HOPE GAS, INC. HEALTH AND WELFARE BENEFIT PLAN

FLEXIBLE SPENDING ACCOUNTS

SUMMARY PLAN DESCRIPTION

FOR

EMPLOYEES REPRESENTED

BY

THE UNITED GAS WORKERS' UNION,

LOCAL 69,

UWUA, AFL-CIO

Effective January 1, 2026

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FLEXIBLE SPENDING ACCOUNTS SUMMARY PLAN DESCRIPTION

I. INTRODUCTION

Flexible Spending Accounts ("**FSAs**") under the Hope Gas, Inc. Health and Welfare Benefit Plan (the "**Health and Welfare Benefit Plan**") offer you a special tax-savings opportunity by enabling you to pay certain out-of-pocket health and dependent care expenses with pre-tax dollars.

The Summary Plan Description for the Health and Welfare Benefit Plan's FSAs consists of this Flexible Spending Accounts Summary Plan Description (the "**FSA SPD**") and the Additional Information Summary Plan Description for Employees Represented by The United Gas Workers' Union, Local 69, UWUA, AFL-CIO (the "**Additional Information SPD**").

Benefits described in this FSA SPD are as in effect on January 1, 2026. Hope Gas, Inc. (the "**Company**") may subsequently provide additional materials that supplement, update or amend the FSA SPD or the Additional Information SPD, which will provide you with information regarding changes to your benefits.

II. FSA HIGHLIGHTS

ELIGIBILITY	Employees of the Company who are: • represented by the United Gas Workers Union Local 69, UWUA, AFL-CIO; • regularly scheduled to work an average of 30 hours or more per week or at least 130 hours per month; and • eligible for the Health and Welfare Benefit Plan's group medical plan, except if you elect the High Deductible Health Plan with Health Savings Account option.
WHEN COVERAGE BEGINS	• Employment date; or • Each January 1st following annual Open Enrollment; or • Date of a Qualifying Life Event
CONTRIBUTIONS	Your FSA contributions will be deducted from each pay before federal income tax and, in most cases, before state income tax and Social Security tax are withheld.
FSA ACCOUNTS	• Health FSA for tax-deductible health care expenses • Dependent Care FSA for work-related dependent day care expenses • Limited Purpose FSA for allowable dental, vision, and preventative care expenses
MAXIMUMS	• $3,400 per year to Health FSA • $3,400 per year to the Limited Purpose FSA • $7,500 per year to Dependent Care FSA • For Dependent care: – amount of spouse's earnings, if less than $5,000 – maximum of $3,750 if married and filing separate returns
REIMBURSEMENT	• Eligible claims paid monthly • Claims must be submitted by March 17th for prior year's expenses • Unclaimed account balances must be forfeited

III. ELIGIBILITY

Regular, full-time Company employees who are represented by the United Gas Workers Union Local 69, UWUA, AFL-CIO are eligible to enroll in the FSAs.

DEPENDENT CARE FSA ELIGIBILITY

The Dependent Care FSA is available to pay for eligible dependent care expenses incurred by you for the care of eligible dependents. Eligible dependents for the Dependent Care FSA are described in Section IX.

If you want to use an FSA for dependent care expenses and have a spouse, your spouse must be:

- Working; or
- A full-time student for five or more months during the year; or
- Disabled.

HEALTH FSA ELIGIBILITY

The Health FSA is available to pay for eligible medical expenses incurred by you, your spouse and your dependent children. Eligible dependent children for the Health FSA are described in Section IX.

The Health FSA is not available to pay for expenses of a domestic partner or a domestic partner's child (unless you have adopted or have legal guardianship of the child).

The Health FSA is not available if you have elected the High Deductible Health Plan with Health Savings Account option under the Health and Welfare Benefit Plan.

LIMITED PURPOSE FSA ELIGIBILITY

The Limited Purpose FSA is available to pay for eligible dental, vision, and preventative care expenses incurred by you, your spouse and your dependent children.

The Limited Purpose FSA is available only if you have elected to contribute to a Health Savings Account under the Health and Welfare Benefit Plan within the same plan year.

For purposes of this FSA SPD, all references to the Health FSA also apply to the Limited Purpose FSA unless indicated otherwise.

IV. ENROLLMENT

NEW HIRE

Your first day of work with the Company is your employment date. You may enroll in an FSA at that time.

- If you enroll within the first 31 days following your employment date, participation will start as of your employment date.
- If you do not enroll within the first 31 days following your employment date, you will not be able to enroll in an FSA until the next annual Open Enrollment unless you experience a Qualifying Life Event.

You can enroll in an FSA by contacting samantha.j.baxter-nard@hopegas.com.

Enrollment must be completed within 31 days of your employment date. You may also contact Hope Gas, Inc. Benefits at (304) 566-2959 with questions or if you prefer to enroll via telephone.

Remember, the benefits you elect stay in effect for the whole year.

OPEN ENROLLMENT

Annual Open Enrollment takes place in the fall of each year. It is the time when you can change all of your benefit elections if you want. Any changes will be effective the following January 1.

Because FSA contribution elections apply to a single calendar year, you must enroll each year during open enrollment if you wish to participate in an FSA during the following calendar year.

QUALIFYING LIFE EVENTS

If you experience a Qualifying Life Event, you are permitted to change your FSA elections during the middle of a plan year without waiting until the next Open Enrollment period. Depending on the event, you can enroll, increase, cancel or decrease contributions under your FSAs.

An event will be considered a Qualifying Life Event only if it affects the eligibility of you, your spouse or your child under the Health and Welfare Benefit Plan (including the FSAs) or under the health plan of another employer.

Changes you make following a Qualifying Life Event must be on account of and consistent with the event. Permitted FSA changes upon the following Qualifying Life Events are subject to interpretation and administration in accordance with IRS rules and regulations:

Qualifying Life Event	Health FSA Changes Permitted	Dependent Care FSA Changes Permitted
Dependent child events		
Birth, adoption, placement for adoption or appointment of legal guardianship	• Enroll or increase contributions to account for new child • Cancel or decrease contributions if coverage is obtained under spouse's plan	• Enroll or increase contributions to account for new child
Death of child	• Cancel or decrease contributions to account for loss of child	• Cancel or decrease contributions to account for loss of child
Satisfying or ceasing to satisfy eligibility requirements	• Enroll or increase contributions to account for newly eligible child • Cancel or decrease contributions to account for newly ineligible child	• Enroll or increase contributions to account for newly eligible child • Cancel or decrease contributions to account for newly ineligible child
Qualified Medical Child Support Order (QMCSO)	• Enroll or increase contributions for child if required by QMCSO • Cancel or decrease contributions for child if QMCSO requires spouse to provide coverage and spouse does so	N/A

Qualifying Life Event	Health FSA Changes Permitted	Dependent Care FSA Changes Permitted
Employee events		
Employee's change in employment or benefit eligibility status*	• Enroll to account for new eligibility • Cancel contributions to account for loss of eligibility	• Enroll to account for new eligibility • Cancel contributions to account for loss of eligibility
Other coverage events		
Entitlement or loss of entitlement to Medicare/Medicaid	• Cancel or decrease contributions to account for entitlement to Medicare/Medicaid • Enroll or increase contributions to account for loss of Medicare/Medicaid	N/A
Open enrollment (non-calendar year) in spouse's plan	N/A	• Enroll or increase contributions to account for coverage canceled or decreased under spouse's plan • Cancel or decrease contributions to account for coverage added or increased under spouse's plan
Change in the cost of dependent care imposed by a provider other than a relative	N/A	• Enroll or increase contributions to accommodate cost increase • Cancel or decrease contributions to accommodate cost decrease
Spouse events		
Marriage	• Enroll or increase contributions to account for new spouse • Cancel or decrease contributions if coverage is obtained under new spouse's plan	• Enroll or increase contributions to account for newly eligible dependents (e.g. new stepchildren) • Cancel or decrease contributions if new spouse is not employed or if coverage is obtained under spouse's plan
Divorce, annulment or death of spouse	• Decrease contributions to account for loss of spouse • Enroll or increase contributions if coverage is lost under spouse's plan	• Enroll or increase contributions if coverage is lost under spouse's plan • Cancel or decrease contributions if dependent loses eligibility (e.g., resides with ex-spouse)

Qualifying Life Event	Health FSA Changes Permitted	Dependent Care FSA Changes Permitted
Spouse's change in employment or benefit eligibility status*	• Cancel or decrease contributions if coverage is obtained under spouse's plan • Enroll or increase contributions if coverage is lost under spouse's plan	• Cancel or decrease contributions if coverage is obtained under spouse's plan • Enroll or increase contributions if coverage is lost under spouse's plan • Enroll to account for new eligibility (e.g., spouse starts working) • Cancel contributions to account for lost eligibility (e.g., spouse stops working)

*Changes in employment status that cause a gain or loss of FSA eligibility under the Health and Welfare Benefit Plan or your spouse's plan may include: termination or commencement of employment, commencement of or return from unpaid leave, change in status such as full-time to part-time (or vice versa) and similar events. FMLA or USERRA rules may also apply if unpaid leave is family and medical leave or military leave, respectively.

IMPORTANT! When you experience a Qualifying Life Event, you must contact Hope Gas, Inc. Benefits at (304) 566-2959 **within 31 days of the event.**

The enrollment period to enroll in or make changes to your Dependent Care FSA is 60 days if the Qualifying Life Event is the birth, adoption or placement for adoption of your dependent child(ren). The 31-day period to contact Hope Gas, Inc. Benefits remains in effect for making changes under all other Qualifying Life Events.

If your event does not allow a benefit change, you will have to wait until the next annual Open Enrollment or another Qualifying Life Event to make a change to your benefits.

Qualifying Life Event changes take effect as follows:

- Adding coverage – coverage begins on the date of the Qualifying Life Event.
- Canceling coverage – your last day of coverage is the last day of the month in which your Qualifying Life Event occurred.

If a spouse or dependent becomes **ineligible** as a result of a Qualifying Life Event, their healthcare or dependent care expenses will no longer be reimbursable from the FSA, effective at the end of the month in which the event occurs, regardless of when Hope Gas, Inc. Benefits receives notice of the event.

REHIRE/REINSTATEMENT

Solely to the extent required under IRS regulations, if you terminate employment and return to work for the Company in an eligible category for benefits enrollment, your benefit enrollment election depends on the number of days you did not work for the Company:

- If you return to work within 31 days after your termination date, your benefit elections will be the same as in effect on your termination date. If the same benefit election(s) are not available, you will be eligible to make a new election, but only for the FSA that changed, and only if another FSA is available; or
- If you return to work more than 31 days after your termination date, you will be required to make new benefit elections.

- If you return to work within the same Plan year as your termination date, whether within 31 days before or 31 days after your termination date, your prior FSA contributions for the Plan year will be taken into account for purposes of the maximum annual contribution described in Section VI.

V. HOW FSAs WORK

You can pay for certain healthcare and dependent care out-of-pocket expenses through two FSAs: the Health FSA and the Dependent Care FSA. You can participate in one or both accounts, or you can elect not to participate. If you have a Health Savings Account, you can pay for certain dental, vision, and preventative care expenses through a Limited Purpose FSA.

You cannot participate in a Health FSA if you have elected the High Deductible Health Plan with Health Savings Account option under the Health and Welfare Benefit Plan. Additionally, domestic partner expenses are not eligible for reimbursement through a Health FSA.

FSAs allow you to set aside money to meet certain expenses that are not covered under any benefit plan. Money deposited into the FSAs is not taxed when it goes into the accounts or when it is paid back to you. So, you pay no federal taxes and, in most cases, state income taxes or Social Security taxes on the money you use toward these expenses.

FSAs are easy to use. You deposit pre-tax money into your FSA through payroll deductions. Then, as you have eligible expenses, you file claims to receive reimbursement for out-of-pocket expenses that are not reimbursed under any other benefit plan. You decide how much to contribute — between $120 and $7,500 per year to a Dependent Care FSA and $120 and $3,400 per year to a Health FSA or $120 and $3,400 per year to a Limited Purpose FSA. The money you contribute is automatically deducted from your pay before taxes are withheld. The minimum monthly contribution to each account is $10. Your claim must be submitted by March 17th for expenses that you had during the preceding calendar year. You may also submit reimbursement requests for expenses incurred after the end of the year, but during the "Grace Period" (January 1st through March 15th) described in Section VII.

PLAN CAREFULLY

When you enroll in the FSAs, you do not need to indicate what your specific expenses will be during the year. However, it is a good idea to estimate expenses that you generally have during the year so that you contribute the right amount. FSAs have several restrictions you should know about. Here are a few important tips on how to make the most of your account(s).

- If you do not use the money for reimbursement of eligible expenses incurred through the Grace Period, you will lose it.
- Transfers are not allowed between the Health FSA, Limited Purpose FSA, and Dependent Care FSA.
- You cannot change your contributions during the year unless you experience a Qualifying Life Event.
- Health, Limited Purpose, and Dependent Care expenses are reimbursed for claims incurred through the Grace Period (January 1st through March 15th after the end of each year). An expense is incurred on the date the service is rendered – not on the date it is billed, charged or paid; and
- Dependent Care FSAs are an alternative to the tax credit allowed by the IRS. You may not take the IRS tax credit for expenses you pay through the Dependent Care FSA, and if you put in the maximum amount, you may not be able to take a tax credit on any expenses.

VI. CONTRIBUTIONS

Rules regarding the minimum and maximum amount you can contribute to an account in a year are summarized in the following table.

FSA	MINIMUM ANNUAL CONTRIBUTION	MAXIMUM ANNUAL CONTRIBUTION
Health	$120	$3,400
Dependent Care	$120	$7,500*
Limited Purpose	$120	$3,400

***Note:** There are limitations on this $7,500 maximum contribution for Dependent Care:

- If you are married and file separate federal tax returns, your maximum is $3,750.
- If your spouse earns less than $5,000 a year, your maximum is your spouse's actual pay.
- Normally, you may not set up a dependent care account if your spouse is unemployed. However, if your spouse is disabled or if your spouse is a full-time student for five or more months during the year, you may set up a Dependent Care FSA. The most you can contribute to your account in a year if your spouse is disabled or a full-time student is $2,400 if you have one dependent and $4,800 if you have two or more dependents. See *Eligible Dependent Care Expenses* in this section for more information.
- If both you and your spouse set up dependent care accounts with an employer, the most you and your spouse *together* can contribute is $7,500. For example, if your spouse contributed $2,000, the most you could contribute to *your* account would be $5,500.
- If you are a highly compensated employee as defined under IRS rules, your Maximum Annual Contribution may be limited to something less than the above amount and your contributions may need to be reduced during the year to satisfy legal requirements. You will be notified if this limitation affects you during any year.

Contributions to your FSAs are not subject to federal income, Social Security, or most state income taxes and will not be reported as income on your IRS Form W-2. However, FSA contributions will not affect other Company benefits that are based on your pay (such as life insurance).

Because the portion of your pay that you contribute to the FSA is not subject to Social Security tax, there could be a slight reduction in your Social Security benefits at retirement.

Once money is deposited in an FSA, it cannot be transferred to another FSA. For example, you cannot use money in your Health FSA to pay Dependent Care expenses, and vice versa. In addition, you cannot withdraw money from your accounts unless you submit a claim for reimbursement of eligible expenses, except as described below under “Special Rule for Military Reservists Called to Duty.”

VII. FSA CLAIMS

Your FSA claims should be submitted directly to HSA Bank, the claims administrator for the FSAs. FSA claims may be submitted to HSA Bank as follows:

- Through the HSA Bank app,
- The HSA Bank website: **https://hsabank.com/Products/FSA**
- By email to: **hsaforms@hsabank.com**
- By regular mail to: HSA Bank, P.O. Box 2744, Fargo, ND 58108-2744, or
- By fax to: (855) 764-5689

If your FSA claim is submitted by email, regular mail or fax, you will need to complete a *Request Reimbursement Form*, which is available through your online HSA Bank account at **myaccounts.hsabank.com**. Your Health FSA claims can also be paid with your FSA Debit Card.

When you enroll in an FSA, HSA Bank will you with information to set up your account on the HSA Bank website and, if applicable, issue you a FSA Debit Cared for Health FSA claims.

REQUIRED DOCUMENTATION FOR HEALTH FSA CLAIMS

When filing a Health FSA claim, your documentation should include the following:

- Provider of the service or medical supply;
- Date and cost of the service, including amount not covered by insurance;
- Description of service or medical supply; and
- The name of the person who received the service or medical supply.

In most cases, you can provide this information by including a copy of the Explanation of Benefits (EOB) that was provided by the medical, dental or vision claim administrator that initially processed the claim or a receipt from the pharmacy for prescription drug expenses.

The EOB is the form the medical, dental or vision claims administrator sends you that explains the balances due after your medical, dental or vision benefits have been applied to a claim. It provides HSA Bank with documentation on eligibility for reimbursement under the FSA.

REQUIRED DOCUMENTATION FOR DEPENDENT CARE FSA CLAIMS

When filing a Dependent Care FSA claim, your documentation should include the following:

- Dependent caregiver name, address and tax identification number;
- Date and cost of the dependent care service; and
- The name of the dependent who received care.

Note: If you claim a dependent care income exclusion or tax credit on your tax forms, IRS rules also require that you list the name, address and tax identification number of the caregiver on your income tax forms. For individual caregivers, the tax identification number is their Social Security number.

GRACE PERIOD

The Grace Period allows you to be reimbursed from either the previous Plan year's FSA balance or the current year's FSA balance for expenses incurred during the Grace Period. The Grace Period for a Plan year is January 1st through March 15th after the end of the Plan year.

Claims incurred through the Grace Period for a Plan year and submitted by the March 17th next following the end of Grace Period can be processed for reimbursement using the prior Plan year's FSA balance. Grace Period claims are reimbursed in the order in which they are received, first from your previous year's FSA balance until those funds are exhausted, and then from your current year's FSA balance.

The Grace Period does not apply if you terminate employment during the year. You are only eligible for reimbursement of expenses you incur through the date of your termination.

Special Rule - Switching to the High Deductible Health Plan With Health Savings Account Coverage Option

Special IRS rules apply if you had a Health FSA in one year and sign up for the High Deductible Health Plan With Health Savings Account option under the Health and Welfare Benefit Plan in the subsequent year. In that case, your new health savings account cannot receive contributions until your Health FSA Grace Period has expired, *unless you had a zero balance in your Health FSA as of December 31st*. As a result, health savings account contributions (yours and the Company's) will be delayed until April of the year you begin participating in the High Deductible Health Plan With Health Savings Account option, if your Health FSA has a balance as of December 31st of the previous year. To avoid this delay, file Health FSA claims well in advance of December 31st. Note that this rule merely delays, but does not reduce, the total amount of annual health savings account contributions you receive (yours and the Company's).

REIMBURSEMENTS

When you submit a reimbursement application for healthcare expenses, the full amount of your annual contributions is immediately available for reimbursement, regardless of your current Health FSA balance.

For example, if you elected to contribute $50 per month ($600 for the year) to a Health FSA and you incur $600 in eligible expenses during the month of January, reimbursement would be for the entire $600 when the claim is filed. Your contributions of $50 per month would continue for the remainder of the year.

Unlike the Health FSA, the Dependent Care FSA allows you to receive reimbursement for eligible dependent care expenses *only* up to the amount of your current account balance. If you submit a dependent care claim and do not have enough money in your account to cover it, a partial payment will be made up to the amount in your account. The remainder will be paid in subsequent months as more money is deposited into your account.

FSA reimbursements are made each month for eligible expenses.

MONEY LEFT OVER

According to IRS rules, any unused deposits for a year that are left in your FSA after the Grace Period filing deadline of the following year must be forfeited. Forfeitures will be used by the Company to offset the costs of administering the Plan. This is the "use it or lose it" rule.

SPECIAL RULE FOR MILITARY RESERVISTS CALLED TO DUTY

A major exception to the use it or lose it rule stated above applies for military reservists who are called to active military duty for a period of 180 days or more (or indefinitely). If this happens to you, you may request a distribution of any unused contributions credited to your Health FSA (but not your Dependent Care FSA). Your distribution request may be submitted any time after your call-up or order but before the following March 17th. Any distribution of unused Health FSA contributions under this special rule will be taxable income to you at the time of the distribution. To request a qualified military reservist distribution, please contact Hope Gas, Inc. Benefits at (304) 566-2959.

VIII. APPEAL AND REVIEW PROCESS

ENROLLMENT REVIEW

You can request a review by the Plan Administrator of an FSA enrollment/coverage decision made by submitting a written request to Hope Gas, Inc. Benefits no later than 180 days after the date you received an enrollment/coverage decision.

The Plan Administrator is Hope Gas, Inc., and written requests to the Plan Administrator, including requests to review an FSA enrollment/coverage decision, should be sent to:

Hope Gas, Inc. Benefits
781 Chestnut Ridge Road, Suite 100
Morgantown, WV 26505

You can submit any additional documents or written comments you feel are relevant to your request, and you can review and request copies of relevant documents from the Plan Administrator. The Plan Administrator will respond in writing within 60 days, unless special circumstances require an extension of up to 60 additional days to consider your request. You will be notified if any extension is needed.

Note: You should request your review as soon as possible, as missed (retroactive) employee contributions may be required.

HEALTH FSA, LIMITED PURPOSE FSA, OR DEPENDENT CARE FSA CLAIM REVIEW

If you have any questions regarding a claim or claim denial, contact the FSA Claims Administrator, HSA Bank, at (800) 357-6246.

HSA Bank will provide you with information regarding the appeal process. As the Claims Administrator, HSA Bank is responsible for reviewing all expense reimbursement claims. The Plan Administrator is responsible for reviewing any appeals of denied claims.

If HSA Bank denies your claim for reimbursement of healthcare or dependent care expenses, they will notify you of their decision within a reasonable period, not to exceed 30 days from the date they received your claim, unless HSA Bank notifies you within that period that there are special circumstances requiring an extension of time of up to 15 additional days.

The notification of the claim denial will state the reason why your claim was denied and reference the specific Plan provision(s) on which the denial is based. If the claim is denied because HSA Bank did not receive sufficient information, the claims decision will describe the additional information needed and explain why such information is needed. The notification will also include a description of the Plan review procedures and time limits, including a statement of your right to bring a civil action if your claim is denied after an appeal, if applicable.

In the event a claim has been denied in whole or in part, you may request a review of your claim by submitting written notice to HSA Bank within 180 days after you received notice of denial of the claim. Upon written request, HSA Bank will provide you with copies of relevant documents, records and other information.

Upon notification that HSA Bank has received an appeal, the Plan Administrator will re-evaluate all the information, will conduct a full and fair review of the claim, and you will be notified of the decision. Such notification will be provided within a reasonable period not to exceed 60 days from the date your request for review is received.

If the Plan Administrator denies the claim on appeal, you will receive a final written decision that states the reason(s) why the claim you appealed is being denied, references any specific Plan provision (s) on which the denial is based, and informs you of your right to bring a civil action if your claim is denied after an appeal, if applicable. Upon written request, the Plan Administrator will provide you free of charge with copies of relevant documents and records.

Your Contact at Hope Gas, Inc.

If you have questions or concerns about how the Claims Administrator has processed your claim, you should contact the Claims Administrator to understand how the claim was processed, how the Plan provisions apply and to determine if you or your provider needs to supply additional information. Should you still have questions or concerns, you can contact Hope Gas, Inc. Benefits at:

Hope Gas, Inc. Benefits
781 Chestnut Ridge Road, Suite 100
Morgantown, WV 26505
(304) 566-2959
Samantha.j.baxter-nard@hopegas.com

Hope Gas, Inc. Benefits can assist in explaining the Claims Administrator's processes, or contact the Claims Administrator to obtain more details about how your claim was processed or facilitate the exchange of information between you and the Claims Administrator.

The Claims Administrator makes and reviews all initial determinations as to whether an expense is reimbursable under the Plan. The Plan Administrator handles appeals of denied claims or services. Claims and appeals are handled by the Claims Administrator and Plan Administrator in accordance with Department of Labor regulations.

IX. WHAT FSAs COVER AND DO NOT COVER

HEALTH FSA — ELIGIBLE AND INELIGIBLE EXPENSES

You may use the Health FSA to pay for eligible medical expenses that are incurred by you and your family (spouse and/or dependent children). All submitted expenses are reviewed according to the regulations of Internal Revenue Code Section 125. All claims must be substantiated and appropriate documentation must be provided. Some expenses may require documentation from your physician. Listed below are some eligible and ineligible healthcare expenses. For more information go to www.irs.gov and choose Publication 502, Medical and Dental Expenses.

	Eligible	Ineligible
Dental/ Orthodontic Care	• Dental care • Artificial teeth/dentures • Cost of fluoridation of home water supply advised by dentist • Braces, orthodontic services (only those incurred within the active plan year)	• Teeth bleaching • Tooth bonding that is not medically necessary
Disabled Assistance	• Cost of guide for a blind person • Cost of note-taker for a deaf child in school • Cost of Braille books and magazines in excess of cost of regular editions • Seeing eye dog (cost of buying, training and maintaining) • Hearing-trained cat or other animal to assist deaf person (cost of buying, training and maintaining)	

	Eligible	Ineligible
Disabled Assistance (cont.)	• Household visual alert system for deaf person • Excess costs of specifically equipping automobile for a disabled person over the cost of ordinary automobile; device for lifting a disabled person into automobile	
Drugs	• Prescription drugs • Over-the-counter drugs without a doctor's prescription (eff 4/27/20) • Viagra • Birth control drugs • Insulin	• Dietary supplements including vitamins, pre-natal vitamins (even if doctor prescribed) and herbs • Drugs for cosmetic purposes
Fees	• Physician's fees • Routine/preventive physicals • Obstetrical expenses • Hospital services • Nursing services for care of a specific medical ailment • Cost of a nurse's room and board when nurse services qualify • The Social Security tax paid with respect to wages of a nurse when nurse's services qualify • Surgical or diagnostic services • Legal sterilization • Cosmetic surgery/procedures that treat deformity caused by an accident or trauma, disease, or an abnormality at birth • Services of chiropractors and osteopaths • Anesthesiologist fees • Dermatologist fees • Gynecologist fees	• Cosmetic surgery/procedures that improve patient's appearance but do not meaningfully promote the proper function of the body or prevent/treat an illness/disease • Payments to domestic help, companion, babysitter, chauffeur. etc. who primarily render services of a nonmedical nature • Nursemaids or practical nurses who render general care for healthy infants ▪ Payments for child care (eligible under the Dependent Care FSA)
Insurance	• Deductibles and copayments for health care plans (medical, dental, vision) • Coinsurance (the percentage of charges not paid by your health care plan) • Amounts over usual and customary limits	▪ All premiums/contributions for insurance coverage (including health insurance, long-term care, loss of income and loss of life) ▪ Expenses paid by your health care plan
Medical Equipment	• Wheelchair or autoette (cost of operating/maintaining) • Walkers, canes and crutches (purchased or rented)	• Wigs, when not medically necessary for mental health • Vacuum cleaner purchased by an individual with dust allergy

	Eligible	Ineligible
Medical Equipment (cont.)	• Oxygen equipment and oxygen used to relieve breathing problems that result from a medical condition • Artificial limbs • Support hose (if medically necessary) • Wigs (where necessary for mental health of individual who loses hair because of disease)	
Miscellaneous Charges	• Sales tax associated with an eligible expense • Hearing aids, batteries for operation of hearing aids, hearing aid repairs • Expenses connected with donating an organ • Cost of computer storage of medical records • Transportation expenses primarily for, and essential to, medical care including car mileage, bus, taxi, train, plane fares, ambulance services, parking fees and tolls ▪ Lodging expenses (not provided in a hospital or similar institution) not to exceed $50 per night per individual while away from home if the lodging is primarily for and essential to medical care provided by a doctor	• Expenses of divorce when doctor or psychiatrist recommends divorce • Cost of toiletries, cosmetics and sundry items (e.g.. soap, toothbrushes) • Maternity clothes • Diaper service • Distilled water purchased to avoid drinking fluoridated city water supply • Installation of power steering in an automobile • Pajamas purchased to wear in hospital • Mobile telephone used for personal phone calls as well as calls to a physician
Psychiatric Care	• Services of psychotherapists, psychiatrists and psychologists • Legal fees directly related to commitment of a mentally ill person	• Psychoanalysis undertaken to satisfy curriculum requirements of a student • Marriage counseling
Treatment/ Therapies	• Weight loss programs prescribed to treat a medical condition • X-ray treatments • Smoking cessation programs • Treatment for alcoholism or drug dependency • Acupuncture • Vaccinations • Physical therapy (as a medical treatment) • Speech therapy • Occupational therapy ▪ Infertility treatment	• Physical treatments unrelated to specific health problem (e.g., massage for general well-being) • Any illegal treatment

	Eligible	Ineligible
Vision Care	• Optometrist or ophthalmologist fees • Eyeglasses • Contact lenses and cleaning solutions • Prescription sunglasses • Corrective eye surgery (such as radial keratotomy)	• Lens replacement insurance • Warranties • Protection plans • Coating/tints that do not treat a medical condition

HEALTH FSA - ELIGIBLE DEPENDENTS

Eligible dependent children under the Health FSA are your:

- **Spouse**, the person to whom you are legally married.
- **Children**, regardless of marital status, (defined as your natural children, legally adopted children, children placed with you for legal adoption, foster children and stepchildren) who are under age 26. Children under age 26 who are serving in the military are also eligible.
- **Disabled children** age 26 or older, provided:
    - they became disabled before age 26;
    - they qualify as your dependent for tax purposes (i.e., you can claim them as dependents on your federal income tax return for the year).*

For this purpose, “disabled” means permanently and totally disabled by Social Security Administration standards applicable to children, which generally means that the child is very seriously limited in his or her activities by reason of a medically determinable physical or mental impairment that can be expected to result in death or to last for at least 12 months. Employees may be required from time to time to provide proof of the child’s continuing disability.

- Your **legal ward** under age 26 for whom you are appointed legal guardian or legal custodian, provided that the individual qualifies as your dependent for tax purposes.*

*It is your responsibility to ensure that your disabled child or legal ward qualifies as your dependent for tax purposes before requesting reimbursement for expenses incurred by that individual. For a detailed explanation of the requirements for tax dependent status, see IRS Publication 17, Your Federal Income Tax, available at www.irs.gov.

DEPENDENT CARE FSA — ELIGIBLE EXPENSES

Use the Dependent Care FSA to pay for **eligible** child day care and adult day care expenses that are necessary for you (and if you are married, your spouse) to work. Or use the account if you work and your spouse attends school on a full-time basis. Following is a partial list of eligible dependent care expenses. For a comprehensive list of eligible expenses, review IRS publication 503, Child and Dependent Care Expenses at **www.irs.gov.**

Day Care Services

- Licensed nursery schools and day care centers, including those for disabled dependent care
- Work-related babysitting, provided in your home (care may be provided by your relatives or your children over the age of 19 whom you do not claim on your federal income tax return)
- Work-related babysitting provided out of your home for your qualifying dependent child under age 13 or a qualifying disabled dependent who regularly spends at least 8 hours per day in your home (care may be provided by your relatives or your children over the age of 19 whom you cannot claim on your federal income tax return)

- Housekeepers in your home, if their work includes caring for your dependents
- Social Security and unemployment taxes — and any similar state taxes — you are required to pay for someone who provides care for your dependents
- Adult day care
- Day camp programs
- Transportation costs charged by a dependent care provider

DEPENDENT CARE FSA — INELIGIBLE EXPENSES

You may not use your Dependent Care FSA to pay for any services the IRS does not consider tax deductible as a dependent care expense. Some examples of ineligible expenses include:

- Dependent care provided by a spouse or another dependent
- Dependent care used for non-work related reasons
- Dependent care provided if your spouse does not work and is not a full-time student
- Any expense for which you plan to take a credit on your income tax return
- Transportation to and from a day care location
- Education expenses from kindergarten on
- Expenses incurred when you are away from work for long periods because of illness or leave of absence
- Finder's fees for placement of an au pair or nanny
- Care provided in a full-time residential institution
- Overnight camps

DEPENDENT CARE FSA - ELIGIBLE DEPENDENTS

Eligible dependents include:

- **Dependent Children**. This includes your unmarried children under age 13 who have the same principal residence as you for more than half the calendar year and who do not provide more than half of their own support for the calendar year. “Children” includes your children, adopted children, children placed with you for adoption, and stepchildren, as well as your sibling or stepsibling or any descendant of any individual named above.
- **Disabled Dependents**. This includes your spouse or any other dependents (defined below), regardless of age, who are physically or mentally incapable of caring for themselves. Dependents for this purpose include:
    - Your unmarried child (or descendant of your child), brother, sister, stepbrother or stepsister (or descendent of any such person) who:
        - Has the same principal residence as you do for more than half the calendar year; and
        - Does not provide over half of his/her own support for the calendar year.
    - Your brother, sister, stepbrother, stepsister, father, mother, ancestor of your father or mother, stepfather, stepmother, niece or nephew, aunt or uncle, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law who:
        - Has the same principal residence as you for more than half the calendar year;
        - Receives over half of his/her support for the calendar year from you; and
        - Is not anyone else’s dependent child for tax purposes.

Reimbursement under the Dependent Care FSA is limited to work-related expenses, as defined by the Internal Revenue Code. That is, expenses that must be incurred to enable you and your spouse to remain gainfully employed or to look for work.

You and your spouse need not work full-time. Expenses incurred while one or both are working part-time can be eligible, so long as each works at least one hour per day. Remember that expenses incurred while either parent is not working are not eligible.

If you are married, certain limitations apply:

- Reimbursement cannot be made for Dependent care expenses that exceed your earned income or the earned income of your spouse, whichever is less.

  Example

  Suppose you are married and earning $30,000 a year, while your spouse earns $4,000. An FSA can reimburse expenses up to $4,000.

- Both you and your spouse must work to be eligible for reimbursement of dependent care expenses (unless your spouse is disabled or a full-time student; i.e., in school at least five months per year). If your spouse is a full-time student or disabled and has no earned income, this limitation will assume that your spouse earns $200 a month if you have one dependent, and $400 a month if you have two or more dependents.

  Example

  If your spouse is a full-time student for ten months during the year and you incur day care expenses for two children, it will be assumed that your spouse has earned income equal to $4,000 (10 months times $400 per month). Therefore, the Dependent Care FSA can reimburse you for day care expenses up to $4,000 (assuming that *your* earned income is at least $4,000). If your spouse is physically or mentally disabled for the entire calendar year and you incur day care expenses for two children, it will be assumed that your spouse has earned income equal to $4,800 (12 times $400 per month).

- If both you and your spouse set up Dependent Care FSAs, the most that both of you together can contribute is $7,500. Likewise, the most that you and your spouse together can receive in reimbursement is $7,500 per year.

Note: There are certain cases in which it might be more advantageous for you to take a tax credit on your income tax forms than to use an FSA for dependent care expenses. You might wish to consult a tax advisor to discuss your individual situation. Any dependent care amounts reimbursed under an FSA will reduce, dollar for dollar, expenses available for the dependent care tax credit.

X. LEAVE OF ABSENCE

If you are granted an authorized leave of absence, you can continue your Health FSA participation; however, your Dependent Care FSA participation will end while you are on leave of absence.

XI. WHEN PARTICIPATION ENDS

If your employment with the Company is terminated or your pay ceases for any reason (for example, if you die or become disabled, or if you retire), contributions to your FSA(s) will be suspended. However, you (or in the case of your death, your survivors) may continue to submit claims for expenses incurred prior to the date you left the payroll or terminated employment. Claims for eligible expenses may be

- Submitted by the following March 17th; or
- Submitted until your account balance is zero, whichever happens first.

You may be able to continue making contributions to a Health FSA as provided for by the Consolidated Omnibus Budget Reconciliation Act (COBRA). You also may be able to continue coverage if you are on an approved Family and Medical Leave Act (FMLA) leave or are on military leave. For more information, please refer to the Additional Information SPD.

Your participation in a Dependent Care FSA cannot be continued once your eligibility ends.

XII. CHANGING OR TERMINATING FSAs

Please see the "Changing or Terminating the Plans" section of the Additional Information SPD for information on the Company's ability to change or terminate the FSAs.

XIII. PLAN DOCUMENTS

This information has been prepared to describe the FSAs under the Health and Welfare Benefit Plan. If there is a conflict between this information and the official documents and contracts that govern the operations of the FSAs, those official documents and contracts will govern.