2026

BENEFIT ENROLLMENT GUIDE

BE WELL. SAVE WELL. LIVE WELL.

LIFE 360 HEALTH WEALTH FULFILLMENT

Dallas News CORPORATION

Note: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see page 17 for more information.











OPEN ENROLLMENT BEGINS NOVEMBER 3RD-14TH, 2025

NOW IS THE TIME TO FOCUS ON YOU

Your physical, emotional, and financial health are important, especially during challenging times. DallasNews Corporation cares about you and your overall well-being, that's why we offer a comprehensive benefits package that can help provide you with the stability and security to be prepared for the unexpected.

Open Enrollment is the time to add or change benefits for the 2026 plan year. We understand how important it is to have resources to help make the best decisions for you and your family. Review your options presented in this benefits guide, compare plans, and choose what works best for you.

TAKE ACTION!

All employees are strongly encouraged to complete an Open Enrollment session to review, elect, or waive coverages for 2026. All elections made during Open Enrollment will become effective January 1st, 2026. If you do not actively enroll, you will be defaulted to minimum coverage. Certain benefits WILL NOT automatically carry over and must be elected each year.

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ENROLLMENT INFORMATION

DO I NEED TO ENROLL?

Before deciding whether you need to enroll in DallasNews Corporation's health and group benefits, take a close look at all the benefits and options we offer you. You may experience changes from year to year, and there likely will be changes to what you pay for coverage each year. 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 the health care and/or dependent care FSAs
- Change your optional employee life insurance, dependent supplemental life insurance, or AD&D insurance choices

If you don't enroll, you may be assigned coverage that won't meet your needs.

WHEN CAN I ENROLL?

As a benefits-eligible employee, you have the opportunity to enroll in or make changes to your benefit plans during our benefits enrollment period. Open Enrollment is November 3rd - 14th, 2025 with your benefit choices being effective January 1, 2026. Our benefits plan year is January 1, 2026 to December 31, 2026.

If you do not enroll during Open Enrollment then you cannot make changes until next year unless you have a qualified life event. The IRS imposes specific rules regarding when you can make a change to benefits that are paid for on a pre-tax basis. See your Summary Plan Description (SPD) for details.

If you're enrolling as a new employee, you become eligible for benefits after two full months of continuous employment and must enroll within two months 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 enrollment period.

HOW TO ENROLL

Online: Visit **https://www.myworkday.com/ahbelo/d/home.htmld** to register or log in, and follow the prompts to complete your self-service enrollment.

WHO CAN I ENROLL?

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.

PREPARING FOR YOUR ENROLLMENT SESSION

Start with Education

Visit **www.bcbs.com/dallasnews** and review your Summary Plan Description (SPD) to learn more about how your benefits can help provide you with the stability and security to be prepared for the unexpected.

Gather Information

Please be prepared for your enrollment session by gathering information for yourself, your dependents, and your life insurance beneficiaries. You will need:

- Full names
- Dates of birth
- Social Security numbers

ADDITIONAL INFORMATION

WORKING SPOUSE EXCLUSION

If your spouse is employed and has access to other health coverage through their employer, you will not be able to cover them under your DallasNews Corporation health plans. 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.

DID YOU KNOW?

Nearly half of adults (48%) with medical debt are paying off $2,000 or more.

Commonwealth Fund, 2024 Biennial Health Insurance Survey, 2024

MEDICAL 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.

BENEFIT	HDHP 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)	$6,000/$12,000	$12,000/$24,000	$4,500/$7,300	$9,000/$14,600
Coinsurance	80%	50%	80%	50%
Physician Services				
Doctor's Office Visit	80%*	50%	$20	50%
Specialist Office Visit	80%*	50%	$40	50%
Hospital Services				
Inpatient (Per Admission)	20%*	50%	20%*	50%
Outpatient	20%*	50%	20%*	50%
Emergency Care Copay (waived if admitted)	20%*		20%*	
Urgent Care	20%*	50%	$40	$40

BI-WEEKLY PAYCHECK DEDUCTIONS	HDHP PLAN				PPO PLAN			
	<$55k	$55k-$80k	$80k-$105k	$105k+	<$55k	$55k-$80k	$80k-$105k	$105k+
Employee Only	$46.75	$59.24	$71.76	$94.09	$67.40	$79.89	$92.41	$114.75
Employee + Spouse	$192.06	$235.39	$261.31	$301.97	$242.22	$285.56	$311.49	$352.14
Employee + Child(ren)	$141.52	$175.37	$195.55	$227.52	$180.94	$214.79	$234.96	$266.94
Employee Family	$272.93	$331.43	$366.56	$421.09	$340.31	$398.82	$433.94	$488.47

NOTE: Your medical plan options must offer certain preventive care benefits to you in-network without cost sharing and these preventive care benefits generally are updated annually. Under the Affordable Care Act, the medical plans generally may use reasonable medical management techniques to determine frequency, method, treatment or setting for a recommended preventive care service.

PRESCRIPTION DRUG BENEFITS

Prescription coverage is included in your medical plan. Your prescription plan details are as follows:

PRESCRIPTION DRUGS	HDHP PLAN		PPO PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Retail (30-Day Supply)				
Generic	$5 copay*	$5* plus 50%	$15 copay	$15 copay plus 50% coinsurance
Preferred Brand	25%* ($30 copay, $100 max copay)	25%* ($30 min copay, $100 max copay), plus 50%	$40 copay	$40 copay plus 50% coinsurance
Non-preferred Brand	25%* ($60 min copay, $125 max copay)	25%* ($60 min copay, $125 max copay), plus 50%	$55 copay	$55 copay plus 50% coinsurance
Specialty	$150 copay	Not covered	$150 copay	Not covered
Mail Order (90-Day Supply)				
Generic	$12.50*	Not covered	$30 copay	Not covered
Preferred Brand	25%* ($75 min, $250 max)	Not covered	$80 copay	Not covered
Non-preferred Brand	25%* ($150 min copay, $312.50 max copay)	Not covered	$110 copay	Not covered

*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 HDHP 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 pan.

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

MENTAL HEALTH SUPPORT THROUGH BCBSTX

LEARN TO LIVE – A DIGITAL MENTAL HEALTH TOOL

- Available to those enrolled in a BCBSTX medical plan (all members ages 13+).
- Within the Learn to Live portal, you can take an online assessment to help pinpoint the right program for you, including stress/anxiety/worry, depression, insomnia, social anxiety, substance use, panic, and resiliency.
- You also have access to a one-on-one coach within the benefit, connecting via phone, text, or email to help master your new skills.

HEADWAY – EXPANDED THERAPIST NETWORK

Accessed through the BCBSTX 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.

ACCESS THESE PROGRAMS AT NO ADDITIONAL COST:

1. Log in at **bcbstx.com** **2.** Click Wellness **3.** Choose Digital Mental Health

CONDITION SUPPORT PROGRAMS THROUGH BCBSTX

HINGE HEALTH FOR MUSCULOSKELETAL SUPPORT

Join Hinge Health for exercise therapy without leaving home. No copays. No office visits. Reduce your back and joint pain in just 15 minutes a day. Best of all, there's no additional cost to you – your Hinge health benefit is 100% covered by Blue Cross Blue Shield of Texas (BCBSTX). If you enroll in a BCBSTX medical plan and are clinically eligible based on your history of chronic MSK pain, you will have access to Hinge Health's flagship Chronic Program for chronic back, knee, hip, shoulder, and neck pain. The Chronic Program delivers whole person care through customized exercise therapy, education, and behavioral support. The digitized best practice care includes:

- A dedicated Physical Therapist who will create and deliver personalized care plans.
- A board-certified health coach to provide accountability and support every step of the way.
- An all-in-one app and wearable technology that enable guided physical therapy for real-time feedback and tracking.

The complete clinical care team paired with advanced technology provides you with the care and convenience you need to tackle chronic pain from the comfort of your own homes. To learn more, visit **hinge.health/resources** or call **1-855-902-2777**.

TELADOC HEALTH FOR DIABETES AND HYPERTENSION SUPPORT

Through Teldaoc, you will have access to personalized programs to help manage your diabetes and hypertension. Join by visiting **TeladocHealth.com/Register/WELL-BCBSTX** or calling **1-800-835-2362** and use registration code: **WELL-BCBSTX**.

Diabetes Management

A personalized way to help manage diabetes. Get tools and support to track blood sugar levels and develop healthier lifestyle habits.

Program Includes:

- A connected blood glucose meter
- Unlimited strips and lancets
- Tips, action plans and one-on-one coaching
- Real-time support for out-of-range readings

Hypertension Management

Take control of your heart health with guidance and a personalized plan. With a smart blood pressure monitor, you can track, get support, set up reminders and message a coach, all in one place.

Program includes:

- A connected blood pressure monitor
- Step-by-step action plans based on your goals
- Tips on nutrition and activity
- One-on-one support from expert coaches

TELEMEDICINE

Employees and dependents covered under the CDHP or PPO medical plans will have 24/7 access to board certified physicians through MDLIVE. When you need medical advice, but don't have the time or want the cost associated with a trip to the doctor's office, video visits are available 24/7 through MDLIVE. These can be done in just minutes with no travel time. It's quick, convenient, and saves you money.

Doctors are available to treat many common medical conditions at times that are convenient for you.

GET CARE FOR:

- Cold, flu, and sinus infections
- Nausea and vomiting
- Asthma, allergies, and rashes
- Urinary tract infections
- Headaches and migraines
- Stress and anxiety
- Trauma and grief counseling
- Insomnia, depression, and mood swings

To learn more, visit **www.mdlive.com/bcbstx**. Make an appointment today by downloading the BCBSTX app or call **1-888-680-8646**.

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 generally receive more favorable coverage if you use providers who participate in the network.

Request generic rather than brand name prescription drugs. Generic medications, while just as effective, are considerably less expensive.

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, reducing doctor's visits and prescription medicines.

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.

BLUE DISTINCTION CENTERS

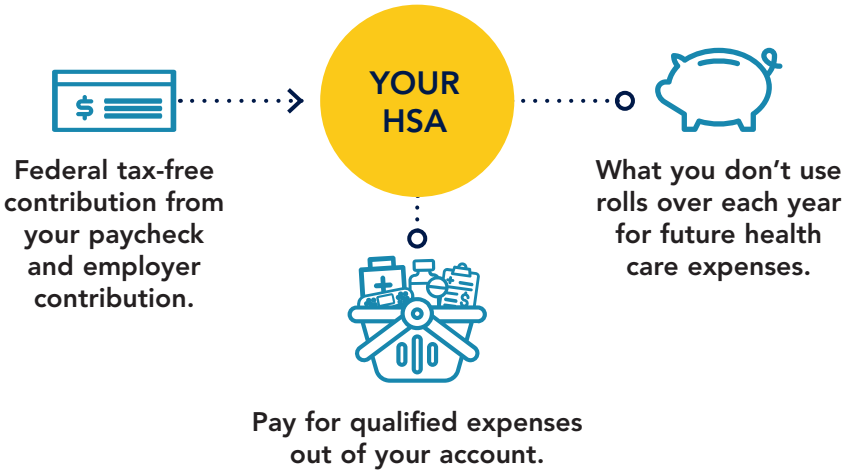
Through BCBSTX, you have access to high-quality and cost-effective facilities that are nationally designated to demonstrate expertise for delivering patient care safely and effectively for elect specialty care procedures. Blue Distinction Centers are available for bariatric surgery, cardiac care, fertility care, knee and hip replacement, maternity care, spine surgery, and more. Look for these specialties when completed a provider search under the Blue Distinction Specialty Care section.

HEALTH SAVINGS ACCOUNT (HSA)

Save for future medical costs and reduce your tax bill with this special savings account available to high-deductible health plan (HDHP) participants.

Out-of-pocket medical expenses can add up quickly. Over time, health care likely will be your largest household expense. A health savings account (HSA) allows you to build up protection for future health care expenses.

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.



HSAs DELIVER TRIPLE TAX SAVINGS

1. You don't pay federal income tax on the money you contribute.
2. You don't pay taxes on the interest you earn in your account.
3. You don't pay taxes when you use the money to pay for qualified medical services.

KEYS TO GROWING YOUR HEALTH SAVINGS ACCOUNT (HSA):

- Try not to use your HSA for routine expenses. If you can pay out-of-pocket, leave your HSA funds alone because they may grow for when you need them in the future.
- Consider electing supplemental medical benefits to cover big ticket expenses from unexpected serious illnesses or injuries and to ensure they don't wipe away the money in your HSA.
- Monitor your fund's growth. Like a 401(k), your HSA funds may in some circumstances be invested. Make sure your money is growing at an acceptable and safe pace.

HOW MUCH CAN YOU CONTRIBUTE?	ANNUAL IRS CONTRIBUTION LIMIT	ANNUAL DALLASNEWS CORPORATION CONTRIBUTION	YOUR MAXIMUM CONTRIBUTION AMOUNT
Individual Coverage	$4,400*	Based on annual earnings (see below)	$4,400 minus employer contribution amount
Family Coverage	$8,750*	Based on annual earnings (see below)	$8,750 minus employer contribution amount

NOTE: If an individual reaches age 55 by the end of the calendar year, they can contribute an additional $1,000.

NOTE: Amounts change yearly per IRS guidelines.

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

DENTAL BENEFITS

Your dental health is an important part of your overall wellness. The following dental insurance option is offered through MetLife.

BENEFIT	HIGH PLAN	LOW PLAN
Annual/Calendar Year Maximum	$2,000	$750
Annual/Calendar Year 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
BI-WEEKLY PAYCHECK DEDUCTIONS		
Employee Only	$9.50	$6.54
Employee + Spouse	$19.56	$13.47
Employee + Child(ren)	$18.79	$13.32
Family	$29.19	$20.55

WHAT DOES PREVENTIVE DENTAL CARE TYPICALLY COVER?

Preventive care can save you money later on procedures that are more urgent, complex, and costly.



Routine dental checkups and cleanings should be scheduled every six months. Your dentist may recommend more frequent or fewer visits, depending on your dental health history.



Professional fluoride treatments can be a key defense against cavities. Professional fluoride treatments have significantly more fluoride than tap water or toothpaste and take only minutes to apply.



Dental sealants go a step beyond fluoride by providing a thin, coating to the surface of your teeth. Most dental plans cover sealants as preventive care for children under 18 on their first and second molars.



X-ray images of your mouth may be taken to better evaluate your oral health. These images provide a more detailed look inside your teeth and gums.

VISION BENEFITS

DallasNews Corporation offers vision coverage through Vision Services Plan (VSP) and includes eye exams, affordable options for prescription glasses or contacts, and discounts for laser vision correction.

BENEFIT & DESCRIPTION	COPAY	FREQUENCY
Well Vision Exam: Focuses on Your Eyes & Overall Wellness	$15 copay	Every calendar year
Lenses: Single Vision, Lined Bifocal, & Lines Trifocal Lenses	Included in prescription glasses	Every calendar year
Frames	$130 allowance for a wide selection of frames $150 allowance for featured frame brands 20% off amount over your allowance	Every calendar year
Contact Lenses Instead of Glasses: Contact Lens Exam (Fitting & Evaluation)	$150 allowance for contacts and contact lens exam	Every calendar year
Polycarbonate Lenses for Dependent Children	$0	Every calendar year
Photochromics & Tints	$0	Every calendar year
Standard Progressive Lenses	$50	Every calendar year
Premium Progressive Lenses	$80 - $90	Every calendar year
Custom Progressive Lenses (Average 35-40% Off Other Lens Options)	$120 - $160	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.	As needed
BI-WEEKLY PAYCHECK DEDUCTIONS		
Employee Only	$6.41	
Employee + Spouse	$13.47	
Employee + Child(ren)	$13.47	
Family	$13.47	

NOTE: ID Card not required for vision services.



5 TIPS FOR A LIFETIME OF HEALTHY VISION

1. Schedule yearly eye exams. Visiting your eye doctor regularly helps you see your best, protects your sight, and even detects serious health conditions such as diabetes.
2. Protect your eyes against UV rays. No matter what the season, it is important to wear sunglasses. When selecting and purchasing sunglasses, be sure to confirm they offer 100% UVA/UVB protection.
3. Give your eyes a break from digital devices. Digital screens emit a specific type of blue and violet light which can negatively impact eye health and cause digital eye strain.
4. Quit smoking. Smoking increases your risk of developing macular degeneration, optic nerve damage, and cataracts.
5. Practice safe wear and care of contact lenses. Keep them clean, and follow the recommendations for use and wear.

FLEXIBLE SPENDING ACCOUNTS (FSAs)

Reduce your tax bill while putting aside money for health care and dependent care needs.

Flexible spending accounts (FSAs) allow you to put aside money for important expenses and help you reduce your income taxes at the same time. DallasNews Corporation offers three types of accounts — a health care FSA, a limited purpose FSA, and a dependent care FSA.

HEALTH CARE FSA

Deductibles, copays, prescription drugs, medical equipment, etc.

LIMITED PURPOSE FSA

Works with HSA eligible medical plans to cover dental and vision expenses

DEPENDENT CARE FSA

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

HOW FLEXIBLE SPENDING ACCOUNTS (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. You can use your FSA debit card to pay for eligible expenses at the point of sale, or you can pay out-of-pocket and submit a claim form for reimbursement.

Please note that these accounts are separate. If you are enrolled in the HDHP 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.

PLAN	ANNUAL MAXIMUM CONTRIBUTION	EXAMPLES OF COVERED EXPENSES*
Health Care Flexible Spending Account	$3,300	Copays, deductibles, orthodontia, over-the-counter medications, etc.
Limited Purpose Flexible Spending Account	$3,300	Eligible dental and vision expenses
Dependent Care Flexible Spending Account	$5,000 ($2,500 if married and filing separate tax returns)	Day care, nursery school, elder care expenses, etc.
Set aside up to $5,000 pre-tax ($3,960 employee maximum including DallasNews Corporation match of $1,040). If you are married and file separate tax returns, the max you may contribute with DallasNews Corporation's match is $1,980.		

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

USE IT OR LOSE IT!

Be sure to calculate your FSA contributions carefully. These funds do not roll over from year-to-year, and you must actively enroll on a yearly basis. You are not automatically re-enrolled.



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

For a complete list of covered expenses, go to www.fsastore.com.

DID YOU KNOW?

44% of people 65 or older have a disability.
28% of people 45 to 64 have a disability.
21% of people 18 to 44 have a disability.

Social Security Administration, Disability Fact Sheet, 2023

DISABILITY INSURANCE

Your ability to bring home a paycheck is a valuable asset. We help you protect it.

If an injury or illness kept you out of work and prevented you from earning a paycheck, how would you cover your bills and other household expenses? Disability insurance provides income protection, paying a portion of your salary that you can use to offset out-of-pocket expenses and make up for lost wages.

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 (STD)

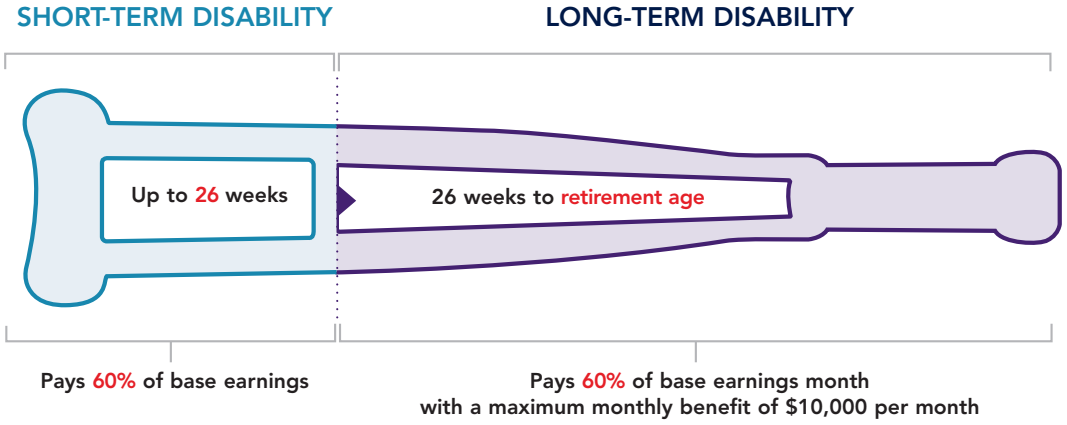
Short-term disability (STD) insurance replaces a portion of your income if an injury or illness forces you out of work for an extended period of time.

DallasNews Corporation provides basic STD coverage at no cost to you and enrollment is automatic. After you are out of work for one week and declared disabled, you will receive 60% of your base earnings for up to a maximum of 26 weeks.

LENGTH OF EMPLOYMENT	SHORT-TERM DISABILITY		
	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) insurance helps protect your finances when your disability continues beyond the period covered by the STD plan. This benefit is fully paid for on a pre-tax basis and enrollment is automatic. The benefit is equal to 60% of your base monthly earnings to a maximum of $10,000 per month. Benefits begin after 26 weeks.



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

Always be there financially for your loved ones.

Your family depends on your income for a comfortable lifestyle and for the resources necessary to make their dreams a reality. Life insurance ensures your family's future is financially secure if you're no longer there to provide for them.

DallasNews Corporation provides basic term life insurance and offers additional options to give you the ability to assemble a complete life insurance portfolio.

BASIC TERM LIFE AND AD&D INSURANCE

DallasNews Corporation provides eligible employees with basic term life and accidental death and dismemberment (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) 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 AD&D INSURANCE

You may also choose to purchase supplemental life insurance coverage in addition to the company-paid benefit. You pay the total cost of this benefit through convenient payroll deductions.

LIFE INSURANCE PLAN COMPARISON CHART	
Basic Term Life	**Supplemental Life**
The premiums are fully company paid.	The premiums increase as you age.
This plan replaces your income so that your family can cover items like mortgage, tuition, and household expenses.	This plan replaces your income so that your family can cover items like mortgage, tuition, and household expenses.
Coverage ends when you leave the company.	You may have the option to change to an individual policy that you can continue.

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

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

We offer a variety of additional benefits that give you options beyond health care and income protection.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Balancing the demands of work, family, and personal needs can be challenging, especially during uncertain times. DallasNews Corporation knows how important it is to have support when you need it most. Our employee assistance program (EAP) is available at no cost to you and your family members and provides confidential counseling and resources to help you with concerns such as:

- Anxiety and depression
- Grief and loss
- Substance abuse
- Financial and legal concerns
- Relationship and family matters
- Parenting
- Work-related issues
- Child and elder care

Plan Features

- Provided at no cost to you and your household members
- Includes up to five counseling sessions
- Confidential services provided by licensed professionals
- Available 24/7/365

To access the EAP, call **1-800-523-5668** or visit **https://member.magellanhealthcare.com/**.

LEGAL INSURANCE

Legal insurance provides access to a network of participating attorneys for help with a wide range of legal matters, such as:

- Court appearances
- Document review and preparation
- Debt collection defense
- Will preparation
- Family law
- Real estate matters

For more information call **1-800-821-6400**.

PET INSURANCE

Get coverage for every member of the family. With pet insurance, you'll have peace of mind knowing you can get help with some of your pet's medical bills, including treatments, surgeries, lab fees, X-rays, prescriptions, and more.

To enroll visit **www.aspcapetinsurance.com/DallasNews** and use priority code **EB22DALLASNEWS**.

EMPLOYEE DISCOUNT MARKETPLACE, INCLUDING MORE AUTO AND 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**.







TIME AWAY FROM WORK

PARENTAL LEAVE

DallasNews Corporation provides new parents with up to 12 weeks of parental leave after the birth or adoption of a child. Parental leave must be taken within 6 months of the birth or adoption.

All regular full-time employees will be eligible after 6 months of continuous services. **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 eligible for FML, but you will not be eligible for job protected FML coverage during the leave.

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



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.

As DallasNews Corporation transitions to Hearst ownership, eligible employees will now participate in the Hearst 401(k) Plan administered by Voya, which offers tools and flexibility to help you retire comfortably and securely.

- **Matching Contributions:** Hearst provides a dollar-for-dollar match on the first 1.5% of pay contributed per paycheck. This match continues even after you reach the IRS contribution limit, with no year-end true-up. To receive the full match, contribute at least 1.5% each pay period.
- **Vesting:** Matching contributions are 100% vested after 3 years of service, based on your original DALN hire date.
- **Contribution Types:** You may contribute via Pre-tax, Roth 401(k), or Traditional After-tax options.
- **Loan Policy:** The Hearst Plan allows only one loan at a time, but employees with two existing loans will be grandfathered during the repayment period.
- **Enrollment:** New employees will be automatically enrolled at a 3% contribution rate within 60 days of hire. However, you may choose to enroll earlier.
- **Important Note:** While Voya administers the plan, employees should not contact Voya directly for general questions or support. Instead, all inquiries should be directed to the Hearst 401(k) department, which serves as the primary point of contact for plan-related assistance. Employees may still reach out to Voya independently if needed, but Hearst should be your first stop for guidance.

You can contact Hearst Retirement Savings Line at **1-844-543-2778** or visit their website at **www.HearstRetirementSavings.com**.

GET MORE INFORMATION

BENEFIT	WHO TO CALL	WEBSITE	PHONE NUMBER
Medical	BlueCross BlueShield of Texas (BCBS TX)	www.bcbstx.com/dallasnews	1-888-514-5662
Prescription Drug	Prime Therapeutics	www.myprime.com	1-877-357-7463
Health Savings Account	Fidelity Investments	www.401k.com	1-800-544-3716
Dental	MetLife	www.metlife.com/mybenefits	1-800-942-0854
Vision	Vision Service Plan (VSP)	www.vsp.com	1-800-877-7195
Flexible Spending Accounts/COBRA	Navia	www.naviabenefits.com	1-425-452-3500
Short- & Long-Term Disability Claims	Lincoln Financial	MyLincolnPortal.com Reference ID: DALLASNEWS	1-800-713-7384
Basic Life & Accidental Death & Dismemberment Claims	Lincoln Financial	www.lincolnfinancial.com	1-800-423-2765
Supplemental Life Claims	Lincoln Financial	www.lincolnfinancial.com	1-800-423-2765
Legal Insurance	MetLife	www.legalplans.com	1-800-821-6400
Pet Insurance	ASPCA	www.aspcapetinsurance.com/DallasNews Priority Code: EB22DALLASNEWS	1-877-343-5314
Auto/Home Insurance	Farmers	myautohome.farmers.com Code: DallasNews Corporation or BGI	1-800-438-6381
Employee Discount Marketplace	BenefitHub	dallasnews.benefithub.com Referral Code: U28Y2B	N/A
Employee Assistance Program	Magellan	https://member.magellanhealthcare.com/	1-800-523-5668
401(k) Retirement Plan	Hearst Retirement Savings	www.HearstRetirementSavings.com	1-844-543-2778
Human Resources	DallasNews Corporation HR Team	life360dallasnewscorporation.com	1-214-977-7210

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.

ABOUT THIS GUIDE: Actual plan provisions for DallasNews Corporation ("the Company") benefits are contained in the appropriate plan documents, including the Summary Plan Description (SPD) and incorporated benefit/carrier booklets. The Benefit Enrollment Guide is a summary only and does not describe each benefit option. This Benefit Enrollment Guide provides updates to your existing SPD as of the first day of plan year, which describes your health and welfare benefits in greater detail. Until the Company provides you with an updated SPD, this guide is intended to be a Summary of Material Modification (SMM) and should be retained with your records along with your SPD. As always, the official plan documents determine what benefits are available to you. If any discrepancy exists between this guide and the official documents, the official documents will prevail. The Company reserves the right to amend or terminate any of its plans or policies, make changes to the benefits, costs, and other provisions relative to benefits at any time with or without notice, subject to applicable law.

Updated: October 2025

GLOSSARY

AFFORDABLE CARE ACT (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 dollar limits on medical benefits, covering preventive care in-network without cost-sharing if the plan is grandfathered, 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

Each year, 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 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 enrollment period.

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 Advisory Committee on Immunization Practices (ACIP).

IMPORTANT NOTICES

About This Guide

This guide highlights your 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 Descriptions (SPDs), plan document, and/or certificate of coverage for each plan. Your SPDs can be obtained at **http://life360dallasnewscorporation.com/**; you may also request a copy free of charge by calling **1-214-977-8869**.

Enclosed are important notices about your rights under your health and welfare plan (DallasNews Corporation Health and Welfare Plan), the "Plan." The information in the accompanying guide provides updates to your existing SPDs as of October 2025 and is intended to be a Summary of Material Modification.

If any discrepancy exists between this guide and the official documents, the official documents will prevail. DallasNews Corporation reserves the right to amend or terminate any of its plans or policies, make changes to the benefits, costs, and other provisions relative to benefits at any time with or without notice, subject to applicable law.

Reminder of Availability of Privacy Notice

This is to remind plan participants and beneficiaries of the DallasNews Corporation Health and Welfare Plan (the "Plan") that the Plan has issued a Health Plan Privacy Notice that describes how the Plan uses and discloses protected health information (PHI). You can obtain a copy of the BCBSTX's Privacy Notice upon your written request to the Human Resources Department, at the following address:

DallasNews Corporation, Human Resources
1954 Commerce Street
Dallas, TX 75201

If you have any questions, please contact the DallasNews Corporation Human Resources Office at **1-214-977-8869**.

Patient Protection Notice

DallasNews Corporation Health and Welfare Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members.

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance including coverage for nipple and areola reconstruction (including re-pigmentation) to restore physical appearance of the breast, and chest wall reconstruction with aesthetic flat closure;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator at **1-888-706-0583**.

Newborns' and Mothers' Health Protection Act Disclosure

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

USERRA

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted, and you will continue to pay the same amount as if you were not absent.

If the absence is for more than 31 days and not more than 24 months, you may continue to maintain your coverage under the Plan by paying up to 102% of the full amount of premiums. You and your dependents may also have the opportunity to elect COBRA coverage. Contact DallasNews Corporation for more information.

Also, if you elect not to continue your health plan coverage during your military service, you have the right to be reinstated in the Plan upon your return to work, generally without any waiting periods or pre-existing condition exclusions, except for service-connected illnesses or injuries, as applicable.

IMPORTANT NOTICE FROM DALLASNEWS CORPORATION ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

MEDICARE PART D NOTICE OF CREDITABLE COVERAGE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with DallasNews Corporation and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. DallasNews Corporation has determined that the prescription drug coverage offered by the DallasNews Corporation Health and Welfare Plan is, on average, for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose (or are losing) your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current DallasNews Corporation coverage will not be affected.

Your DallasNews Corporation coverage pays for other medical expenses in addition to prescription drugs. This coverage provides benefits before Medicare coverage does (i.e., the plan pays primary). You and your covered family members who join a Medicare prescription drug plan will be eligible to continue receiving prescription drug coverage and these other medical benefits. Medicare prescription drug coverage will be secondary for you or the covered family members who join a Medicare prescription drug plan.

If you do decide to join a Medicare drug plan and voluntarily drop your current medical and prescription drug coverage from the plan, be aware that you and your dependents may not be able to get this coverage back until the next annual enrollment or you experience a qualifying life event.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with DallasNews Corporation and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage:

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through DallasNews Corporation changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit **www.medicare.gov**.
- Call your State Health Insurance Assistance Program for personalized help. See the inside back cover of your copy of the "Medicare & You" handbook for their telephone number.
- Call **1-800-MEDICARE** (**1-800-633-4227**). TTY users should call **1-877-486-2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help:

- Visit Social Security on the web at **www.ssa.gov**, or
- Call **1-800-772-1213**. TTY users should call **1-800-325-0778**.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 2025
Name of Entity/Sender: DallasNews Corporation
Contact: DallasNews Corporation HR Team
Address: 1954 Commerce Street
Dallas, Texas 75201
Phone Number: **1-214-977-8869**

YOUR ERISA RIGHTS

As a participant in the DallasNews Corporation benefit plans, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA), as amended. ERISA provides that all plan participants shall be entitled to receive information about their plan and benefits, continue group health plan coverage, and enforce their rights. ERISA also requires that plan fiduciaries act in a prudent manner.

Receive Information About Your Plan and Benefits

You are entitled to:

- Examine, without charge, at the plan administrator's office, all plan documents—including pertinent insurance contracts, trust agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- Obtain, upon written request to the plan's administrator, copies of documents governing the operation of the plan, including insurance contracts and copies of the latest annual report (Form 5500 Series), and updated Summary Plan Description. The administrator may make a reasonable charge for the copies.
- Receive a summary report of the plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this Summary Annual Report.

Continued Group Health Plan Coverage

You are entitled to:

Continued health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review the Summary Plan Description governing the plan on the rules governing your COBRA continuation coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the plans. The people who operate your plans are called "fiduciaries," and they have a duty to act prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a benefit is denied or ignored, in whole or in part, you have a right to:

- Know why this was done;
- Obtain copies of documents relating to the decision without charge; and
- Appeal any denial.

All of these actions must occur within certain time schedules.

Under ERISA, there are steps you can take to enforce your rights. For instance, you may file suit in a federal court if:

- You request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days. In such a case, the court may require the plan administrator to provide the materials and pay you up to $110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator;
- You have followed all the procedures for filing and appealing a claim (as outlined earlier in this summary) and your claim for benefits is denied or ignored, in whole or in part. You may also file suit in a state court;
- You disagree with the plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order; or
- The plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights. You may also seek assistance from the U.S. Department of Labor.

The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if the court finds your claim frivolous.

Assistance With Your Questions

If you have questions about how your plan works, contact the Human Resources Department. If you have any questions about this statement or your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office listed on EBSA's website: **https://www.dol.gov/agencies/ebsa/about-ebsa/about-us/regional-offices**.

Or you may write to the:
Division of Technical Assistance and Inquiries
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

You may also obtain certain publications about your rights and responsibilities under ERISA by calling the Employee Benefits Security Administration at: **1-866-444-3272**. You may also visit the EBSA's website on the Internet at: **https://www.dol.gov/agencies/ebsa**.

GENERAL NOTICE OF CONTINUATION COVERAGE RIGHTS UNDER COBRA

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What Is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event.

Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When Is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee.

How Is COBRA Continuation Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability Extension of 18-Month Period of COBRA Continuation Coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child.

This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are There Other Coverage Options Besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at **www.healthcare.gov**.

Can I Enroll in Medicare Instead of COBRA Continuation Coverage After My Group Health Plan Coverage Ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of:

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit **https://www.medicare.gov/medicare-and-you**.

NOTE: **https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start**.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit **www.dol.gov/agencies/ebsa**. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit **www.healthcare.gov**.

Keep Your Plan Informed of Address Changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

DallasNews Corporation HR Team
1954 Commerce Street
Dallas, Texas 75201
1-214-977-8869

HIPAA SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in the DallasNews Corporation group health plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact the DallasNews Corporation HR Team at **1-214-977-8869**.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility –

1. ALABAMA – Medicaid
   Website: http://myalhipp.com/
   Phone: 1-855-692-5447
2. ALASKA – Medicaid
   The AK Health Insurance Premium Payment Program
   Website: http://myakhipp.com/
   Phone: 1-866-251-4861
   Email: CustomerService@MyAKHIPP.com
   Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
3. ARKANSAS – Medicaid
   Website: http://myarhipp.com/
   Phone: 1-855-MyARHIPP (855-692-7447)
4. CALIFORNIA – Medicaid
   Health Insurance Premium Payment (HIPP) Program
   Website: http://dhcs.ca.gov/hipp
   Phone: 916-445-8322
   Fax: 916-440-5676
   Email: hipp@dhcs.ca.gov
5. COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
   Health First Colorado Website: https://www.healthfirstcolorado.com/
   Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711
   CHP+: https://hcpf.colorado.gov/child-health-plan-plus
   CHP+ Customer Service: 1-800-359-1991/State Relay 711
   Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/
   HIBI Customer Service: 1-855-692-6442
6. FLORIDA – Medicaid
   Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
   Phone: 1-877-357-3268
7. GEORGIA – Medicaid
   GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
   Phone: 678-564-1162, Press 1
   GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra
   Phone: 678-564-1162, Press 2
8. INDIANA – Medicaid
   Health Insurance Premium Payment Program
   All other Medicaid
   Website: https://www.in.gov/medicaid/
   http://www.in.gov/fssa/dfr/
   Family and Social Services Administration Phone: 1-800-403-0864
   Member Services Phone: 1-800-457-4584
9. IOWA – Medicaid and CHIP (Hawki)
   Medicaid Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid
   Medicaid Phone: 1-800-338-8366
   Hawki Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki
   Hawki Phone: 1-800-257-8563
   HIPP Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp
   HIPP Phone: 1-888-346-9562
10. KANSAS – Medicaid
    Website: https://www.kancare.ks.gov/
    Phone: 1-800-792-4884
    HIPP Phone: 1-800-967-4660
11. KENTUCKY – Medicaid
    Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
    Phone: 1-855-459-6328
    Email: KIHIPP.PROGRAM@ky.gov
    KCHIP Website: https://kynect.ky.gov
    Phone: 1-877-524-4718
    Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms
12. LOUISIANA – Medicaid
    Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
    Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
13. MAINE – Medicaid
    Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US
    Phone: 1-800-442-6003
    TTY: Maine relay 711
    Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms
    Phone: 1-800-977-6740
    TTY: Maine relay 711
14. MASSACHUSETTS – Medicaid and CHIP
    Website: https://www.mass.gov/masshealth/pa
    Phone: 1-800-862-4840
    TTY: 711
    Email: masspremassistance@accenture.com
15. MINNESOTA – Medicaid
    Website: https://mn.gov/dhs/health-care-coverage/
    Phone: 1-800-657-3672
16. MISSOURI – Medicaid
    Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
    Phone: 573-751-2005
17. MONTANA – Medicaid
    Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
    Phone: 1-800-694-3084
    Email: HHSHIPPProgram@mt.gov
18. NEBRASKA – Medicaid
    Website: http://www.ACCESSNebraska.ne.gov
    Phone: 1-855-632-7633
    Lincoln: 402-473-7000
    Omaha: 402-595-1178
19. NEVADA – Medicaid
    Medicaid Website: http://dhcfp.nv.gov
    Medicaid Phone: 1-800-992-0900
20. NEW HAMPSHIRE – Medicaid
    Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
    Phone: 603-271-5218
    Toll free number for the HIPP program: 1-800-852-3345, ext. 15218
    Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
21. NEW JERSEY – Medicaid and CHIP
    Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
    Phone: 1-800-356-1561
    CHIP Premium Assistance Phone: 609-631-2392
    CHIP Website: http://www.njfamilycare.org/index.html
    CHIP Phone: 1-800-701-0710 (TTY: 711)
22. NEW YORK – Medicaid
    Website: https://www.health.ny.gov/health_care/medicaid/
    Phone: 1-800-541-2831
23. NORTH CAROLINA – Medicaid
    Website: https://medicaid.ncdhhs.gov/
    Phone: 919-855-4100
24. NORTH DAKOTA – Medicaid
    Website: https://www.hhs.nd.gov/healthcare
    Phone: 1-844-854-4825
25. OKLAHOMA – Medicaid and CHIP
    Website: http://www.insureoklahoma.org
    Phone: 1-888-365-3742
26. OREGON – Medicaid
    Website: http://healthcare.oregon.gov/Pages/index.aspx
    Phone: 1-800-699-9075
27. PENNSYLVANIA – Medicaid and CHIP
    Website: https://www.pa.gov/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html
    Phone: 1-800-692-7462
    CHIP Website: https://www.pa.gov/agencies/dhs/resources/chip.html
    CHIP Phone: 1-800-986-KIDS (5437)
28. RHODE ISLAND – Medicaid and CHIP
    Website: http://www.eohhs.ri.gov/
    Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
29. SOUTH CAROLINA – Medicaid
    Website: https://www.scdhhs.gov
    Phone: 1-888-549-0820
30. SOUTH DAKOTA – Medicaid
    Website: http://dss.sd.gov
    Phone: 1-888-828-0059
31. TEXAS – Medicaid
    Website: https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
    Phone: 1-800-440-0493
32. UTAH – Medicaid and CHIP
    Utah's Premium Partnership for Health Insurance (UPP)
    Website: https://medicaid.utah.gov/upp/
    Email: upp@utah.gov
    Phone: 1-888-222-2542
    Adult Expansion Website: https://medicaid.utah.gov/expansion/
    Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/
    CHIP Website: https://chip.utah.gov/
33. VERMONT – Medicaid
    Website: https://dvha.vermont.gov/members/medicaid/hipp-program
    Phone: 1-800-250-8427
34. VIRGINIA – Medicaid and CHIP
    Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select
    https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
    Medicaid/CHIP Phone: 1-800-432-5924
35. WASHINGTON – Medicaid
    Website: https://www.hca.wa.gov/
    Phone: 1-800-562-3022
36. WEST VIRGINIA – Medicaid and CHIP
    Website: https://dhhr.wv.gov/bms/
    http://mywvhipp.com/
    Medicaid Phone: 304-558-1700
    CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
37. WISCONSIN – Medicaid and CHIP
    Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
    Phone: 1-800-362-3002
38. WYOMING – Medicaid
    Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
    Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565