2024 RATE SHEET: DallasNews Corporation

MEDICAL

OPTION	Biweekly RATES			
CDHP	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD(REN)	EMPLOYEE & FAMILY
Less than \$55,000*	\$40.15	\$159.64	\$118.05	\$226.20
\$55,000-\$79,999*	\$50.05	\$193.98	\$144.87	\$272.57
\$80,000-\$104,999*	\$59.97	\$214.53	\$160.86	\$300.41
\$105,000 or more*	\$77.67	\$246.74	\$186.20	\$343.62

OPTION	Biweekly RATES			
PPO	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD(REN)	EMPLOYEE & FAMILY
Less than \$55,000*	\$56.67	\$199.76	\$149.57	\$280.09
\$50,000-\$79,999*	\$66.56	\$234.11	\$176.39	\$326.46
\$80,000-\$104,999*	\$76.49	\$254.65	\$192.37	\$354.30
\$105,000 or more*	\$94.19	\$286.86	\$217.72	\$397.51

Spousal Exclusion: If your spouse is employed and that company offers medical and/or dental, your spouse is ineligible for coverage under the DallasNews Corporation medical and/or dental.

DENTAL AND VISION

OPTION	Biweekly RATES			
	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD(REN)	EMPLOYEE & FAMILY
DENTAL				
Metlife Dental High Plan	\$8.19	\$16.86	\$16.19	\$25.16
Metlife Dental Low Plan	\$5.64	\$11.61	\$10.78	\$17.71
VISION				
Vision Service Plan	\$5.70	\$11.99	\$11.99	\$11.99

LIFE AND ACCIDENT

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

DEPENDENT LIFE		
OPTION	MONTHLY RATE	
Option 1	\$2.40	
Option 2	\$1.20	
Option 3	\$4.80	
PERSONAL ACCIDI	ENT*	
OPTION	MONTHLY RATE PER \$1,000	
Employee Only	\$0.027	
Employee & Family	\$0.045	

^{*}Supplemental Life and Personal Accident cost is based on employee's current benefit base salary and level of coverage.