurance

If you are out of work for an extended period of time due to a disabling injury or illness, disability insurance is designed to replace a portion of your income and help you maintain your lifestyle. Unfortunately, avoiding disability is becoming increasingly unlikely. According to the Social Security Administration, just over one in every four of today's 20 year olds will become disabled before they reach retirement age. At this rate, making sure that you have disability coverage in place now is a smart move.

Short-Term Disability (STD)

Short-Term Disability (STD) Insurance replaces a portion of your income if an injury or illness forces you out of work for an extended period of time. Your employer provides basic STD coverage at no cost to you, and enrollment is automatic. Time off for a lengthy illness is recorded and paid by a combination of using PTO and STD. Employees will be required to use PTO for the first 40 hours of an extended illness. STD insurance will then provide salary continuation for the 2nd through the 26th week of an extended illness. In the first calendar year of employment, the maximum STD payment is limited to 30 days (240 hours). Payment eligibility for STD benefits and return to work programs will be managed by medically trained disability management specialists through Lincoln Financial. STD will be paid in accordance with the schedule below.

Employees may use available PTO time to cover the difference between 60% and 100% of their pay while on Short-Term Disability. After 26 weeks of Short-Term Disability, eligible employees may apply for Long-Term Disability benefits which will be managed by Lincoln Financial.

SHORT-TERM DISABILITY			
LENGTH OF EMPLOYMENT	1ST WEEK PAID UNDER PTO	NUMBER OF DAYS/HOURS PAID AT 100%	NUMBER OF DAYS/HOURS PAID AT 60%
1st Calendar Year	5 days (as available)	10 days (80 hours)	20 days (160 hours)
1st January 1	5 days (40 hours)	15 days (120 hours)	110 days (880 hours)
3rd January 1	5 days (40 hours)	25 days (200 hours)	100 days (800 hours)
5th January 1	5 days (40 hours)	45 days (360 hours)	80 days (640 hours)
10th January 1	5 days (40 hours)	75 days (600 hours)	50 day (400 hours)
15th January 1	5 days (40 hours)	125 days (1,000 hours)	0

Long-Term Disability (LTD)

Long-Term Disability (LTD) benefits are provided to you as a part of your basic coverage once you've been continuously employed for 12 months. LTD insurance protects a portion of your income if you become partially or totally disabled for an extended period of time. This insurance replaces 60% of your income, up to a maximum of \$10,000 per month, depending on your current annual earnings. You must be sick or disabled for at least 26 weeks before you can receive a benefit payment. Payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner. Certain exclusions, along with any pre-existing condition limitations, may apply. Please refer to your Certificate of Coverage for details or contact your employer for specific benefits.

26 WEEKS AFTER INJURY OR ILLNESS	
BASIC (COMPANY PAID)	MAXIMUM MONTHLY BENEFIT
60% of base earnings	\$10,000 per month





Life Insurance

Your family depends on your income for a comfortable lifestyle and for the resources necessary to make their dreams — such as a college education — a reality. Like anyone, you don't like to think of the scenario where you're no longer there for your family. However, you do need to ensure their lives and dreams can continue if the worst does happen.

Basic Life and Accidental Death & Dismemberment (AD&D)

Your employer provides eligible employees with Basic Term Life and AD&D coverage at no cost to you, and enrollment is automatic.

- **Basic Term Life:** The benefit is equal to two times your base annual earnings (rounded up to the next \$1,000), up to a maximum of \$1,000,000.
- **AD&D:** If you are seriously injured or lose your life in an accident, you will be eligible to withdraw an Accelerated Death Benefit in any \$1,000 increment; subject to:
 1. A minimum of \$1,000 or 10% of the Claimant's amount of Life Insurance (whichever is greater); and
 2. A maximum of \$250,000 or 75% of the Claimant's amount of Life Insurance (whichever is less).

Supplemental Life and Accidental Death & Dismemberment (AD&D)

Eligible employees may purchase Voluntary Life and AD&D insurance for themselves and their families. Premiums are paid through payroll deductions.

Beneficiary Designation

A beneficiary is the person you designate to receive your life insurance benefits in the event of your death. This includes any benefits payable under Basic Life offered by your employer. You receive the benefit payment for a dependent's death under the Lincoln Financial insurance.

Make sure your beneficiary designation is clear so there is no question as to your intentions, and remember to name a primary and contingent beneficiary. When naming your beneficiary(ies), please indicate their full name, address, Social Security number, relationship, date of birth and distribution percentage. If the beneficiary is not legally related, insert the words "Not Related" in the relationship field.

Please note that in most states, benefit payments cannot be made to a minor younger than 18. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches majority age at 18.

If you name more than one beneficiary with unequal shares, please show the amount of insurance to be paid to each beneficiary in percentages. If you need assistance, contact Human Resources or your own legal counsel.

BASIC LIFE	
Coverage Amount	Two times your basic annual earnings (rounded up to the nearest \$1,000)
Who Pays	DallasNews pays. Basic Life and AD&D is provided to you as part of your basic coverage.
Benefits Payable	In the event of your death
Maximum Benefit	Basic Life Maximum: \$1,000,000
Guaranteed Issue	\$750,000
Evidence of Insurability (EOI) Required	EOI will be required for amounts over \$750,000

SUPPLEMENTAL EMPLOYEE LIFE	
Coverage Amount	Increments of one to five times your basic annual earnings.
Who Pays	You pay. This coverage is available on a voluntary basis.
Benefits Payable	If you die while covered under the plan. This benefit is in addition to your Basic Life benefit.
Maximum Benefit	Supplemental Life Maximum: The lesser of five times your annual salary or \$1,000,000
Guaranteed Issue	\$750,000
Evidence of Insurability (EOI) Required	For newly eligible employees, EOI will be required for elections greater than \$750,000. Any future elections or increases will require EOI.

SUPPLEMENTAL DEPENDENT LIFE			
Coverage Amount Family Member	Option 1	Option 2	Option 3
Spouse	\$10,000	\$5,000	\$20,000
Each unmarried child 14 days to age 26 years	\$5,000	\$2,500	\$10,000
Each child from 24 hours to 13 days old	\$1,000	\$500	\$3,000
Who Pays	You pay. This coverage is available on a voluntary basis.		
Benefits Payable	If your dependent dies while covered under the plan		
Maximum Benefit	Spouse \$20,000; Child \$10,000		
Evidence of Insurability (EOI) Required	EOI will be required if you try to elect or increase coverage more than 31 days after your initial eligibility date or the date you acquire a new dependent		

VOLUNTARY AD&D	
Employee Coverage Amount	Increments of one to six times your basic annual earnings
Dependent Coverage Amount(as a % of your principal amount)"	Spouse Only: 60%; Child(ren) Only: 20%; Spouse and Child(ren): 50% and 15%, respectively
Who Pays	You pay. This coverage is available on a voluntary basis
Maximum Benefit	\$500,000
Evidence of Insurability (EOI) Required	No

SUPPLEMENTAL EMPLOYEE LIFE RATES/\$1,000 (MONTHLY)	
AGE	EMPLOYEE
Less than 30	\$0.116
30-34	\$0.175
35-39	\$0.194
40-44	\$0.370
45-49	\$0.467
50-54	\$1.031
55-59	\$1.283
60-64	\$1.944
65-69	\$2.782
70+	\$4.297

SUPPLEMENTAL DEPENDENT LIFE PREMIUM RATES (MONTHLY)	
Option 1	\$2.40
Option 2	\$1.20
Option 3	\$4.80

SUPPLEMENTAL AD&D RATES/\$1,000 (MONTHLY)	
Employee Only	\$0.027
Employee + Family	\$0.045

TO CALCULATE HOW MUCH YOUR VOLUNTARY LIFE/AD&D COVERAGE WILL COST:	
Benefit Amount Elected/\$1,000 = \$	x Age Based Rate = Monthly Premium

Additional Benefits

DallasNews Corporation knows the value of well-rounded, balanced employees, which is why we offer a variety of additional benefits to help manage life's daily stresses.

Maternity and Paternity Leave

The Maternity and Paternity Leave program allows new parents more quality time to bond with newborns.

- Six-month waiting period (6 months of continuous service)

(Please note: Family Medical Leave (FML) begins after working 1,250 hours in 12 months. You may take Maternity or Paternity leave prior to your meeting eligibility for FML, but you will not be eligible for job-protected FML coverage during the leave.)

- Maternity benefits up to 12 weeks
- Paternity benefits up to 12 weeks
- Paid at 100% of base salary

Leave can be taken intermittently within the first six months of the qualifying life event (birth).

Community Service Time Off

The Community Service Time Off program allows employees to volunteer up to eight hours each year toward their favorite cause and get paid for it. The program features include:

- One paid day off per employee per year
- Hours can be used in half-day or full-day increments, but need to be approved in advance by your reporting manager
- Workday tracking is used for annual review

Workplace Flexibility

Workplace flexibility is designed with you and your family in mind and is handled at a local level and should be discussed with your reporting manager. The following options are encouraged throughout our organization:

- Flextime
- Shift arrangements or part-time schedules
- Part-year work
- Work from home (Virtual commuters)
- Satellite locations

Speak to your manager about alignment and offerings that might work for you.



Retirement 401(k) Savings Plan

It's never too early — or too late — to start planning for your retirement. Making contributions to a 401(k) account is the first step toward achieving financial security later in life.

The DallasNews Corporation 401(k) plan provides you with the tools and flexibility you need to retire comfortably and securely. Eligible employees can invest for retirement while receiving certain tax advantages. DallasNews Corporation offers immediate dollar-for-dollar matching for the first 1.5% employee contribution per paycheck. DallasNews Corporation matching contributions are immediately vested. Both pre-tax and Roth deferrals are available. Administrative and record keeping services for this plan are provided by Fidelity Investments.

Deferred contributions are based on a flat dollar amount not to exceed plan limits set by the IRS. The limit for 2024 is \$22,500. New employees will be automatically enrolled in the 401(k) plan at a rate of 3%, which will commence within 60 days of hire date; however, new hires can enroll prior to the 60 days by contacting Fidelity Investments upon hire to initiate the contributions sooner.

You can contact Fidelity Investments at **800-835-5098** or visit their website at www.401k.com.

Additional Benefits (Continued)



Employee Assistance Program

DallasNews Corporation cares about you and your family's total health management — mental, emotional and physical. For that reason, we provide an Employee Assistance Program (EAP) at no cost to you.

Whether you are interested in work/life resources, mental health assistance, or legal and financial advice, the EAP service can connect you and members of your household with a variety of professionals. With just one phone call, at any hour of the day or night, you can have access to helpful resources. The EAP benefit includes five face-to-face visits per issue with a licensed professional. All services provided are confidential and will not be shared with your employer. You may also access information, benefits, educational materials and more either by phone at **800-523-5668** or online at <https://member.magellanhealthcare.com/>.

The Program provides referrals to help with:

- Emotional Health and Well-Being
- Alcohol or Drug Dependency
- Marriage or Family Relationship Problems
- Job Pressures
- Stress, Anxiety, Depression
- Grief and Loss
- Financial or Legal Advice

Legal Assistance

As a DallasNews Corporation employee, you may sign up for a discounted Legal Services plan through MetLife. This year the plan has upgraded to include additional services starting January 1, 2024. Telephone and in-person legal consultations are available. Your coverage is portable, so you can continue to take advantage of low rates even if you leave the DallasNews Corporation. Call **800-821-6400** if you have any questions.

Covered services include:

- Real Estate Issues
- Debt and Credit Concerns (Including Identity Theft)
- Document Preparation and Review
- Wills and Estate Planning
- Some Family Law

NEW! Enhancements to covered services this year include:

- LifeStages Identity Restoration Services
- Guardianship and Conservatorship (contested)
- 4 hours of attorney services for non-covered matters

Pet Insurance

DallasNews will provide access to discounted Pet Insurance through ASPCA®. With the ASPCA Pet Health Insurance Program, you can choose the care you want when your pet is hurt or sick and take comfort in knowing that you have coverage. Just pay your vet bill, submit claims, and get reimbursed for covered expenses, including exam fees, diagnostics, and treatments! You're free to visit any licensed vet, specialist, or emergency clinic you want, and can choose to receive reimbursement by direct deposit or mail.

Find the perfect plan for you and your pet by visiting www.aspcapetinsurance.com/DallasNews and using priority code **EB22DALLASNEWS**.

New for 2024! Employee Discount Marketplace, including More Auto & Home Options

A Benefit That Will Save You Money! You now have exclusive access to amazing discounts and Cash Back on thousands of brands you love. Take advantage of savings on in a variety of categories including travel, auto, electronics, apparel, entertainment, restaurants, health & wellness, beauty & spa, and more!

Be sure to check out the Auto and Home Insurance quoting tool for additional options to compare quotes across insurers!

It's easy to sign up and save. Sign up at dallasnews.benefithub.com using referral code **U28Y2B**.

Auto & Home through MetLife

DallasNews will continue to provide access to discounted Auto and Homeowners insurance through Farmers GroupSelect. Call **800-438-6381** to sign up today. **Please note:** This benefit will no longer be offered as a payroll deduction beginning January 1, 2024. Once enrolled, all payments will need to be paid directly to MetLife.



Benefits Information

If you have any questions regarding eligibility, benefit plans or enrollment periods or would like additional information, contact the DallasNews Corporation benefits team at [214-977-7210](tel:214-977-7210) or visit life360dallasnewscorporation.com.

Get More Information

BENEFIT	CARRIER	WEBSITE / POLICY #/ REFERENCE ID	PHONE NUMBER
Medical	BlueCross BlueShield of Texas (BCBSTX)	www.bcbstx.com/dallasnews Policy # 020323	888-514-5662
Pharmacy	Prime Therapeutics	www.myprime.com	877-357-7463
Dental	MetLife	www.metlife.com/mybenefits	800-942-0854
Vision	Vision Service Plan (VSP)	www.vsp.com	800-877-7195
Health Savings Account	Fidelity Investments	www.401k.com	800-544-3716
Flexible Spending Account, COBRA	TaxSaver Plan	www.taxesaverplan.com	800-328-4337
Life and AD&D	Lincoln Financial	www.lincolnfinancial.com	800-423-2765
Short- and Long-Term Disability	Lincoln Financial	MyLincolnPortal.com Reference ID: DALLASNEWS	800-713-7384
Employee Assistance Program (EAP)	Magellan	https://member.magellanhealthcare.com/	800-523-5668
Retirement	Fidelity Investments	www.401k.com	800-835-5098
Legal Insurance	MetLife	www.legalplans.com	800-821-6400
Auto & Home Insurance	Farmers GroupSelect	myautohome.farmers.com Code: DallasNews Corporation or BGI	800-438-6381
Pet Insurance	ASPCA	www.aspcapetinsurance.com/DallasNews Priority code: EB22DALLASNEWS	877-343-5314
DallasNews Corporation Human Resources Team		life360dallasnewscorporation.com	214-977-7210
Employee Discount Marketplace	BenefitHub	dallasnews.benefitHub.com Referral code: U28Y2B	N/A



ABOUT THIS GUIDE: This guide highlights all employee benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual Summary Plan Description (SPD), plan document or certificate of coverage for each plan. If any discrepancy exists between this guide and the official documents, the official documents will prevail.

Updated 10/2023

Glossary

Affordable Care Act and Patient Protection (ACA)

Also called Health Care Reform, the ACA requires health plans to comply with certain requirements. The ACA became law in March 2010. Since then, the ACA has required some changes to medical coverage—like covering dependent children to age 26, no lifetime limits on medical benefits, reduced FSA contributions, covering preventive care without cost-sharing, etc, among other requirements.

Brand Name Drug

The original manufacturer's version of a particular drug. Because the research and development costs that went into developing these drugs are reflected in the price, brand name drugs cost more than generic drugs.

Coinsurance

A percentage of costs you pay "out-of-pocket" for covered expenses after you meet the deductible.

Copayment (Copay)

A fee you have to pay "out-of-pocket" for certain services, such as a doctor's office visit or prescription drug.

Deductible

The amount you pay "out-of-pocket" before the health plan will start to pay its share of covered expenses.

Employer Contribution

On a biweekly basis, the company provides you with an amount of money that you can apply toward the cost of your health care premiums. The amount of the employer contribution depends on who you cover. You can see the amount you'll receive when you enroll. If you're enrolling as a new hire, the employer contribution amount will be prorated based on your date of hire.

Generic Drug

Lower-cost alternative to a brand name drug that has the same active ingredients and works the same way.

High-Deductible Health Plan (HDHP)

High-deductible health plans (HDHPs) are health insurance plans with lower premiums and higher deductibles than traditional health plans. Only those enrolled in an HDHP are eligible to open and contribute tax-free to a health savings account (HSA).

Health Savings Account (HSA)

A health savings account (HSA) is a portable savings account that allows you to set aside money for health care expenses on a tax-free basis. You must be enrolled in a high-deductible health plan in order to open an HSA. An HSA rolls over from year to year, pays interest, can be invested, and is owned by you—even if you leave the company.

Out-of-Pocket Maximum

The most you pay each year "out-of-pocket" for covered expenses. Once you've reached the out-of-pocket maximum, the health plan pays 100% for covered expenses.

Plan Year

The year for which the benefits you choose during Annual Enrollment remain in effect. If you're a new employee, your benefits remain in effect for the remainder of the plan year in which you enroll, and you enroll for the next plan year during the next Annual Enrollment.

Preventive Care

Health care services you receive when you are not sick or injured—so that you will stay healthy. These include annual checkups, gender- and age-appropriate health screenings, well-baby care, and immunizations recommended by the American Medical Association.



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