

University of Chicago

Flexible Spending Plan

Summary Plan Description

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Your FSA Benefits

The University of Chicago Flexible Spending Plan (the “Plan”) offers Benefits-Eligible Employees the opportunity to pay certain health care and dependent care expenses with tax-free dollars through the University of Chicago Cafeteria Plan. You decide whether or not to participate every year. The Plan has two kinds of Flexible Spending Accounts (FSAs):

- The **Health Care FSA** can be used to pay for most out-of-pocket medical, vision and dental care expenses for yourself and your Dependents as long as these expenses are not covered by your medical or dental plan.
- The **Dependent Care FSA** can be used to pay for eligible day care expenses for a dependent child or adult relative while you or your spouse work, or while your spouse is a full-time student or disabled.

You contribute tax-free dollars to your FSAs through payroll deductions. When you have an eligible medical, vision, dental or dependent care expense, you are reimbursed from the appropriate FSA.

The Health Care FSA is subject to certain laws, such as the Employee Retirement Income Security Act of 1974 (“ERISA”), the Consolidated Omnibus Budget Reconsolidation Act of 1985 (“COBRA”), and the Health Insurance and Portability and Accountability Act of 1996 (“HIPAA”) that do not apply to the Dependent Care FSA. Information about the Dependent Care FSA is included in this SPD for your convenience and ease of reference and should not be interpreted as intent by the University to subject the Dependent Care FSA to ERISA, COBRA, or HIPAA.

If you have questions about your benefits, call the Benefits Office at 773-702-9634 or send an e-mail to benefits@uchicago.edu.

Key Plan Information for 2021 Plan Year

Dates	
Last Date of Service	March 15, 2022
Last Day to Submit Claim	June 30, 2022

Websites	
FSA Access	www.wageworks.com
Enrollment/Changes	https://workday.uchicago.edu/

Claims Forms	
Health Care FSA Form	Dependent Care FSA Form

Participating in FSAs

Eligibility

Participation is voluntary. You are eligible to participate in an FSA if you are a Benefits-Eligible Employee of the University of Chicago (the “University”). In addition, if you or your spouse has elected to participate in a health savings account (HSA) during the plan year, you are not eligible to participate in the Health Care FSA.

Enrolling

Enroll online at <https://workday.uchicago.edu/>. You may enroll in an FSA:

- Within 31 days of your date of hire as a Benefits-Eligible Employee or within 31 days of the date that you become a Benefits-Eligible Employee, in each case, provided that you enroll online through Workday within that 31-day period.
- If you do not enroll within 31 days, you must wait until Open Enrollment, unless you have a Qualifying Life Event (see “[Changing Your Elections](#)”).

During Open Enrollment

You have the opportunity to enroll or re-enroll in a Health Care FSA, Dependent Care FSA or both during the University’s annual Open Enrollment in November. The benefits you elect during Open Enrollment take effect on the following January 1. You must make a new election every year.

2021 Contribution Limits

The limits on the amount you can contribute to an FSA are shown in the table below.

Type of FSA	Minimum Annual Contribution	Maximum Annual Contribution
Health Care	\$250	\$2,750
Dependent Care	\$0	\$5,000*
Dependent Care (highly compensated)**	\$0	\$1,900

**If you are married, you and your spouse are limited to a maximum annual contribution of \$5,000, if you file a joint return or \$2,500 each if you file separate returns. If you are single, legally separated, divorced or in a domestic partner relationship, you may contribute the full \$5,000 if you claim a child on your tax returns.*

***If you are a Highly Compensated Employee, your dependent care contribution is limited to a lower amount. For 2021, the IRS has defined a Highly Compensated Employee as someone making over \$130,000 (2021).*

When Participation Begins

Your participation begins on the first day of the month following your election, provided you enroll within 31 days of your date of hire as a Benefits-Eligible Employee.

If you enroll during the annual Open Enrollment, your coverage begins on the following January 1. Only expenses incurred after your coverage begins will be reimbursed from your FSA.

Changing Your Elections

Once you enroll in an FSA, you cannot increase, decrease or stop your contributions, unless you have a **Qualifying Life Event**. Any change in your elections must be consistent with the qualifying change in your circumstances. You must submit a change request in Workday within 31 days of the qualifying event. Your new election takes effect on the first of the month following the date the Qualifying Life Event is received by the Benefits Office.

A **Qualifying Life Event** under the Health Care FSA occurs upon:

- Child ceases to be a Dependent Child
- Marriage, divorce, annulment or legal separation
- Registration or termination of a civil union or Domestic Partnership
- Death of a Dependent
- Birth, adoption or placement for adoption of a Dependent Child
- A change in your, your spouse's, or your Domestic Partner's employment status (termination or commencement of employment, a strike or lockout, commencement or return from an unpaid leave of absence, or a change in worksite)
- A change in your, your spouse's, your Domestic Partner's, or your Dependent's country of residence that would lead to a change in coverage

In addition to the reasons listed above, a **Qualifying Life Event** under the Dependent Care FSA occurs upon:

- Dependent Child enters kindergarten
- Change in dependent care coverage
- Change in cost of dependent care, except when a relative provides the service

Please note, in order for any of the above provisions to apply to you and your Domestic Partner, your Domestic Partner must qualify as a dependent under Internal Revenue Service Code Section 152. Please consult with a tax professional for more information.

Please see the Special Appendix at the end of this SPD for more information about changing your election.

When Participation Ends

Your participation automatically ends on December 31 each year. You must re-enroll during Open Enrollment to maintain an FSA for the following calendar year.

Your participation also ends on the day:

- You are no longer employed as a Benefits-Eligible Employee of the University
- You are no longer eligible to participate – see [Coverage During a Leave](#)
- The University terminates the Plan

When your participation ends, contributions to your FSA will stop as of the end of the pay period in which your participation ended. You can file for reimbursement of any balance in your Health FSA for

any expenses **incurred on or before your termination date**. You can file for reimbursement of any balance remaining in your Dependent Care FSA for any expenses incurred **on or before your termination date**. You have until June 30 of the following year to file for reimbursements for such expenses.

If you die, your surviving spouse or estate can file these claims as if a participant in the Plan.

Coverage During a Leave

Participation in FSAs while on Short-Term Disability

If you are on short-term disability leave, your Health Care FSA and Dependent Care FSA remain intact. The same amount will be deducted from your short-term disability paycheck as was being deducted before this leave and you may claim reimbursement for eligible expenses incurred while you are on short-term disability.

If your short-term disability paycheck is insufficient to allow for the deduction of your entire FSA contribution, no deduction will be made. Accordingly, claims incurred during this period of non-contribution would not be eligible for reimbursement under your Health Care FSA.

Participation in FSAs While on Unpaid Leave of Absence

If you are not actively at work due to an approved unpaid leave of absence (including FMLA), long term disability leave, or military leave of absence, your FSAs will be addressed as described below.

If you do not take any action, during your unpaid leave of absence, no contributions will be made to your Health FSA and/or Dependent Care FSA and you will not be able to claim eligible expenses incurred during your unpaid leave.

However, if you return to work during the same calendar year in which your unpaid leave of absence began, contact the Benefits Office to make sure that your contributions resume properly. If you return to active work during the same calendar year, you and the University may agree in advance of your leave to make up the missed contributions with pre-tax dollars in order to claim eligible expenses incurred during your unpaid leave up to the amount of your original election for the year. Any such make-up contribution will go into effect as of the first payroll following your return to work.

If you return to work as a Benefits-Eligible Employee in a subsequent calendar year, you may elect a Health FSA and/or Dependent Care FSA for the remaining calendar year within 31 days of your return to work. Your participation will be effective as of the first of the month following the date your Workday benefit change request is processed. You will not be able to make up missed contributions for a prior calendar year with pre-tax dollars.

Special Health Care FSA Continuation Rule for FMLA and Military Leaves

You may continue or reduce your contributions to a Health Care FSA while on unpaid FMLA or Military Leave. However, if you make an election to continue or reduce your contribution while on leave, the contributions will be made on an after-tax basis.

Workers' Compensation and FSAs

If you are not actively at work while you are receiving workers' compensation benefits, but are still receiving a payroll check from the University, your contributions to the Health Care FSA and/or Dependent Care will remain in effect at the same deduction amount as before your leave, provided the amount of the payroll check is sufficient to cover the full deduction. The same amount will be deducted from your University check and you can claim eligible expenses incurred while receiving workers' compensation benefits.

If the payroll check is not sufficient to cover the elected deductions, your contributions to the Health Care FSA and/or Dependent Care FSA will be suspended. You will not be able to claim medical expenses from your Health Care FSA incurred during that time period.

If you return to active employment during the same calendar year, contact the Benefits Office to ensure that FSA payroll deductions resume for the same amount in effect prior to the suspension of the payroll deductions. Your annual Health Care and Dependent Care election amounts will be reduced by the amount of the missed contributions unless you elect to make up the missed contributions to restore the annual election amounts. If you elect to make up the missed contributions, eligible health care expenses incurred during the suspension period are reimbursable from Health Care FSA. You must request a benefit change in Workday within 31 days of your return to work. The revised deduction amount will be in effect the first of the month following approval of the request.

If you return to active work in a new calendar year as a Benefits-Eligible Employee, you may elect a Health FSA and/or Dependent Care FSA for the remaining calendar year within 31 days of your return to work. Your participation will be effective as of the first of the month following the receipt of the Workday benefit change request.

How FSAs Work

Your Options

The University offers two types of FSAs:

- The **Health Care FSA** can be used to pay for eligible medical, vision and dental care expenses that are not covered by your medical or dental plan.
- The **Dependent Care FSA** can be used to pay for eligible day care expenses for a Dependent Child or adult relative to allow you or your spouse to work, or while your spouse is a full-time student or disabled.

Each year, you have to make a new contribution election for each FSA within the limits permitted by the Internal Revenue Service. The amount you elect to contribute is automatically deducted from each paycheck before taxes are withheld. The contributions accumulate in your account until you file a claim.

Saving Money on Income Taxes

The money deducted from your paycheck as contributions go directly into your FSA before taxes are withheld. Therefore, you do not pay taxes on this money. Reimbursements from your FSA are also tax-free.

Here is an example of how a flexible spending account can help save you money that you would otherwise pay in taxes. This example assumes that your annual income is \$50,000 and you contribute \$2,000 to a health care spending account.

Example	With FSA	Without FSA
Gross Annual Base Pay	\$50,000	\$50,000
FSA Contributions	- \$2,000	\$0
Taxable Income	\$48,000	\$50,000
Income Taxes*	- \$13,440	- \$14,000
Post-Tax Income	\$36,560	\$36,000
FSA Tax Savings	\$36,560 – \$36,000 = \$560	

*Based on a 28% tax rate used for illustrative purposes only.

IRS Rules

As a tax-advantaged benefit, FSAs are regulated by the Internal Revenue Service (IRS). Pursuant to the IRS rules governing FSAs:

- You can only claim expenses for dependents that you claim on your income taxes. Note: To determine if a Domestic Partner qualifies as a dependent, please consult the IRS rules or a tax professional.
- The money you set aside each calendar year must be used for that calendar year’s eligible expenses
- However, you can use money remaining in your Health Care and Dependent Care FSAs as of December 31 of each year for qualified expenses incurred in the first two and one-half months of the next year. This means you have until March 15 (the run-out period) to use your previous year’s remaining account balance before it is forfeited. This is often called the “use it or lose it” rule. The claim submission deadline is June 30. (Please see the Special Appendix for certain temporary changes to these rules.)
- You can change your annual contribution elections only during Open Enrollment unless you have a [Qualifying Life Event](#).
- Any expenses paid through an FSA cannot be taken as a deduction on your income taxes. For additional information regarding this matter, contact a tax professional.
- Funds from a Health Care FSA cannot be transferred to a Dependent Care FSA or vice versa.

Health Care FSA

What Is Covered

The money in your **Health Care FSA** can be used to pay for most medical, vision and dental care expenses incurred by you and your Dependents as long as these expenses are not covered by your medical or dental plan. Eligible Medical Expenses that meet the Internal Revenue Code Section 213(d) and that you may deduct from your federal income taxes qualify for reimbursement from your Health Care FSA, such as:

- Medical insurance deductibles and copayments
- Prescription medication
- Over-the-Counter (OTC) medication purchases
- Mental health care (psychiatric and psychological) services not covered by insurance
- Dental expenses not covered by insurance
- Eye care, including exams, glasses, contact lenses and laser surgery expenses not covered by insurance
- Hearing aids
- Routine medical exams
- Well-baby care
- Immunizations

This list only provides a few examples. The Plan follows current IRS reimbursement guidelines. If you are not sure whether an expense is covered, contact the University's FSA Administrator – HealthEquity (WageWorks) at 877-924-3967.

What Is Not Covered

You cannot use a **Health Care FSA** to pay for:

- Medical or dental insurance premiums
- Vitamins, herbal and dietary supplements for general health
- Health club memberships or physical therapy for general health
- Cosmetic surgery
- Long-term care services or premiums

This list only provides a few examples. The plan follows current IRS reimbursement guidelines. If you are not sure whether an expense is covered, contact the University's FSA Administrator – HealthEquity (WageWorks) at 877-924-3967.

Health Care FSA or Income Tax Deduction

You can pay for health care expenses through your Health Care FSA or claim the expenses as a health care expense on your income tax return. You cannot do both. For additional guidance contact a tax professional.

When you use a Health Care FSA, all eligible health care expenses, up to the [annual contribution limit](#), are paid with tax-free dollars. However, you cannot take a tax deduction for any expenses reimbursed through your Health Care FSA. Please consult a tax advisor to determine whether you should participate in an FSA or use the income tax deduction.

Dependent Care FSA

What Is Covered

The money in your **Dependent Care FSA** can help pay for eligible day care expenses that meet the following requirements:

- The care of your Dependent Child or other eligible dependent must be necessary so you can work. If you are married, both you and your spouse must be employed, or your spouse must be a full-time student or disabled, and not available to care for the dependent.
- Care must be for your child who is under age 13 or for an adult whom you claim as a dependent on your income tax return. A dependent adult may be a spouse or an elderly parent who cannot be left alone while you are at work.
- Expenses can be for a caregiver; before-school and after-school care programs, or for a licensed day care center or day camp.
- Your day care provider must have a Social Security number or taxpayer identification number. The cost of this care cannot exceed the annual earnings of the lower-paid spouse.

What Is Not Covered

You cannot use a **Dependent Care FSA** to pay for:

- School tuition beginning with kindergarten
- Overnight summer camp fees
- Nursing home expenses for an elderly relative
- Fees paid to someone you claim as a dependent on your or your spouse's income tax return, such as one of your children
- Expenses for care provided while you or your spouse are not at work, such as expenses for a baby-sitter while you go out to dinner
- Fees paid to someone who does not report the money as income

This list provides only a few examples. The plan follows current IRS reimbursement guidelines. If you are not sure whether an expense is covered, contact the University's FSA Administrator - HealthEquity (WageWorks) at 877-924-3967.

Dependent Care FSA or Federal Tax Credit

You can pay for dependent care expenses through your Dependent Care FSA or claim the expenses as a dependent care credit on your income tax return. You cannot do both. As with any tax matter, consult your tax professional before making a decision.

Receiving Your Benefits

Filing a Claim

When you incur an eligible expense, you can be reimbursed in one of two ways.

- Use the **HealthEquity (WageWorks) benefit card**. It works like a debit card, deducting the expense from your FSA balance automatically. You can use it to pay for eligible expenses right away and submit any required documentation later, if required. (See the “[Documentation](#)” section to learn more about what may be required.)
- Pay with cash or by check and then **submit a claim form to HealthEquity (WageWorks)**, along with an Explanation of Benefits statement or other appropriate documentation of the eligible expense (You can download claim forms at www.wageworks.com). HealthEquity (WageWorks) will then reimburse you, either by direct deposit to your bank account or by check.

Reimbursement via the HealthEquity (WageWorks) Benefit Card

When you enroll in the Health FSA, HealthEquity (WageWorks) will send you one benefit card. If you need more, you can request them by logging on to your account at the administrator website www.wageworks.com, or calling HealthEquity (WageWorks) at 877-924-3967. You can use the card at locations where the provider or merchant has a health care-related merchant category code, such as physicians, dentists and vision care providers, as well as hospitals and clinics.

You may also use it at grocery stores, discount stores and pharmacies that use an Inventory Information Approval System (IIAS). If a provider does not have a health care merchant category code, you can't use the card for reimbursement unless the provider uses an IIAS.

At IIAS locations, you can use the card to pay only for items identified on a list of eligible health care expenses kept by the merchant. You'll need to use another form of payment for any non-eligible items.

Reimbursement via a Claim Form

If you pay for your expenses with cash, check or a credit card, you'll need to fill out a claim form and provide appropriate documentation to substantiate your expense. (See the “Documentation” section for more about this.) You may file your claim form and documentation in one of three ways:

Online	By Fax	By Mail
Log in to your account at www.wageworks.com , and complete the online claim form and then scan and upload your supporting documentation.	Download a claim form and fax it along with supporting documentation using the fax number listed on the form.	Download a claim form and mail it along with supporting documentation using the address listed on the form.

Whichever method you use, don't forget to sign the claim form yourself; claims signed by your spouse or another family member will be returned. And you should request and save all receipts for at least one year after the end of the plan year. If any questions arise about a claim, you may be required to provide supporting documentation.

Once HealthEquity (WageWorks) receives your claim form and documentation, they will reimburse you via check or direct deposit (To set up direct deposit, log in to your account at www.wageworks.com).

Usually, HealthEquity (WageWorks) will process your claim within three business days. HealthEquity (WageWorks) has the authority to deny a claim that is not consistent with the terms of the plan; for example, if the claim is for an ineligible expense or if the claim is submitted after the deadline.

Documentation

Health Care FSA Benefits Card

If you use your benefits card, certain categories of expenses are substantiated automatically, so you don't need to submit documentation. However, you should keep your receipts in case HealthEquity (WageWorks) asks for them. The IRS requires every benefit card transaction be validated as a qualifying expense. These categories include:

- **Copay matching**, in which the expense matches your copayment for your employer's medical, dental, vision or other eligible health-related plan. For example, if your doctor requires a \$25 copay for office visits and you make a payment to a physician's office for \$25, you don't need to submit documentation of the visit.
- **Recurring expenses**, in which an initial expense with a provider is followed by other expenses of the same amount and duration with the same provider. You'll need to provide substantiating documents for the first expense, but once that's been approved, not for the subsequent ones.
- **IIAS-approved expenses**, in which you purchase an FSA-eligible item from a merchant who uses an IIAS.
- **Electronic filing**, in which your insurer or other provider sends your claim information directly to WageWorks and the electronic file includes the provider's confirmation of the amount and nature of the expense.

If your expense isn't automatically substantiated via one of the methods above, HealthEquity (WageWorks) will notify you if documentation is required. If required, you will need to provide appropriate documentation within the time requested or your claim will be denied. Additionally, your benefit card could be deactivated and your transaction amount reclassified as taxable income.

Health Care FSA - Submitting a Claim Form

If you don't use your benefits card to pay an expense and you submit it for reimbursement, you'll need to submit documentation from an independent third party (for example, an insurance carrier's Explanation of Benefits form or a detailed statement from the service provider) to substantiate the claim.

Here are some examples of appropriate documentation. (Note that credit card receipts, cancelled checks and balance forward statements aren't acceptable.)

- **For office visits:** Your insurance plan's Evidence of Benefits statement, or an itemized receipt or bill from the provider. It should include the provider's name, the patient's name, a description of the service, the original date of service and your portion of the charge.
- **For over-the-counter expenses:** An itemized cash register receipt showing the merchant's name, the name and cost of the item purchased and the date.
- **For prescription drugs:** A pharmacy statement showing the patient's name, the prescribing physician, the prescription number, the name of the drug, its cost and the date the prescription was filled.

Orthodontic Expenses

Because orthodontic treatment often requires that you pay some or all of the full cost upfront, these expenses are treated differently than other health care expenses. You may be reimbursed in one of two ways:

Lump Sum Payment

If your provider requires you to pay much or all of the treatment cost up front, you may be reimbursed for all eligible orthodontic expenses you pay for in the current plan year, even if some of the treatment will take place later. You'll need to provide documentation, which includes:

- The treatment start date and anticipated end date;
- Proof that you've made payment during the current plan year
- A completed claim form

Monthly Payments

You may be reimbursed for the initial payment and file a monthly claim after that. For the initial payment, you'll need to provide documentation, which includes:

- The amount of the initial payment
- The treatment start date and anticipated end date
- A completed claim form

For the monthly payments after that, you'll need to provide an itemized statement or payment coupon from the provider and a completed claim form.

Dependent Care FSA - Submitting a Claim Form

Dependent Care FSA claims can be submitted via a claim form (See – “Reimbursement via Claim Form”). Reimbursement requests must include an itemized statement from the **dependent care** provider that includes:

- Service dates
- **Dependent's** name
- Type of service amount billed
- Provider's name and address

If your claim was for an amount that was more than your current Dependent Care FSA balance, the excess part of the claim will be carried over into following months, to be paid out as your balance becomes adequate. Remember, you cannot be reimbursed for any total expenses above the available funds in your Dependent Care Account.

If Your FSA Claim Is Denied

FSA Claims and Appeals Procedures

Step 1: If your claim is denied, you will receive written notice from the FSA Administrator - HealthEquity (WageWorks) that your claim is denied as soon as reasonably possible but no later than 30 days after receipt of the claim. For reasons beyond the control of HealthEquity (WageWorks), it may take up to an additional 15 days to review your claim. You will be provided written notice of the need for additional time prior to the end of the 30-day period. If the reason for the additional time is that you

need to provide additional information, you will have 45 days from the notice of the extension to obtain that information. The time period during which HealthEquity (WageWorks) must make a decision will be suspended until the earlier of the date that you provide the information or the end of the 45-day period.

Step 2: Once you have received your notice from HealthEquity (WageWorks), review it carefully. The notice will contain:

- The reason(s) for the denial and the Plan provisions on which the denial is based;
- A description of any additional information necessary for you to provide to process your claim, why the information is necessary, and your time limit for submitting the information;
- A description of the Plan's appeal procedures and the time limits applicable to such procedures; and
- A right to request all documentation relevant to your claim.

Step 3: If you do not agree with the decision of HealthEquity (WageWorks) and you wish to appeal, you must file your appeal no later than 180 days after receipt of the notice described in **Step 1**. You should submit all information identified in the notice of denial as necessary to process your claim and any additional information that you believe would support your claim.

Step 4: If the claim is again denied, you will be notified in writing as soon as possible but no later than 30 days after receipt of the appeal by HealthEquity (WageWorks).

Step 5: You should take the same action that you took in Step 2 described above. The notice will contain the same type of information that is provided in the first notice of denial provided by HealthEquity (WageWorks).

Step 6: If you still do not agree with HealthEquity (WageWorks) decision and you wish to appeal, you must file a written appeal with the Plan Administrator within the time period set forth in the first level appeal denial notice from HealthEquity (WageWorks). You should gather any additional information that is identified in the notice as necessary to perfect your claim and any other information that you believe would support your claim.

If HealthEquity (WageWorks) denies your 2nd Level Appeal, you will receive notice within 30 days after HealthEquity (WageWorks) receives your claim. The notice will contain the same type of information that was referenced in Step 1 above.

How and When Benefits Are Paid

You can either make arrangements with HealthEquity (WageWorks) for direct deposit into your bank account or have a reimbursement check mailed to your home address. You are responsible to keep your address updated with the University. Changes to your address should be submitted using Workday self-service. Address changes in Workday are sent to HealthEquity (WageWorks) each week.

Administrative Information

Your ERISA Rights

As a participant in the Health Care FSA, you are entitled to certain rights and protections under ERISA. This statement of ERISA rights does not apply to the Dependent Care FSA. ERISA provides that all Health Care FSA participants shall be entitled to:

Receive Information About Your Plan and Benefits

Examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites and union halls, all documents governing the Health Care FSA, including insurance contracts, collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the Health Care FSA with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Health Care FSA, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated summary plan descriptions. The administrator may make a reasonable charge for the copies.

Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

Continue Group Health Plan Coverage

Continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the Health Care FSA as a result of a qualifying event. You or your Dependents may have to pay for such coverage. Review this summary plan description and the documents governing the Health Care FSA and the rules governing your COBRA continuation coverage rights.

Reduction or elimination of exclusionary periods of coverage for preexisting conditions under your group health plan, if you have creditable coverage from another plan. You should be provided a certificate of creditable coverage, free of charge, from your group health plan or health insurance issuer when you lose coverage under the Health Care FSA, when you become entitled to COBRA continuation coverage, when your COBRA continuation coverage ceases, if you request it before losing coverage, or if you request it up to 24 months after losing coverage. Without evidence of creditable coverage, you may be subject to pre-existing condition exclusion for 12 months (18 months for late enrollees) after your enrollment date in your coverage.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the Health Care FSA. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules. Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of Health Care FSA documents or the latest annual report from the Health Care FSA and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the plan administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court after exhausting the Health Care FSA's claims procedures. In addition, if you disagree with the Health Care FSA's decision or lack thereof concerning the qualified status of a medical child support order, you may file suit in Federal court. If it should happen that Health Care FSA's fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance With Your Questions

If you have any questions about the Health Care FSA, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publication hotline of the Employee Benefits Security Administration.

Discretionary Authority

The Plan Administrator has discretionary authority to grant or deny benefits under the Health Care FSA. Benefits under the Health Care FSA will be paid only if the Plan Administrator decides in its discretion that you, the applicant, are entitled to them. The decision of the Plan Administrator shall not be overturned unless determined by a court of law to be arbitrary and capricious.

Service of Legal Process

Service of legal process on any administrative matter should be directed to the Plan Administrator.

Plan Amendment and Termination

The University has reserved the right, in its sole discretion under circumstances that it deems advisable (including, but not limited to, a need to address cost or plan design considerations), to terminate the Plan or to amend or eliminate benefits. In the event of termination or amendment or elimination of benefits, the rights and obligations of participants prior to the date of such event shall remain in effect, and changes shall be prospective, except to the extent that the University's action and applicable law permit otherwise.

Collective Bargaining

Certain provisions of the Plan may be subject to collective bargaining agreements between the University of Chicago and certain unions.

If you are a member of a collective bargaining unit affected by these agreements, you can obtain a copy of the unit's agreement by writing to the Plan Administrator, or you may obtain it at the Office of Employee and Labor Relations.

Privacy Information

During the administration of the Health Care FSA, the plan and the administrator may come into contact with what is considered “protected health information” under the Health Insurance Portability and Accountability Act (HIPAA). To receive a copy of the privacy notice regarding the Health Care FSA’s compliance with HIPAA privacy rules, or if you have any questions about the same, please contact the Plan Administrator.

Continuing Participation Under COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) is a federal law that requires employers to allow former employees to continue health care coverage for a limited time. Under COBRA, you may be eligible to continue contributing to a Health Care FSA for a limited time after your contributions would otherwise stop.

It does not allow you to continue contributing to a Dependent Care FSA.

Right to Elect Continuation Coverage

Generally, you, your spouse, and your eligible dependent children can elect to continue coverage under the Health Care FSA if coverage would otherwise end because:

- Your employment with the University ends (except for gross misconduct) or
- Your scheduled work hours drop below 20 hours per week.

Your spouse and any eligible dependent children can elect to continue coverage under the Health Care FSA if coverage would otherwise end because of:

- Your death
- Your divorce
- Your legal separation
- Your entitlement to Medicare benefits
- The failure of your dependent child to qualify as an eligible dependent

While COBRA coverage applies only to your spouse and dependent children, the University will make available continued coverage similar to COBA coverage for your civil union partner or registered domestic partner of time if:

- Your registered partner no longer meets the eligibility requirements under the Health Care FSA
- You no longer meet the eligibility requirements under the Health Care FSA
- Your employment with the University ends
- You die

Enrolling

To elect COBRA coverage for your Health Care FSA, return the election forms you received from the COBRA Administrator, within 60 days of notification. The Plan Administrator or its delegate will notify you if you become entitled to elect to continue Health Care FSA coverage. However, you and your family must notify the Plan Administrator or its delegate within 60 days in the event of a divorce, legal separation, or when a child no longer qualifies as a covered dependent under the Health Care FSA. You must provide this notice in writing, by e-mail, or by fax to the Plan Administrator or its delegate. Failure by you or your family to timely provide proper notice will result in ineligibility to continue or extend coverage, as applicable.

Cost of Coverage

If you elect to continue participation through COBRA, your contributions to the Health Care FSA will be made at the same rate as when you were an active employee, but with after-tax dollars. Therefore, your contributions are no longer tax-free. In addition, you must pay a 2% administrative fee.

The advantage of continuing to contribute to your Health Care FSA after your eligibility ends is that the pre-tax contributions already in your FSA Account can be used to pay for health care expenses incurred after you are no longer eligible if necessary.

When COBRA Coverage Begins

If you decide to continue your participation through COBRA, your COBRA coverage begins on the first day of the following month. You will be billed retroactively from that date.

When Coverage Ends

Your COBRA coverage for the Health Care FSA ends at the end of the calendar year (and the applicable grace period) or when you stop paying the premiums, whichever occurs first.

Address Changes

In order to protect your rights, you should keep the Plan Administrator informed of any changes in your address and the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Other Plan Information

The information below relates to the Health Care FSA only. Information about the Dependent Care FSA is included above for your convenience and ease of reference and should not be interpreted as intent by the University to subject the Dependent Care FSA to ERISA. You will need this information for future reference or if you have any questions about your benefits.

Plan Name	Health Care FSA component of the University of Chicago Cafeteria Plan
Funding and Administration	The plan is funded by participating employees. The plan is administered in accordance with an administrative contract the University has with WageWorks
Employer, Plan Sponsor & Administrator	The University of Chicago HRS - Benefits Office 6054 South Drexel Avenue Chicago, IL 60637 773-702-9634
Agent for Service of Legal Process	For the University: The University of Chicago Office of Legal Counsel 5801 S. Ellis Avenue Chicago, IL 60637 Attn: Vice President and General Counsel For the claims administrator: HealthEquity (WageWorks) P.O. Box 14053 Lexington, KY 40512
Plan Year	January 1 to December 31 for fiscal record purposes.
Employer Identification Number	36-2177139
Plan Number	516
Type of Plan	The Health Care FSA component of the Plan is a welfare benefit plan, which reimburses participants for certain medical expenses.

Glossary

Benefits-Eligible Employee	Generally, you are Benefits-Eligible if you are: <ul style="list-style-type: none">• Full-time: you are scheduled to work at least 35 hours per week.• Part-time: you are scheduled to work 20 - 35 hours per week. You are not Benefits-Eligible if you are scheduled to work fewer than 20 hours per week or if your position is expected to exist less than one year. Leased employees are not eligible to participate in an FSA.
Coinsurance	The portion of covered medical bills that you pay for necessary care, after you meet your deductible.
Copayment	A flat dollar amount you pay for a specific service.
Deductible	The portion of your medical expenses you pay before a plan begins to pay benefits.
Dependents	Under the Health Care FSA, dependents include your spouse, Domestic Partner and Dependent Children. Under the Dependent Care FSA, dependents include your spouse, Domestic Partner, Dependent Children and dependent elderly relatives living with you.
Dependent Child(ren)	This includes natural, step- and legally adopted children and children placed in the home for adoption. This also includes grandchildren if you, your spouse or your domestic partner is the legal guardian, claims the child for income tax and legal purposes, and lives with the child in a parent/child relationship. Coverage continues up to the child's 26th birthday. If you have a mentally or physically disabled child who was covered under the plan before age 26, you can generally continue coverage for that child indefinitely. You are responsible for notifying the Benefits Office when your dependent child reaches age 26. If you do not, your child may lose his or her coverage, and you may pay for coverage at a higher rate.
Domestic Partner	For purposes of the FSAs, the University's definition does not apply. In order for your domestic partner to have expenses reimbursed under either FSA, he or she must be a dependent as defined in Internal Revenue Code Section 152. Please contact a tax adviser for a determination on these eligibility criteria.
Eligible Medical Expenses	The Internal Revenue Service Code defines "medical care expenses" as any amounts incurred to diagnose, treat or prevent a specific medical condition or for purposes of affecting any function or structure of the body.
Highly Compensated Employee	A Highly Compensated Employee is defined by current IRS guidelines.
Open Enrollment	Open Enrollment is the stated period of time designated by the University each calendar year during which Benefits-Eligible Employees may make changes to their benefits for the next calendar year.
Qualifying Life Event	The specific situations, defined by current Internal Revenue Service Code, when you may change your coverage level outside of the Open Enrollment period.

A Final Note

This document is written in everyday language, provides a general summary and serves as your summary plan description.

While this document is intended to be accurate, if there are any discrepancies between this summary plan description and the formal plan documents or legislation and/or regulations, the plan documents and/or the legislation or regulations will determine how the plan works and the benefits that are paid. The University has the authority to interpret the terms of the plan and to address questions arising under the plan, which decisions are final and binding on all persons, and may delegate some or all of this authority to other entities, such as insurance companies or claims payors. HealthEquity (WageWorks) makes determinations of benefits under its operating guidelines.

The Plan has the right to recover benefits it has paid that were in excess of the benefit that should have been paid. If the Plan provides a payment that exceeds the amount that should have been paid, to the extent permitted by law, the Plan may require that the overpayment be returned when requested or reduce a future benefit payment by the amount of the overpayment, or by any other legally permitted means.

Participating in this plan does not guarantee employment.

Special Appendix: COVID-19 Related Flexibilities

In response to the COVID-19 pandemic, the Plan has adopted the following temporary rules permitted by applicable guidance:

2019 Extended Grace Period

The grace periods for the 2019 Health Care FSA and Dependent Care FSA Plan Year (January 1 - December 31, 2019) have been extended to December 31, 2020, which means you have until December 31, 2020 to use your remaining 2019 FSA account balance before it is forfeited.

2019 FSA Dates	
Last Date of Service	December 31, 2020
Last Date of Service for 2020 HSA Participants (Health Care FSA only)	March 15, 2020
Last Day to Submit Dependent Care FSA Claim	December 31, 2020
Last Day to Submit Health Care FSA Claim	June 30, 2021

Employees who were in the Health Care FSA in 2019 and switched to the Health Savings Account for 2020 will not have their grace period extended due to the regulations for Health Savings Accounts. For these employees, claims can only be made for dates of service January 1, 2019 - March 15, 2020 and any balance remaining in the Health Care FSA will be forfeited.

Carryover of Unused 2020 FSA Balances

If you have a balance in your 2020 Health Care FSA and/or Dependent Care FSA as of June 30, 2021, that balance will be carried over to your 2021 Health Care FSA and/or Dependent Care FSA (as applicable), and you can use the amounts carried over toward eligible expenses incurred during the 2021 Plan Year and grace period.

2020 FSA Dates	
Last Date of Service	March 15, 2021
Last Day to Submit Dependent Care FSA Claim	June 30, 2021
Last Day to Submit Health FSA Claim	June 30, 2021

Employees who were in the Health Care FSA in 2020 and switched to the Health Savings Account for 2021 will not have their Health Care FSA balances carried over due to the regulations for Health Savings Accounts. For these employees, claims can only be made for dates of service January 1, 2020 - March 15, 2021 and any balance remaining in the Health Care FSA will be forfeited.

Note: Claims deadlines may change based on changes in applicable law. If that occurs, additional information will be provided.

2020 and 2021 Election Changes

Generally, you cannot change the amount of money you elect to contribute to your Health Care or Dependent Care FSA in the middle of the year unless you experience a Qualifying Life Event. Because of the COVID-19 crisis and changes in federal law, however, the University is permitting prospective changes (an increase or decrease) during the 2020 and 2021 plan years to your Health Care and Dependent Care FSA election outside of the normal Qualifying Life Event reasons.

The following rules apply:

- If you reduce the amount of an existing election, the new election amount cannot be lower than the amount already claimed and reimbursed by HealthEquity (WageWorks) YTD with respect to that plan year's expenses.
- If you reduce the amount of an existing election, the new election amount cannot be lower than what you have already contributed in that plan year.
- You cannot add Health Care and/or Dependent Care FSA coverage if not already enrolled.
- You can only request one change to each account per plan year.

Requesting a Change

You can request a change to your Health Care and/or Dependent Care FSA election during the remainder of the 2021 plan year. To request a change, you must submit a benefit change request in Workday. If you have questions about your benefits, call the Benefits Office at 773-702-9634 or send an e-mail to benefits@uchicago.edu.

Dependent Care FSA Age Limit

If you were enrolled in the Dependent Care FSA and your child turned age 13 during the 2020 plan year, then you may be reimbursed for expenses incurred after your child's 13th birthday for the remainder of the 2020 plan year. In addition, if there was an unused balance in your Dependent Care FSA at the end of the 2020 plan year and your child turned age 13 during 2020, you may continue to be reimbursed for expenses incurred until your child turns age 14.