

FLEXIBLE SPENDING ACCOUNTS
SUMMARY PLAN DESCRIPTION
FOR
EASTERN GAS TRANSMISSION AND STORAGE,
INC.
EMPLOYEES REPRESENTED
BY
THE UNITED GAS WORKERS' UNION,
LOCAL 69,
UWUA, AFL-CIO

FLEXIBLE SPENDING ACCOUNTS (FSAs)

INTRODUCTION

Flexible Spending Accounts (FSAs) offer you a special tax-savings opportunity by enabling you to pay certain out-of-pocket health and day care expenses with pre-tax dollars.

The Summary Plan Description for FSAs consists of the following: this document and the "Additional Information" Summary Plan Description document the Company distributes or makes available to you.

Benefits described in this document are current as of the date indicated at the bottom of the page. The Company may subsequently provide additional materials that supplement, update or amend the SPDs which will provide you with information regarding changes to your benefits.

FLEXIBLE SPENDING ACCOUNTS (FSAs)

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FLEXIBLE SPENDING ACCOUNTS (FSAs)

HIGHLIGHTS OF THE PLAN

The following table highlights the key features of a Flexible Spending Account (FSA).

MAJOR PLAN PROVISIONS	
ELIGIBILITY	Regular full-time employees of the Company who are represented by the United Gas Workers Union Local 69, UWUA, AFL-CIO
WHEN COVERAGE BEGINS	<ul style="list-style-type: none">• Employment date; or• Each January 1, following annual Open Enrollment; or• Date of life event
CONTRIBUTIONS	Your selected contributions will be deducted from each pay before federal income tax and, in most cases, state income tax and Social Security tax are withheld.
ACCOUNTS	<ul style="list-style-type: none">• Healthcare account for tax-deductible health care expenses• Day Care account for work-related dependent day care expenses
MAXIMUMS	<ul style="list-style-type: none">• \$2,750 per year to Healthcare account• \$5,000 per year to Day Care account• For day care:<ul style="list-style-type: none">– amount of spouse's earnings, if less than \$5,000– maximum of \$2,500 if married and filing separate returns
REIMBURSEMENT	<ul style="list-style-type: none">• Eligible claims paid monthly• Claims must be postmarked by April 30 for prior year's expenses• Unclaimed account balances must be forfeited

ELIGIBILITY

Regular, full-time employees of Eastern Gas Transmission and Storage, Inc. ("the Company") who are represented by the United Gas Workers Union Local 69, UWUA, AFL-CIO, are eligible to use Flexible Spending Accounts.

DAY CARE FSA ELIGIBILITY

The Day Care FSA is available to pay for eligible day care expenses incurred by you for the care of eligible dependents. Eligible dependents for the Day Care FSA are described on page 17.

If you want to use an FSA for day 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.

FLEXIBLE SPENDING ACCOUNTS (FSAs)

HEALTHCARE FSA ELIGIBILITY

The Healthcare FSA is available to pay for eligible medical expenses incurred by you, your spouse and your dependent children. Eligible dependent children for the Healthcare FSA are described on page 16.

The Healthcare 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). Also, if you elect Medical Plan Option A you cannot participate in a Healthcare FSA.

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 will be able to enroll electronically in an FSA through Your Benefits Resources (YBR). You can access YBR:

- Directly from DomNet once you've logged on to your computer at work.
 - From the DomNet homepage, select the "Your Benefits Resources" link in the "Key Company Links" section to link directly to our YBR account via single sign-on. First time users will need to create a user ID and password.
- Via the Internet at <http://digital.alight.com/dominionenergy>
 - You'll need to enter your YBR user ID and password each time you access your account. The first time you go to YBR, click on Register as a New User and identify yourself by entering the last four digits of your Social Security number and your date of birth. You'll then be prompted to create a user ID and password.

Enrollment must be completed within 31 days of your employment date. You may also contact the Dominion Energy Benefit Center (DBC) at 1-877-434-6996 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.

FLEXIBLE SPENDING ACCOUNTS (FSAs)

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 one or both FSAs.

An event will be considered a Qualifying Life Event only if it affects your, your spouse's or your child's eligibility under this Plan or the FSA or health plan of another employer.

Changes you make following a Qualifying Life Event must be on account of and consistent with the event. Following is a listing of the types of FSA changes that are permitted following the various Qualifying Life Events: *

Event	Healthcare FSA Changes Permitted	Day Care FSA Changes Permitted
Dependent child events		
Birth, adoption, placement for adoption or appointment of legal guardianship	<ul style="list-style-type: none"> • Enroll or increase contributions to account for new child • Cancel or decrease contributions if coverage is obtained under spouse's plan 	<ul style="list-style-type: none"> • Enroll or increase contributions to account for new child
Death of child	<ul style="list-style-type: none"> • Cancel or decrease contributions to account for loss of child 	<ul style="list-style-type: none"> • Cancel or decrease contributions to account for loss of child
Satisfying or ceasing to satisfy eligibility requirements	<ul style="list-style-type: none"> • Enroll or increase contributions to account for newly eligible child • Cancel or decrease contributions to account for newly ineligible child 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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
Employee events		
Employee's change in employment or benefit eligibility status**	<ul style="list-style-type: none"> • Enroll to account for new eligibility • Cancel contributions to account for loss of eligibility 	<ul style="list-style-type: none"> • Enroll to account for new eligibility • Cancel contributions to account for loss of eligibility

FLEXIBLE SPENDING ACCOUNTS (FSAs)

Event	Healthcare FSA Changes Permitted	Day Care FSA Changes Permitted
Other coverage events		
Entitlement or loss of entitlement to Medicare/Medicaid	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 day care imposed by a provider other than a relative	N/A	<ul style="list-style-type: none"> • Enroll or increase contributions to accommodate cost increase • Cancel or decrease contributions to accommodate cost decrease
Spouse events		
Marriage	<ul style="list-style-type: none"> • Enroll or increase contributions to account for spouse • Cancel or decrease contributions if coverage is obtained under spouse's plan 	<ul style="list-style-type: none"> • Enroll or increase contributions to account for newly eligible dependents (e.g. new stepchildren) • Cancel or decrease contributions if spouse is not employed or if coverage is obtained under spouse's plan

FLEXIBLE SPENDING ACCOUNTS (FSAs)

Event	Healthcare FSA Changes Permitted	Day Care FSA Changes Permitted
Divorce, annulment or death of spouse	<ul style="list-style-type: none"> • Decrease contributions to account for loss of spouse • Enroll or increase contributions if coverage is lost under spouse's plan 	<ul style="list-style-type: none"> • 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)
Spouse's change in employment or benefit eligibility status**	<ul style="list-style-type: none"> • Cancel or decrease contributions if coverage is obtained under spouse's plan • Enroll or increase contributions if coverage is lost under spouse's plan 	<ul style="list-style-type: none"> • 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)

* These rules will be interpreted and administered in accordance with IRS rules and regulations.

**Changes in employment status that cause a gain or loss of eligibility under this 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 the Dominion Energy Benefit Center at 1-877-434-6996 **within 31 days of the event** * 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.

* The enrollment period to enroll in or make changes to your Daycare FSA is 60 days in the event of the birth, adoption or placement for adoption of your dependent child(ren). The 31-day period remains in effect for making changes under all other qualifying life events.

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 day care expenses will no longer be reimbursable from the FSA, effective

FLEXIBLE SPENDING ACCOUNTS (FSAs)

at the end of the month in which the event occurs, regardless of when the Dominion Energy Benefit Center receives notice of the event.

REHIRE/REINSTATE

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 in 31 days or less from the termination date, your benefit elections are the same elections that were in effect on the termination date. If the same benefit election(s) are not available, you are eligible to make a new election, but only for the plan that changed, if another plan is available; or
- If you return to work after 31 days from the termination date, you are required to make new benefit elections.

HOW FSAs WORK

You can pay for certain healthcare and day care out-of-pocket expenses through two Flexible Spending Accounts (FSAs): the Healthcare FSA and the Day Care FSA. You can participate in one or both accounts or you can elect not to participate.

You cannot participate in a Healthcare FSA if you elect Medical Option A. Additionally, domestic partner expenses are not eligible for reimbursement through a Healthcare FSA.

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

Flexible Spending Accounts are easy to use. You deposit pre-tax money into your FSA through payroll deductions. Then, as you have expenses, you file claims to reimburse yourself for out-of-pocket expenses that are not reimbursed under any other benefit plan. You decide how much to contribute — between \$120 and \$5,000 per year to a Day Care FSA and between \$120 and \$2,750 per year to a Healthcare 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 postmarked by April 30 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 a “grace period” (January 1 through March 15).

PLAN CAREFULLY

When you enroll in the Flexible Spending Accounts, you do not need to indicate what your specific expenses will be during the year. However, it is a good idea to estimate the expenses that you generally have during the year so that you contribute the right amount to the Plan. Flexible Spending Accounts 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, you will lose it.
- Transfers are not allowed from the Healthcare FSA to the Day Care FSA, or vice versa.

FLEXIBLE SPENDING ACCOUNTS (FSAs)

- You cannot change your contributions during the year unless you experience a Qualifying Life Event.
- Healthcare and Day Care expenses are reimbursed for claims incurred through the Grace Period (January 1 through March 15 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
- Day Care FSAs are an alternative to the tax credit that the IRS allows. You may not take the IRS tax credit for expenses you pay through the Day Care FSA. If you put in the maximum amount, you may not be able to take a tax credit on any expenses.

CONTRIBUTIONS

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

TYPE OF ACCOUNT	MINIMUM ANNUAL CONTRIBUTION	MAXIMUM ANNUAL CONTRIBUTION
Healthcare	\$120	\$2,750
Day Care	\$120	\$5,000*
<p>*Note: There are limitations on this \$5,000 maximum contribution for Day Care:</p> <ul style="list-style-type: none"> • If you are married and file separate federal tax returns, your maximum is \$2,500. • 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 day 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 day care account. 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 day care accounts with an employer, the most you and your spouse <i>together</i> can contribute is \$5,000. For example, if your spouse contributed \$2,000, the most you could contribute to <i>your</i> account would be \$3,000. • 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. 		

Any contributions set aside in your Flexible Spending Account(s) are not subject to federal income, Social Security, or most state income taxes and will not be reported as income on your W-2 form. However, those 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.

FLEXIBLE SPENDING ACCOUNTS (FSAs)

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

FILING CLAIMS

Claims are submitted directly to PayFlex Systems (“PayFlex”), the claims administrator for the FSAs. You may submit a paper FSA claim form (*Health FSA Reimbursement Form or Day Care FSA Reimbursement Form*) along with documentation that you incurred the expense. You may also use Express Claims on www.mypayflex.com to submit claims online. All mailed claims must be postmarked and all faxed or online claims submitted by April 30 for expenses incurred during the previous calendar year.

For healthcare expenses, you can:

- Pay for eligible healthcare expenses at the time of service with your FSA Debit Card. Your payment will be deducted directly from your FSA;
- File a paper claim by completing the Reimbursement Account Claim Form and mailing or faxing the form to PayFlex;
- Use the PayFlex app to upload receipts to PayFlex. The app also provides real-time access to your account balances, claims and reimbursements; or
- Upload your claims online by logging on to PayFlex’s website (mypayflex.com).

Please note: the automatic claims reimbursement feature is no longer an option as of 1/1/2020.

When filing a claim under your Healthcare FSA, your documentation should list the:

- Provider of the service;
- Date and cost of the service; and
- Type of 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 PayFlex with documentation on eligibility for reimbursement under the FSA.

For day care expenses, documentation *must* show the name, address and tax identification number of the dependent caregiver, the name of the dependent who received care, and the dates that care was provided.

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 the Social Security number.

FLEXIBLE SPENDING ACCOUNTS (FSAs)

FSA claim forms (*Health FSA Reimbursement Form and Day Care FSA Reimbursement Form*) and instructions for completing the forms are available from the Dominion Energy HelpLine. Send all claim forms and supporting documentation to the name and address shown on the claim form.

PayFlex, the Claims Administrator, reviews all claims. If your claim is approved, a reimbursement from your FSA is made to you.

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 is January 1 until March 15 after the end of the Plan year.

Claims incurred through the Grace Period and postmarked by April 30 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 OPTION A

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

For example, if you elected to contribute \$50 per month (\$600 for the year) to a healthcare 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 Healthcare FSA, the Day Care FSA allows you to receive reimbursement for eligible day care expenses *only* up to the amount of your current account balance. If you submit a day 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.

FLEXIBLE SPENDING ACCOUNTS (FSAs)

MONEY LEFT OVER

According to IRS rules, any unused deposits for a year that are left in your account after the filing deadline of the following year must be forfeited. Forfeitures will be used by the Company to offset the costs of administering the Plan.

SPECIAL RULE FOR MILITARY RESERVISTS CALLED TO DUTY

A major exception to the forfeiture rule stated above exists 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 Healthcare FSA (but not your Day Care FSA). Your distribution request may be submitted any time after your call-up or order but before the following April 30. Any distribution of unused Healthcare 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 the Dominion Energy Benefit Center at 1-877-434-6996.

APPEAL AND REVIEW PROCESS

ENROLLMENT REVIEW

You can request a review of an enrollment/coverage decision made by the Plan Administrator. You must submit your request in writing to the Benefits Manager no later than 180 days after the date you received an enrollment/coverage decision. 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 Benefits Manager 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.

HEALTHCARE OR DAY CARE CLAIM REVIEW

If you have any questions regarding a claim or claim denial, contact PayFlex at 1-844-729-3539. PayFlex will provide you with information regarding the appeal process. As the Claims Administrator, PayFlex is responsible for reviewing all expense reimbursement claims. The Plan Administrator is responsible for reviewing any appeals of denied claims.

If PayFlex denies your claim for reimbursement of healthcare or day 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 PayFlex 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 PayFlex 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 PayFlex within 180 days after you received notice of denial of the claim. Upon written request, PayFlex will provide you with copies of relevant documents, records and other information.

FLEXIBLE SPENDING ACCOUNTS (FSAs)

Upon notification that PayFlex 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 DOMINION ENERGY

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 Dominion Energy's Benefits Manager at the address below:

Dominion Energy Services, Inc.
Benefits Manager
5000 Dominion Blvd
Floor 1-NE
Glen Allen, VA 23060

The Benefits Manager 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.

WHAT FSAs COVER AND DO NOT COVER

HEALTHCARE FSA — ELIGIBLE AND INELIGIBLE EXPENSES

You may use the Healthcare 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.

FLEXIBLE SPENDING ACCOUNTS (FSAs)

Samples of Healthcare FSA expense eligibility

	Eligible	Ineligible
Dental/ Orthodontic Care	<ul style="list-style-type: none">• 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)	<ul style="list-style-type: none">• Teeth bleaching• Tooth bonding that is not medically necessary
Disabled (Assistance)	<ul style="list-style-type: none">• 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)• 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	<ul style="list-style-type: none">• Prescription drugs• Over-the-counter drugs without a doctor's prescription (eff 4/27/20)• Viagra• Birth control drugs• Insulin	<ul style="list-style-type: none">• Dietary supplements including vitamins, pre-natal vitamins (even if doctor prescribed) and herbs• Drugs for cosmetic purposes
Fees	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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 Day Care FSA)

FLEXIBLE SPENDING ACCOUNTS (FSAs)

- accident or trauma, disease, or an abnormality at birth
 - Services of chiropractors and osteopaths
 - Anesthesiologist fees
 - Dermatologist fees
 - Gynecologist fees
- 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 autoeette (cost of operating/maintaining)
 - Walkers, canes and crutches (purchased or rented)
 - 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)
 - Wigs, when not medically necessary for mental health
 - Vacuum cleaner purchased by an individual with dust allergy
- 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

FLEXIBLE SPENDING ACCOUNTS (FSAs)

Psychiatric Care	<ul style="list-style-type: none">• Services of psychotherapists, psychiatrists and psychologists• Legal fees directly related to commitment of a mentally ill person	<ul style="list-style-type: none">• Psychoanalysis undertaken to satisfy curriculum requirements of a student• Marriage counseling
Treatment/ Therapies	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• Physical treatments unrelated to specific health problem (e.g., massage for general well-being)• Any illegal treatment
Vision Care	<ul style="list-style-type: none">• Optometrist or ophthalmologist fees• Eyeglasses• Contact lenses and cleaning solutions• Prescription sunglasses• Corrective eye surgery (such as radial keratotomy)	<ul style="list-style-type: none">• Lens replacement insurance• Warranties• Protection plans• Coating/tints that do not treat a medical condition

HEALTHCARE FSA - ELIGIBLE DEPENDENTS

Eligible dependent children under the Healthcare 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.*

FLEXIBLE SPENDING ACCOUNTS (FSAs)

*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.

DAY CARE FSA — ELIGIBLE EXPENSES

Use the Day 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 day care expenses. For a comprehensive list of eligible expenses, review IRS publication 503, Child & Dependent Care Credit 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

DAY CARE FSA — INELIGIBLE EXPENSES

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

- Day care provided by a spouse or another dependent
- Day care used for non-work related reasons
- Day 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

DAY 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

FLEXIBLE SPENDING ACCOUNTS (FSAs)

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 descendant 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 Day 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 day 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 Day 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

FLEXIBLE SPENDING ACCOUNTS (FSAs)

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 Day Care FSAs, the most that both of you together can contribute is \$5,000. Likewise, the most that you and your spouse together can receive in reimbursement is \$5,000 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 day care expenses. You might wish to consult a tax advisor to discuss your individual situation. Any day care amounts reimbursed under an FSA will reduce, dollar for dollar, expenses available for the day care tax credit.

LEAVE OF ABSENCE

If you are granted an authorized leave of absence, you can continue your Healthcare FSA participation under this Plan. However, your Day Care FSA participation will end while you are on leave of absence.

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

- Postmarked by the following April 30; or
- Submitted until your account balance is zero, whichever happens first.

You may be able to continue making contributions to a Healthcare 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" section that appears later in this SPD.

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

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 FSA Plan.

PLAN DOCUMENTS

This information has been prepared to describe the FSAs. 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.