



2018 OPEN ENROLLMENT FREQUENTLY ASKED QUESTIONS

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Open Enrollment

1. When is the open enrollment period?

Tronc's open enrollment period will be held from November 1, 2017 through November 15, 2017. You must actively enroll in medical/dental/vision coverage along with any spending account elections.

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

Medical

Dental

Vision

Healthcare Flexible Spending Account

Limited Purpose Flexible Spending Account

Dependent Care Flexible Spending Account

Health Savings Account

Note: if you are a New York Daily News employee, there will be a separate set of Frequently Asked Questions specific to your open enrollment.

2. How do I enroll in benefits for 2018?

Visit www.troncbenefits.com to select your benefits.

If you are a new hire and your new hire window ends during the open enrollment period of 11/1/2017 – 11/15/2017 or if you're hired between 11/1/2017 and 12/1/2017, and you have not elected your new hire benefits as of yet, you will need to make both your 2017 and 2018 elections via the www.troncbenefits.com website

How to access the Benefits website:

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

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

You will only need to complete this task once as future logins will use the account information you initially created. You can login from anywhere on any device.

You can also call the tronc Benefits Service Center at (844) 54-TRONC / (844) 548-7662 to make your elections over the phone. The Service Center is staffed by specially trained benefits counselors who can assist with enrollment, claims issues, or answer any questions you may have regarding your 2018 benefits. Spanish and other language translation services are also available upon request.

**tronc Benefit Service Center
Hours of Operation**

Monday – Friday 9am – 7pm Central Time

3. Why is this enrollment an active enrollment for medical/dental/vision?

The benefit options and pricing have changed for the 2018 Plan Year and an active enrollment for medical/dental/vision helps ensure that employees make informed decisions about their benefit choices for 2018.

4. What happens if I do not enroll?

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

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

All other coverages will remain at your current 2017 election including

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

You will not be able to add benefits for the remainder of 2018 unless you have a qualifying life event which changes your status, such as the following:

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

For the full list of qualifying family status changes, please visit the [Tools and Resources](#) section of the www.troncwellbeing.com company benefits microsite.

5. Who do I contact if I have benefits questions?

If you have questions about 2018 benefits or the open enrollment process, the tronc Benefits Service Center ((844) 548-7662) is currently available to take your calls and answer general questions around 2018 benefits. They will not be able to take open enrollment elections until the window opens on November 1.

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

You can make as many changes as you want to your benefit elections between November 1 and November 15. After November 15, your benefit elections will be final for the 2018 Plan Year and you will no longer be able to make any changes, unless you have a qualified life event change (see question #4 or visit the Tools and Resources section of the www.troncwellbeing.com company website to view qualified events and how to process.

ELIGIBILITY

Dependent Eligibility

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

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

- Your spouse to whom you are legally married
- Your domestic partner
- You or your spouse's or domestic partner's natural child, stepchild, legally adopted child, a child placed for adoption or a child for whom you or your spouse are the legal guardian, up to age 26,

regardless of the child's student or marital status, and who is not otherwise eligible for group health care coverage offered by his or her own employer.

- An unmarried child of any age who is or becomes disabled and is dependent upon you (subject to plan review).
- A child for whom health care coverage is required through a Qualified Medical Child Support Order (QMCSO). Generally, a QMCSO is issued as part of a paternity, divorce, or other child support settlement.

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

8. What information will I need to provide to enroll an eligible dependent?

To enroll a newly eligible dependent, you will need to provide their date of birth and social security number. Existing covered dependents in 2017 will not need to provide documentation. However, it is expected that tronc will conduct a dependent audit during 2018. We ask that you verify all data for your dependents during open enrollment to ensure they are considered an eligible dependent for the 2018 plan year.

9. Is there still a spousal surcharge during 2018?

Previously, if you enrolled a spouse or domestic partner in tronc's medical plan, and they had access to coverage through another employer, you were charged a \$75 monthly spousal coverage fee in addition to your medical premium. This fee will no longer be assessed during 2018.

10. What if my spouse/domestic partner and I are both employed at tronc?

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

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

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

Part-Time Eligibility

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

In accordance with the Affordable Care Act ("ACA"), all employees (including those deemed to be part-time) who have worked an average of at least 30+ hours per week will be offered medical coverage only during open enrollment based on the hours worked between October 3, 2016 – October 2, 2017.

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

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

Medical

13. Who are the Medical carriers for 2018?

Medical carriers vary based on your home ZIP code. **Blue Cross Blue Shield of IL** will be offered nationally, **Kaiser – California** will continue to be offered in California. **Kaiser Mid-Atlantic** will be offered in Maryland, Washington DC and Virginia. **United Healthcare (“UHC”)** continues to be an additional option for residents of the state of Florida and Connecticut.

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

- **Blue Cross Blue Shield of Illinois (“BCBSIL”)** - Select PPO (Participating Provider Options) network
- **United Healthcare (“UHC”)** – Select PPO (United Healthcare Choice Plus) network
- **Kaiser** – Select Kaiser network

14. Where can I find the website/contact information for the carriers for 2018?

Tronc is providing a new benefits microsite which provides all of the related benefits information for 2018, based on our four pillars of Wellness (Physical, Work-Life, Financial and Social) that was introduced earlier this year:

- Health Plan Information
- Savings Plan Information
- 2018 Benefits Guide
- Vendor website and contact information

As previously communicated, the site is located at www.troncwellbeing.com and can be accessed anywhere from any device (no longer need to be logged into the tronc network). If you have not done so, please take a look at the site as there is a wealth of information available at your fingertips.

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

You will be able to choose from a variety of medical plans that offer quality coverage at a range of costs. You should consider how much you want to have deducted from your paycheck and how much you anticipate your health costs to be in 2018. As a reminder, there will be a plan cost estimator tool on the benefits website which you can use to help determine which plan may be best for you based on anticipated future expenses.

Need to review your medical claim experience for 2017? Please go to the following websites to see your current claims experience. If you have not done so, you will need to set up an online profile to access your claims information.

Blue Cross/Blue Shield – <https://www.bcbsil.com>. Click on Login to go to your existing account or create a new one

United HealthCare – <https://www.myuhc.com>. Click on register now to create your online profile

Kaiser (California or Mid-Atlantic) – www.kp.org. Click on register if you are a new user.

Rx Benefits – www.express-scripts.com\tronic

The following plan options will be offered for 2018:

Plans Not Eligible for a Health Savings Account

- Signature PPO – *deductible moving from \$800 to \$1,000*
- Traditional HMO (Kaiser California Only)
- Signature HMO (Kaiser California and Mid-Atlantic) – *deductible moving from \$800 to \$1,000*

Plans Eligible for Health Savings Account

- Premier HSA Plan – *deductible moving from \$1,850 to \$1,500*
- Premium HSA Plan
- Basic HSA Plan

16. I noticed that the deductible for the Signature PPO/Signature HMO (Kaiser only) has increased. Why is that?

Health Care costs continue to rise each year. To help mitigate cost increases, the Signature PPO / Signature HMO deductible has increased to \$1,000. As mentioned in the Open Enrollment Newsletter, we anticipate eliminating this plan in 2019.

You will also notice that the Premier HSA deductible has been lowered to \$1,500. Now is the time to seriously consider one of the HSA plans as the company offers a contribution in the amount of \$500 for single and \$1000 for family coverage. This company contribution can help make up the difference in deductibles for 2018.

For example, if you elect the Premier HSA plan (and enroll in the HSA), you would receive a \$500 company HSA contribution. This would make up the \$500 deductible difference between the Signature PPO/Signature HMO (Kaiser only) and the Premier HSA.

Take this opportunity to review our benefit options for 2018 to make an informed decision, including the Plans eligible for a Health Savings Account.

17. What is a deductible?

A deductible is what you pay before the plan begins to pay benefits. For example, if you are in the Premier HSA with a \$1,500 deductible, you would be responsible for the first \$1,500 in medical expenses before the plan begins to pay benefits at the 80% coinsurance level. Keep in mind that preventive care

is not subject to the deductible in any of the medical plans offered in 2018. This means that preventive care is 100% covered and you do not need to fulfill the deductible before the plan begins to pay benefits.

18. What is coinsurance?

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

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

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

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

Aggregate: Under the Premier HSA Plan, if you cover any family member(s) in addition to yourself:

- The entire Family Deductible must be met before benefits begin to pay out for any family member.
- The entire Family Out-of-Pocket Maximum must be met before the plan pays in full for any family member.

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

Embedded: For all other plans (Signature PPO, Signature HMO, Traditional HMO, Premium HSA, Basic HSA), if you cover any family member(s) in addition to yourself:

- Once one family member meets the Single Deductible, benefits begin to be paid for that individual.
- Once one family member meets the Single Out-of-Pocket Maximum, the plan pays covered benefits in full for that individual.

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

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

Medical premiums are based on salary bands. The higher the salary band, the more an employee is required to share in the cost of the medical premiums. Below are the salary bands for the 2018 Plan Year:

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

If you are a commissioned employee, your medical premiums will be based on what is called the Annual Benefits Base Rate (“ABBR”). This is defined as your base salary + commissions earned in the 2017 Plan Year.

Your ABBR will be updated in early January for purposes of calculating your 2018 medical benefit premiums. Any changes to associated medical deductions will be updated in early February, 2018.

22. This year, I have noticed the pricing structure is different for the medical/dental/vision plans. Can you help explain the differences

Previously, the medical/dental/vision plans had what is called three tiered coverage (Employee Only, Employee + 1, and Family Coverage). After a review of market trends, tronc was in the minority of companies to offer coverage at this type of pricing arrangement.

For 2018, tronc has moved to a four-tiered model:

- Employee Only
- Employee + Spouse/Domestic Partner
- Employee + Child(ren)
- Employee + Family

This is a more equitable approach to predict actual costs of coverage. As an example, under the prior pricing structure, if you covered multiple children, you were enrolled at the family coverage level. Under the new pricing structure you will be able to enroll in the Employee + Children level which has a lower premium versus family coverage.

- Employee + Child(ren) coverage includes coverage for only one child, or covering multiple children.
- Employee + Family coverage includes coverage for a spouse/domestic partner and one child or a spouse and multiple children

As mentioned before, the spousal surcharge of \$75 will be eliminated for 2018 in conjunction with moving to the four-tiered pricing approach.

Savings & Spending Accounts

Health Savings Accounts

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

If you are enrolled in a high-deductible health plan, you will continue to have the option to contribute pre-tax dollars to a Health Savings Account (“HSA”), administered by Benefit Strategies. You will select an annual amount which will be prorated and deducted from your pay at each pay period. You can change the deduction amount throughout the year, as long as the annual amount doesn’t exceed the IRS limit (detailed in the table below). HSA funds can be used for qualified medical expenses for you and your covered dependents, such as:

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

Your account balance rolls over from year to year, and is portable – meaning that if you every leave tronc, your account is yours to keep. In January 2018, tronc will contribute \$500 to those enrolled in Employee Only coverage and \$1,000 for those enrolled in Employee + Spouse/Domestic Partner, Employee + Child(ren) or Employee + Family coverage.

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

DON'T MISS OUT ON THE COMPANY CONTRIBUTION!

You **MUST** open the Health Savings Account through Benefit Strategies to receive the tronc Employer Contribution. If you click “Decline Coverage”, you won’t receive the employer contribution. Don’t miss out! In 2018, the Employer Contribution will be paid in a one-time payment by the end of January 2018.

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

- Your address must not contain a PO Box

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

- You must authenticate your information on the Benefit Strategies site

If you are new to an HSA, you will receive an email from Benefit Strategies for you to confirm your information on their site. If you do not authenticate in this manner, your HSA account will be closed and you will lose any employer contribution.

- You should have an email address on file

If you are new to an HSA, you will receive an email from Benefit Strategies for you to confirm your information on their site. If you do not authenticate in this manner, your HSA account will be closed and you will lose any employer contribution. Please ensure that if you do not have a company email address on file, that you have a personal email address loaded into Workday.

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

Health Savings Accounts have tax advantages!

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

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

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

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

Coverage Level	2018 IRS Limit	tronc Contribution	Your Maximum Contribution
Employee Only	\$3,450	\$500	\$2,950
Employee + Spouse/Domestic Partner	\$6,850	\$1,000	\$5,850
Employee + Children	\$6,850	\$1,000	\$5,850
Family	\$6,850	\$1,000	\$5,850

If you are enrolled in the Signature PPO plan or Traditional HMO Plan, you won’t be eligible to elect an HSA, but you can still contribute pre-tax dollars to a Healthcare Flexible Spending Account (FSA).

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

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

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

Prescription drugs under all of the HSA Eligible plans are subject to the deductible before the plan pays any benefits. Example: If previously, you had a 90 day maintenance medication where you paid a \$150 copay and the retail cost of the drug was \$1,000, you would be responsible for paying the \$1,000 which would be subject to the deductible. The HSA plan would begin paying at the coinsurance level when your deductible has been met.

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

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

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

Flexible Spending Accounts

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

Like a HSA, a Flexible Spending Account (“FSA”) allows you to set aside pre-tax dollars for qualified expenses. Your account is immediately funded with the full amount you select at the beginning of the year, and you “pay your account back” through pre-tax contributions each pay period. Unlike an HSA, your money does not roll over from year to year, so any unused funds will be forfeited. Expenses must be incurred by December 31, 2017 and submitted for reimbursement by March 31, 2018.

If you are enrolled in a PPO plan, you are eligible for a General Purpose Healthcare FSA. The minimum annual contribution amount is \$260 and the maximum is \$2,600 for 2018. Eligible medical expenses include:

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

30. What is a limited purpose FSA?

If you are in an HSA plan, you can contribute *additional* pre-tax dollars to a Limited Purpose FSA for dental and vision care expenses only. This approach enables you to pay for vision and dental care expenses throughout the year, while saving your HSA funds for future medical needs. The minimum annual contribution amount is \$260 and the maximum is \$2,600 for 2018.

31. What is a Dependent Care FSA?

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

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

Prescription Drug

32. Who is the prescription drug provider for 2018?

If you're enrolled in a Blue Cross Blue Shield or United Healthcare medical plan, your prescription drug carrier will be Rx Benefits. Rx Benefits offers a concierge level of service to help employees navigate the prescription drug marketplace, with the backing of Express Scripts behind them.

Note: Kaiser continues to offer its prescription drugs through their medical plan.

33. Are there any changes to the prescription drug plans for 2018?

We have added a fourth tier of copays for medications for the Signature PPO/Signature HMO (Kaiser) plans. This fourth tier is for specialty medications only and will require a copay of \$125 per prescription.

34. Will I receive new ID cards for 2018?

You will receive new ID cards for the 2018 plan year for Medical coverage and Prescription coverage if you enroll and change plans. Watch for your new ID cards towards the end of December.

Dental & Vision

35. Who is the dental carrier for 2018?

The dental carrier for 2018 is **Delta Dental of Illinois**. You may choose a standard plan, or buy-up to an enhanced plan that covers child orthodontia.

Note: If you are using the "Find Your Dentist" feature on the Delta Dental website, select the PPO network for the deepest discounts. The Premier network provides lesser discounts, but it may contain a dentist that is not in the PPO network, which is a more affordable option than going out-of-network.

36. Who is the vision carrier for 2018?

In 2018, we will continue offering vision insurance through **EyeMed**.

Note: If you are using the "Provider Locator" feature on the EyeMed website, select the Insight network.

Life Insurance/AD&D Insurance

37. Who is the life insurance/AD&D carrier for 2018?

Tronc will provide life insurance through MetLife for 2018. The company will continue to provide coverage equal to 1 times salary at no cost to you. You can purchase supplemental insurance for you, your spouse/domestic partner, and children as well. Supplemental Life insurance elections will rollover for 2018 for Employee Supplemental Life, Spouse life, and Child Life plans.

You can also purchase Accidental Death & Dismemberment (“AD&D”) insurance in \$25,000 increments up to a maximum of \$5 million dollars through Metlife. 2018 elections for Voluntary AD&D will rollover from 2017.

38. Will I need to provide Evidence of Insurability (“EOI”) for supplemental life insurance?

If you would like to enroll or increase your supplemental life, you will be required to provide Evidence of Insurability (EOI). You can elect up to 8 times your annual earnings, up to a maximum of \$4 million.

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

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

Leaves of Absence & Disability Insurance

40. Who is the disability vendor for 2018?

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

- **Short-Term Disability (“STD”)** - Tronc will continue to provide enhanced short-term disability coverage at 100% of your pay for the first 4 weeks, and 40% thereafter, for a maximum duration of 26 weeks. You may also elect to purchase additional coverage up to 60% or 80% of your pay. *Note: The weekly maximum cap of \$2000 for short term disability pay has been removed for 2018. The maximum cap is removed from disabilities that begin as of 1/1/2018 or later. Any disabilities that begin in 2017 would retain the maximum cap*
- **Long-Term Disability (“LTD”)** – You can purchase LTD coverage at 60% of your pay, at a maximum of \$15,000 per month. This election must be made during open enrollment. Your LTD benefits start after your 26-week Short-Term Disability ends.

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

If you are not currently enrolled in LTD coverage and you elect it for the first time during Annual enrollment, you will be required to submit an EOI form to Liberty Mutual for review. If you are currently enrolled, your election will be populated in the benefits system and no EOI will be required.

42. My pay is commissioned based. How is my disability pay calculated?

If you are a commissioned employee, your disability pay will be calculated using your Annual Benefits Base Rate ("ABBR") from 2017.

Your ABBR will be updated in early January for purposes of your 2018 disability deductions. Any changes to disability insurance amounts (whether STD or LTD) and associated deductions will show up on your paycheck no later than the first paycheck in February. You will receive a notification via email when this change occurs.

43. I am currently on a leave of absence or scheduled to go on a leave of absence in 2017. How does this affect my enrollment options?

If you are currently on a leave of absence or scheduled to go out on a leave of absence in 2017, you will still have the opportunity to enroll in 2018 tronc benefits during open enrollment. Your 2018 benefits will begin on January 1, 2018. If you are on short-term disability, your disability pay will continue to be calculated at the 2017 disability pay rate up to a maximum of \$2,000 per week even if you disability crosses years.

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

If you apply for an increase in life insurance and are approved, the coverage will be effective upon your active return to work status, subject to approval of applicable Evidence of Insurability (EOI). Your current basic and/or supplemental life insurance will remain in effect until December 31, 2017 or you return to work, whichever is later.

If you buy-up STD or enroll in LTD, the coverage will be effective upon your active return to work status, subject to approval of applicable Evidence of Insurability ("EOI"). Your current disability elections will remain in effect until December 31, 2017 or you return to work, whichever is later.

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

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

The following pre-tax benefits will be discontinued on the date of your transition to LTD: Health Savings Account ("HSA"), Dependent Care FSA ("DCSA") and Health Care FSA ("HCSA"). You will have 90 days to submit eligible HCSA and DCSA claims for expenses incurred prior to your LTD transition date. Post-tax voluntary benefit elections will also end on the date of your transition to LTD. This includes STD, LTD

(premiums are waived once you transition to LTD), Critical Illness, Hospital Indemnity, Legal Assistance, and Identity Protection and Pet Insurance.

Other Benefits

46. Who is the commuter benefits carrier for 2018?

In 2018 transportation reimbursement (which covers both transit and parking expenses) will continue to be offered by **Wageworks**. You will have the opportunity to contribute pre-tax dollars for transportation and parking expenses, which helps lower your tax bill. You can make or change your election on www.wageworks.com. This must be done by the 10th of the month to receive commuter benefits for the upcoming month. So if you want to have deductions starting in January 2018, you must have your election in Wageworks by December 10th.

47. How can I enroll in Pet Insurance in 2018? Will I have an option to continue this benefit?

If you are currently enrolled in Pet Insurance for 2017, your deduction will continue for 2018. If you would like to enroll or change this coverage, you will need to go on the Resources page of the www.troncbenefits.com website and click on the VPI/Nationwide link.

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

Beginning in 2018, employees will have the option to open a 529 Plan Account with Vanguard. A 529 Plan account is where you deposit money for higher education expenses either for yourself or your children. As part of this program, tronc 401(k) plan participants will have the \$3,000 minimum deposit waived for the Vanguard 529 Plan option.

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

If you have not participated in a 529 Plan, we suggest you review this new feature within the tronc 401(k) Plan for tronc 401(k) Plan participants beginning January 1, 2018 or contact your financial advisor. If you have questions, you can contact Vanguard directly at (800) 523-1188.

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