



2024 OPEN ENROLLMENT FREQUENTLY ASKED QUESTIONS

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Open Enrollment

1. When is the open enrollment period?

Lee Enterprises open enrollment period will be held from **November 7, 2023** through **November 17, 2023**.

You must **actively enroll** in the following to have coverage for 2024:

Healthcare Flexible Spending Account
Dependent Care Spending Account
Limited Healthcare Flexible Spending Account
Health Savings Account

2. How do I enroll in benefits for 2024?

Visit benefits.lee.net to select your benefits. You can access it from anywhere on any device (you do not need to be connected to the Lee Enterprises network).

How to access the benefits website:

You can access the website on link.lee.net and be automatically logged into the site via single sign on (SSO) without needing a password (must be logged into Lee's network).

If you are connecting to the site outside of Lee's network:

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

- First and Last Name of the employee
- Social Security Number
- 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 Lee Enterprises Benefits Service Center at (800) 301-8533 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 2024 benefits. Spanish and other language translation services are also available upon request.

Lee Enterprises Benefit Service Center
Hours of Operation

Monday – Friday 9am – 6pm Central Time
(800) 301-8533

3. 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:

- 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 2023 election including:

- Medical
- Dental
- Vision
- Basic Life Insurance (company provided)
- Supplemental Life Insurance
- Short Term Disability (Company provided)
- Long Term Disability (company provided)
- All voluntary benefits

You will not be able to add benefits for the remainder of 2024 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

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

If you have questions about 2024 benefits or the open enrollment process, the Lee Enterprises Benefits Service Center (800) 301-8533 will be able to take your calls and answer general questions around 2024 benefits. .

5. 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 7 and November 17. After November 17, your benefit elections will be final for the 2024 Plan Year and you will no longer be able to make any changes, unless you have a qualified life event change (see question #3).

ELIGIBILITY

Dependent Eligibility

6. 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.

7. 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 along with documentation showing they are a valid dependent. Existing covered dependents in 2023 will not need to provide documentation. We ask that you verify all data for your dependents during open enrollment to ensure they are considered an eligible dependent for the 2024 plan year.

8. What if my spouse/domestic partner and I are both employed at Lee Enterprises?

If you and your spouse or domestic partner is covered under Lee Enterprises 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 Lee Enterprises benefits, only one parent may enroll your child as a dependent.

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

Please contact the Lee Enterprises Benefits Service Center at (800) 301-8533 or benefits.lee.net to process your qualifying life event.

Part-Time Eligibility

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

If you are a Part time employee working between 20-29 hours/week (PT20) employee and you will be eligible to enroll in Health and Welfare benefits first of the month following 12 months of service.

Also:

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, 2022 – October 2, 2023.

If you are deemed to be eligible, you will be notified.

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

Medical and Prescription Drug

11. Who are the Medical carriers for 2024?

For 2024, we will continue with **Wellmark Blue Cross Blue Shield of Iowa** (“Wellmark

You can search for in-network providers on www.wellmark.com

For all markets except St Louis, you can do the following:

- Click on arrow in Member Resources section (middle of the page),
- Click on Find a Provider
- Click on SEARCH NOW box – pop up window will appear.
- Click on CONTINUE TO NEW SITE – pop up window will appear.
- Click on Choose a plan.
- Click on Browse a list of plans link.
- Select appropriate network – Wellmark Blue PPO.
- Click on Confirm selection.
- At this point you can search for a provider by name, specialty, places by name or places by type.

If you live in the St Louis market, Oklahoma, Nebraska or Wisconsin markets:

- Click on arrow in Member Resources section (middle of the page),
- Click on Find a Provider
- Click on SEARCH NOW box – pop up window will appear.
- Click on CONTINUE TO NEW SITE – pop up window will appear.
- Click on Choose a plan.
- Type the prefix LLE on the find your plan by prefix page
- At this point you can search for a provider by name, specialty, place by name or places by type

When you receive your Wellmark ID card, you can register on mywellmark.com and your location/network will automatically prefill.

12. What are the medical plans for 2024?

We will continue with four medical plans for 2024:

Platinum PPO – The deductible for this plan will be \$1,500 Single/\$3,000 Family.

Gold HSA – plan with a \$1,750 Single/\$3,500 Family deductible

Silver HSA – deductible increases to \$3,200 Single/\$4,800 Family, in accordance with ACA regulations.

Bronze HSA – plan with a \$6,000 Single/ \$12,000 Family deductible plan

13. 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 2024. There is a plan comparison tool on the enrollment website. Answer a few questions and it will give you suggestions of which medical plan may be right for you.

14. Where can I find the website/contact information for the carriers for 2024?

All of the information on 2024 benefits can be found on the benefits.lee.net website including:

- Health Plan Information
- Savings Plan Information
- 2024 Benefits Guide
- Vendor website and contact information
- Short benefit videos
- Frequently Asked Questions document

All of this information is also available on the benefits.lee.net site and clicking on benefits (but you must be logged into the Lee Enterprises network).

15. Will I receive a new Medical ID card for 2024?

You will only receive a new medical ID card, if you change medical plans in 2024 (example from Platinum PPO to Gold HSA).

16. What is a deductible?

A deductible is what you pay before the plan begins to pay benefits. For example, if you are in the Platinum PPO 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 2024. This means that preventive care is 100% covered and you do not need to fulfill the deductible before the plan begins to pay benefits.

17. 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 Platinum PPO plan, once you have paid the \$1500 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%.

18. 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.

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

Aggregate: Under the Gold 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 (Gold HSA) – Aggregate deductible: – If the individual deductible limit is \$1,750 and the family deductible is \$3,500 and one member of your family has a procedure that costs \$5,000, your family will be responsible for \$3,500 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 (Platinum PPO, Silver HSA, Bronze 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 (Silver HSA Plan): – Embedded deductible – If the individual deductible limit is \$3,200 and the family deductible is \$4,800 and one member of your family has a procedure that costs \$5,000, your family will be responsible for \$3,200 and the plan will pay benefits for that member for amounts over the deductible limit. There will also be \$1,600 left over in the family deductible, so if someone in your family needs medical services you pay the remainder of the deductible.

Savings & Spending Accounts

Health Savings Accounts

20. 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 HSA Bank. 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 ever leave Lee Enterprises, your account is yours to keep.

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

Please make sure that your address does not contain a PO Box (whether as a new or existing enrollee in an HSA).

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

21. 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.

22. 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. If you are 55 or older, you may contribute an additional \$1,000 above the IRS limit.

| Coverage Level | 2024 IRS Limit | Your Maximum Contribution |
|------------------------------------|----------------|---------------------------|
| Employee Only | \$4,150 | \$4,150 |
| Employee + Spouse/Domestic Partner | \$8,300 | \$8,300 |
| Employee + Children | \$8,300 | \$8,300 |
| Family | \$8,300 | \$8,300 |

Plans Not Eligible for a Health Savings Account

- Platinum PPO

Plans Eligible for Health Savings Account

- Gold HSA Plan
- Silver HSA Plan
- Bronze HSA Plan

23. 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).

24. 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. If you are interested in moving to an HSA Plan with Health Savings Account and take maintenance medications, you can contact Rx Benefits and they can give you an idea how much a drug would cost when subject to deductible/coinsurance.

25. 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.

26. If I move to a non-HSA eligible Plan (Platinum PPO), can I continue to use my HSA Account for expense reimbursements?

Yes. Your HSA account is yours to use as you wish. You can use it to reimburse yourself for any qualified medical expenses, even if those expenses are for a non-HSA eligible plan.

Keep in mind, however, that if you are not in a plan that is eligible to open an HSA account, you will not be able to fund your existing HSA with additional contributions. In this case you would need to sign up for a traditional Flexible Spending Account in 2024.

Example: In 2023 you were in the Silver HSA Plan and decide to change your election to the Platinum PPO Plan and you have a balance in your HSA Account. You can continue to use your HSA Account for medical expense reimbursement but will not be able to put any additional contributions towards your HSA, because you are not enrolled in a qualified high deductible health plan.

You will be able to open a traditional Health Care Flexible Spending Account to fund for any expenses for 2024. Keep in mind, that a traditional health care flexible spending account is use it or lose it, meaning if you do not use all the funds for 2024, those are forfeited.

Flexible Spending Accounts

27. 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, 2023 and submitted for reimbursement by March 31, 2024.

If you are enrolled in the Platinum PPO plan, you are eligible for a General Purpose Healthcare FSA. The minimum annual contribution amount is \$120 and the maximum is \$3,050 for 2024. Eligible medical expenses include:

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

28. 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 \$120 and the maximum is \$3,050 for 2024.

29. 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 \$120 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.

30. Is there a change to the Flexible Spending Account Administrator for 2024?

No. Tri-Star Systems will remain our Flexible Spending Account Administrator for 2024. For the Health Care Flexible Spending Account, Limited Purpose Flexible Spending Account and the Dependent Care Flexible Spending Account, you must submit all 2023 expenses to Tri-Star by March 31, 2024. Please do not wait until the last minute in the event there are issues with processing your reimbursement.

Prescription Drug

31. Who is the prescription drug provider for 2024?

For 2024, the Rx carrier will remain Express Scripts but with the backing of Rx Benefits. You can go to www.express-scripts.com to review drugs and drug costs for 2024

32. Will I receive new prescription ID cards for 2024?

Since we are changing Rx providers, you will be receiving a new medical ID card from Rx Benefits via Express Scripts. Watch for your new ID cards towards the end of December. If for some reason you do not receive an ID card by January 1, you can always download the Express-Scripts app to see your virtual ID card on your phone if you have a prescription expense before your card arrives.

33. Can you help explain SaveOnSP?

Introduced in September 2022, SaveOnSP helps employees with high cost medications with the availability to use manufacturers coupons to help lower the prescription drug cost for specialty medications. If you qualify for manufacturers coupons, then SaveOn will reach out to you directly.

Dental & Vision

34. Who is the dental carrier for 2024?

The dental carrier for 2024 will remain **Ameritas**. You may choose a value plan, or buy-up to an enhanced plan that has orthodontia coverage with a higher annual maximum.

35. How does dependent eligibility work with the dental plan?

All child dependents will be covered under the dental plan to age 26.

36. Who is the vision carrier for 2024?

We will be moving to Ameritas for Vision for 2024. You will receive a new ID card from Ameritas for vision coverage. All child dependents will be covered under the vision plan to age 26

Life Insurance/AD&D Insurance

37. Who is the life insurance/AD&D carrier for 2024?

Lee Enterprises will provide life insurance through MetLife for 2024. The company will provide coverage equal to 1 times salary at no cost to you up to \$200,000. You can purchase supplemental insurance for you, your spouse/domestic partner, and children as well. Supplemental Life insurance elections will rollover for 2023 for Employee Supplemental Life and Spouse life and Child Life

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

If you currently have not elected supplemental employee life or supplemental spouse life, you will be required to provide evidence of insurability for any election.

If you increase your coverage during open enrollment over the guarantee issue limit for 2024 you will also be required to satisfy evidence of insurability.

NEW for 2024: Coverage for Employee Supplemental Life insurance will be elected in increments of \$10,000 to the lessor of 7x Pay or \$800,000 whichever is less. Guarantee issue limit is 3x pay (rounded down to nearest \$10,000, or \$600,000 whichever is less.

39. My pay is commissioned based. How is my pay calculated?

For all employees who are not a commissioned employee, your benefit will be based on your salary as of October 24 which will be used for the calculation of your benefit.

If you are a commissioned employee, your pay will be calculated using your base rate from 2023. Your base rate is your base pay + last 12 months of commissions.

Your base rate will be updated in early January for purposes of your 2024 life deductions to take into account the prior year commissions. Any changes to life insurance amounts for life and associated deductions will show up on your paycheck no later than the last paycheck in February. You will receive a notification via email when this change occurs.

40. What about changing my life insurance beneficiaries? Will I need to re-enter those during Open Enrollment?

No. Current beneficiaries in the enrollment system will continue for 2024. We do ask that you please review and ensure your beneficiary information is correct as personal situations may have changed over the past year.

Leaves of Absence & Disability Insurance

41. What are the Disability Plans for 2024?

Lee Enterprises offers Short Term Disability and Long Term Disability Insurance at no cost to you.

- **Short-Term Disability (“STD”)** – covers you in the event of sickness or injury with income replacement.
 - The Short Term Disability Plan Design will remain unchanged from 2023. The design will be as follows and pays for benefits for the first 20 weeks of disability if you meet service requirements

| Full Years of Service (as of date of Disability) | Income Replacement Employee Receives | Length of Benefit after Waiting Period |
|--|--------------------------------------|--|
| Less than 3 years | 100% of pay 60% of pay | Up to four weeks 5-8 weeks |
| At least 3 years but less than 5 years | 100% of pay 60% of pay | Up to 6 weeks 7-12 weeks |
| At least 5 years but less than 10 years | 100% of pay 60% of pay | Up to 8 weeks 9-16 weeks |
| 10 or more years | 100% of pay 60% of pay | Up to 10 weeks 11-20 weeks |

- **Long Term Disability (“LTD”)** – covers you in the event of extended sickness and injury with income replacement beyond Short Term Disability.
 - The LTD plan design is 60% of pay up to \$10,000/month with a minimum benefit of \$100. The benefit will begin to pay after 26 weeks of Disability.

MetLife will administer Long-Term Disability (“LTD”) in 2024.

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

For all employees who are not a commissioned employee, your benefit will be based on your salary as of October 24 which will be used for the calculation of your benefit.

If you are a commissioned employee, your disability pay will be calculated using your Base Rate from 2023. Your base rate is your base salary + last 12 months of commissions.

Your base rate will be updated in late January for purposes of your 2024 disability deductions. Any changes to disability insurance amounts for LTD and associated deductions will show up on your paycheck no later than the second 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 2023. 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 2023, you will still have the opportunity to enroll in 2024 Lee Enterprises benefits during open enrollment. Your 2024 benefits will begin on January 1, 2024. If you are on short-term disability, your disability pay will continue to be calculated at the 2023 disability pay rate even if your 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, 2023 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 be offered COBRA and other conversion rights available to you at the time as all benefits will terminate.

The following pre-tax benefits will be discontinued on the date of your transition to LTD: Medical, Dental, Vision, Health Savings Account ("HSA"), Dependent Care FSA ("DCSA") and Health Care/Limited Purpose 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 Critical Illness, Hospital Indemnity, Legal Assistance, and Identity Protection.

401(k) Plan

46. Are there any changes to the 401(k) Plan for 2023?

No. Administration of the 401(k) Plan is still handed by Empower www.empower.com

Employees who are hired in full-time will be eligible to contribute as soon as administratively possible.

Part-time new hire employees will still need to work the required 1,000 hours and will then be able to contribute after one calendar year of employment.

Other Benefits

47. Who is the commuter benefits carrier for 2024?

Lee will offer transportation reimbursement (which covers both transit and parking expenses) to eligible employees by **Tri-Star Systems**. You will have the opportunity to contribute up to \$300/monthly pre-tax dollars for transportation and parking expenses, which helps lower your tax bill. You can make or change your election through the benefits enrollment website (benefits.lee.net). If you want this coverage for January expenses, please enroll during open enrollment. You will be able to change this on a month to month basis as needed. Deductions will occur on the first pay period of the month.

48. How can I enroll in Pet Insurance in 2024? Will I have an option to continue this benefit?

If you would like to enroll or change this coverage, you will need to go on the Resources page of the benefits.lee.net website and click on the Nationwide link.

49. Are there any changes to the Identity Theft program?

No. Lee will continue to offer Identity Theft protection with Norton Lifelock at two tiers of coverage to choose from depending on your needs.

50. Can you explain the legal benefit?

The Group Legal coverage from MetLaw has the backing of MetLife and gives you a team of attorneys to help with items such as wills, representation on home purchases and more.

51. Would you please explain what Sofi is?

As an industry leader in student loan refinancing, Sofi consolidates and refinances federal and private student loans to offer lower interest rates which can help you save and gain financial flexibility. Sofi offers flexible terms, low rates, no hidden fees – and potentially big savings. To see if you qualify, you may apply through sofi.com/Lee. Upon refinancing, you may receive a welcome bonus*. Please contact SoFi for more information.

Note: No information from the qualification process will be shared with Lee Enterprises or with any employee at Lee Enterprises.

*Payment will be issued electronically once you become a SoFi borrower; you have submitted a completed application with documents and your loan has been disbursed. Offer good for new customers only.