

COOK

CAFETERIA PLAN

Summary Plan Description
Updated Effective January 1, 2026

HIGHLIGHTS

- The Plan enables participants to pay Cook sponsored Health Plan (“Health Plan”) premiums, out-of-pocket health care expenses and dependent care (child/elder care) expenses with pre-tax dollars per Section 125 of the Internal Revenue Code.
- Cook offers several Flexible Spending Account (FSA) options. There are two types of health flexible spending account (HFSA) options: a general-purpose HFSA (GPHFSA) and a limited-purpose HFSA (LPHFSA). There is also a dependent care flexible spending account (DCFSA) option.
- Cook offers a health savings account (HSA) option for those participating in the Cook high deductible health plan option.
- The HFSA annual maximum contribution amount is \$3,300 per participant, not including any \$660 carryover.
- The DCFSA annual maximum contribution is \$7,500 per year for single or married employees filing jointly. The annual maximum contribution is \$3,750 per year for married filing separately.
- Eligible DCFSA expenses must be incurred so you (and your spouse, if married) can work or look for work.
- Cook Insurance Department administers HFSA and DCFSA claims, while the HSA is administered by Fidelity.
 - HFSA and DCFSA claim forms can be submitted to:
 - Cook Insurance Department
P.O. Box 1029
Bloomington, IN 47402-1029
Telephone: 1-812-355-2528 or 1-800-593-2080 (toll free)
 - Faxed to the Cook Insurance Department at 812-330-3213
 - Emailed to : cookinsurancegroup@cookmedical.com
 - Uploaded to the www.cookmedicalclaims.com website
 - HSA claim forms can be submitted to: Fidelity at its website Netbenefits.com.
- FSA reimbursements are processed on Monday following each of your regular pay periods.
- Cook’s www.cookmedicalclaims.com website allows you to access health plan claims paid by the Cook Insurance Department and to view your HFSA transactions and account balance. You can also view your DCFSA claims and account balance on this website. You can view your HSA claims and account balance at Netbenefits.com.
- If you want an FSA for a particular Plan Year, you must enroll during open enrollment for that Plan Year unless open enrollment materials state otherwise. If you do not make an FSA election during a “passive enrollment” you will be considered to have made no election for the next Plan Year. Mid-year enrollment and/or changes to your Health Plan enrollment, HFSA and/or DCFSA contribution are not allowed unless you experience a qualifying event as described in the “Plan Operations” section of this booklet. You can enroll and make any changes in your HSA election at any time during the year (i.e., are not limited by a qualifying event).
- If you enroll in Cook employee benefit plans using the online benefits enrollment system, you will receive a confirmation statement upon successfully submitting your benefit plan elections. Your HFSA and DCFSA contribution amounts are included on the benefits enrollment confirmation statement. Review the confirmation statement for accuracy and keep it for future reference.
- Be conservative when estimating your out-of-pocket dependent care expenses. Internal Revenue Service (IRS) regulations state the unused DCFSA funds are forfeited if not claimed by March 31 of the following Plan Year.
- Be conservative when estimating your out of pocket health care expenses. IRS regulations allow for up to \$660 to be carried over to the next Plan Year. Funds in excess of \$660 will be forfeited if not claimed by March 31 of the following Plan year.
- Keep your receipts for HFSA, DCFSA and HSA debit card transactions.

- You must keep your address updated in Dayforce.
- Upon termination of employment, you have 90-days to submit claims with service dates prior to your termination date. COBRA can be elected if you have a positive HFSA balance on your termination date.

TABLE OF CONTENTS

HIGHLIGHTS	2
INTRODUCTION.....	7
BENEFITS.....	8
What are the benefits of the Plan?	8
ELIGIBILITY	8
1. What are the eligibility requirements for pre-tax health plan premium payments under the Plan?.....	8
2. What are the eligibility requirements for the Plan's FSA and HSA options?	8
3. What if I have a balance in my GPHFSA when I'm otherwise eligible to have an HSA?	8
4. Who is not eligible?	9
ENROLLMENT.....	9
1. How do I enroll in the Plan?	9
2. When is the enrollment period for the FSAs?.....	9
3. When is the enrollment period for the HSA?.....	9
PLAN OPERATIONS	9
1. How does this Cook Cafeteria Plan work with health plan premiums?	9
2. How do the FSAs work?	9
3. Can I use the Cook HFSA for my eligible dependents' out-of-pocket health care expenses even if they are not enrolled in a Health Plan?.....	10
4. How does the HSA work?.....	10
5. If a Cook employee participates in a Cook HFSA, is their spouse eligible to contribute to an HSA at their own employer?.....	10
6. How does the debit card work with a HFSA, DCFSA, and HSA?	11
7. Can I use a HFSA to pay for health plan premiums?	11
8. Do I have to enroll in a Health Plan option to participate in a HFSA or DCFSA?	11
9. Do I have to enroll in a Health Plan option to participate in an HSA?.....	11
10. Do I have to enroll in a HFSA, DCFSA, or HSA?	11
11. Change in Election Rights	11
12. Can I make new Health Plan, FSA, and HSA elections in future Plan Years?	13
13. Do I have to make new Health Plan, FSA or HSA elections every Plan Year if I don't want to make any changes?.....	13
14. What happens to my Health Plan coverage, FSAs and HSA if I terminate employment?	13
15. What happens if I terminate employment and I am later rehired?.....	13
16. How are Health Plan premiums, FSA and HSA contributions deducted from my final pay upon termination of employment?	13

17.	How do Health Plan premiums, HFSA, and HSA options in the Plan work while I am on a Family and Medical Leave (“FMLA”) leave of absence?	13
18.	How do Health Plan premiums, HFSA, and HSAs work while I am on a non-FMLA leave of absence?	14
19.	How does the DCFSA work while I am on leave?	14
20.	How does the Uniformed Services Employment and Reemployment Rights Act (“USERRA”) affect my benefits under the Plan?	15
21.	Will my Social Security benefits be affected if I participate in the Plan?	15
FSA CONTRIBUTIONS		15
1.	When do I decide how much to contribute to an FSA?	15
2.	How can I determine how much to contribute to a HFSA?	15
3.	What are the annual maximum and minimum dollar amounts that I can contribute to a HFSA and DCFSA?	15
4.	What is the annual maximum dollar amounts that I can contribute to my HSA?	15
FSA and HSA REIMBURSEMENTS, PAYMENTS, & EXPENSES		15
1.	When will I receive reimbursements or payments from my FSA?	15
2.	When will I receive reimbursements or payments from my HSA?	16
3.	When do I have to incur expenses for FSA reimbursement?	16
4.	Can I carry over unused DCFSA funds after the March 31 deadline?	16
5.	What are some examples of eligible GPHFSA expenses?	16
6.	What are some examples of eligible LPHFSA expenses? (<i>Does not cover medical expenses</i>)	16
7.	What are some examples of eligible DCFSA expenses?	17
8.	What are some examples of ineligible DCFSA expenses?	17
9.	Who is a qualifying individual for DCFSA purposes?	17
10.	If I have a DCFSA, do I need to report it on my tax return at the end of the year?	17
FSA/HSA DEBIT CARD TIPS.....		17
	FSA/HSA Debit Card Do’s.....	17
	FSA/HSA Debit Card Don’ts.....	18
HIGHLY COMPENSATED & KEY EMPLOYEES.....		18
	Do limitations apply to highly compensated employees and key employees?	18
HIPAA PRIVACY		18
	Are there any privacy protections that apply to the Cook Cafeteria Plan?	18
PLAN ACCOUNTING.....		18
	Periodic Statements.....	18

ADDITIONAL PLAN INFORMATION19

1. Your rights in connection with your HFSA under the Employee Retirement Income Security Act of 1974 (“ERISA”)19

2. Claims Process19

HFSA CONTINUATION COVERAGE RIGHTS UNDER COBRA21

SUMMARY21

TERMS YOU SHOULD KNOW21

GENERAL INFORMATION ABOUT THE PLAN22

1. General Plan Information.....22

2. Plan Sponsor and Employer Information.....22

3. Plan Administrator Information22

4. Service of Legal Process23

5. Type of Administration.....23

6. Type of Funding.....23

7. Claims Administrator – Cook Insurance Department.....23

8. For Additional Information.....23

9. For HIPAA Privacy Information23

INTRODUCTION

The Cook Cafeteria Plan ("Plan") is governed by Section 125 of the Internal Revenue Code which relates to the taxation of benefits under the Plan. The Plan provides eligible employees with the opportunity to use pre-tax dollars to pay Health Plan premiums and eligible out-of-pocket health care and dependent care expenses by using a Flexible Spending Account (FSA) and Health Savings Account (HSA). The ability to use pre-tax dollars to pay Health Plan premiums, health care expenses, and dependent care expenses results in significant tax savings.

Cook offers several FSA options. There are two types of Health Flexible Spending Account (HFSA) options: a general-purpose health FSA (GPHFSA) and a limited-purpose health FSA (LPHFSA). Both of the HFSA options cover the Cook employee, spouse, and dependent children. The GPHFSA is used to pay for eligible out-of-pocket medical, dental, vision and prescription drug expenses with pre-tax dollars. The LPHFSA is used to pay for out-of-pocket dental and vision with pre-tax dollars.

Cook also offers a dependent care FSA (DCFSA) option for employees to pay for eligible child and elder care expenses with pre-tax dollars. Eligible DCFSA expenses must be incurred so you (and your spouse, if married) can work or look for work. The IRS does not consider you at work or looking for work when you or your spouse is on a qualified leave, such as a short-term disability or parental leave, workers compensation leaves or Family and Medical Leave.

Cook also offers a health spending account (HSA) option for employees to contribute to pay for health care expenses with pre-tax dollars.

Read this Summary Plan Description (the "SPD") carefully so that you understand the provisions of the Plan and the benefits you will receive. This SPD describes the Plan's benefits and obligations as contained in the legal Cook Cafeteria Plan document, which governs the operation of the Cook Cafeteria Plan. The Plan document is written in much more technical and precise language. If the non-technical language in this SPD and the technical, legal language of the Plan document conflict, the Plan document always governs. If you wish to receive a copy of the legal Cook Cafeteria Plan document, please contact the Plan Administrator.

This SPD describes the current provisions of the Cook Cafeteria Plan which are designed to comply with applicable legal requirements. The provisions of the Plan are periodically revised due to changes in the law. Cook Group Incorporated, through action of the Board of Directors, an officer or committee, may also amend or terminate this Plan in its sole discretion. If the provisions of the Cook Cafeteria Plan that are described in this SPD change, we will notify you.

If this SPD does not answer your questions, please contact the Claims Administrator or human resources. The contact information for the Claims Administrator can be found in the section of this SPD entitled "General Information About the Plan."

You can get answers to many of your health plan and FSA inquiries by logging onto the www.cookmedicalclaims.com website and clicking on the various links. To log onto the website, you will need to read and agree to the license agreement, enter your date of birth, enter your Cook Group Health Plan Member ID number, and then create your username and password. Your Cook Group Health Plan Member ID number is located on your Cook Group Health Plan insurance card.

If you are enrolled in an FSA and are not enrolled in the Cook Group Health Plan administered by the Cook Insurance Department, you will need to contact the Cook Insurance Department for an ID number to be able to log on to the website to see your FSA transactions.

The FidelityNetbenefits.com website or Fidelity call-in line at 800-544-3716 give you access to:

- Health plan enrollment and health plan claims for the Cook Group Health Plan
- Deductible and coinsurance amounts
- FSA (HFSA and DCFSA) and HSA account balances
- FSA (HFSA and DCFSA) and HSA debit card transactions
- List of eligible HFSA and HSA expenses
- Flex calculator that estimates pre-tax health plan premium, HFSA, and HSA tax savings

- Documents and summaries for the Cook Group Health Plan
- Provider network information for the Cook Group Health Plan
- Documents for this Cafeteria Plan

BENEFITS

What are the benefits of the Plan?

The Plan allows you to pay for Health Plan premiums, health care expenses, and dependent care expenses with pre-tax earnings.

The opportunity to pay your Health Plan premiums with pre-tax dollars lowers your taxable income because the Health Plan premiums are deducted from your pay before federal, state, local, and Social Security taxes are withheld from your pay.

You can elect the HFSA or the HSA option so you can pay for eligible out-of-pocket health care expenses with pre-tax dollars which reduces the amount of income taxes you pay. You can elect the DCFSA so you can pay eligible out-of-pocket elder care and childcare expenses with pre-tax dollars. You do not pay income taxes on the money you contribute to your HFSA, HSA, or DCFSA, and reimbursements from your HFSA, HSA, and DCFSA are tax-free.

An important feature of the HFSA is your ability to immediately access your entire annual election. You have access to your entire annual HFSA election on January 1 following the annual open enrollment period. However, the DCFSA is different. At any particular time, you can only access the funds that have actually been credited to your DCFSA at the time you submit a claim.

New hires have access to their entire annual HFSA election upon becoming eligible for the Plan. However, they only have access to DCFSA and HSA elections as the money is credited to their DCFSA or HSA.

Under the Cafeteria Plan, the same eligible expenses that you normally pay for with after-tax dollars will be paid for with a portion of your pay before federal, state, local, and Social Security taxes are withheld. This means that you will pay less income tax and have more money in your take-home pay to spend and save.

ELIGIBILITY

1. What are the eligibility requirements for pre-tax health plan premium payments under the Plan?

You are eligible to pay your premiums for Health Plan coverage pre-tax whenever you are eligible to participate in a Health Plan.

2. What are the eligibility requirements for the Plan's FSA and HSA options?

You are eligible to contribute to an HFSA and/or DCFSA whenever you are eligible to participate in a Health Plan, even if you do not actually enroll in a Health Plan.

You are eligible to contribute to an HSA (and receive Employer contributions to your HSA), whenever you are eligible to participate, elect coverage in a High Deductible Health Plan, and **must not**:

- while covered under a High Deductible Health Plan, be covered under any other health plan that is not High Deductible Health Plan and which provides coverage for any benefit which is covered under the High Deductible Health Plan,
- be enrolled in Medicare,
- be claimed as a dependent on another individual's tax return,
- be covered by a government or military health care plan (e.g., Tricare), and
- contribute to a GPHFSA.

3. What if I have a balance in my GPHFSA when I'm otherwise eligible to have an HSA?

If you would otherwise be an eligible participant under an HSA with respect to a Plan Year (the "HSA Commencement Year"), but have an unused balance in your GPHFSA as of December 31 of the prior Plan Year, you will not be a participant eligible to participate in an HSA until April 1 of the HSA Commencement Year, and

will not have any Cook HSA contributions made to an HSA on your behalf until April 15 (or the first business day thereafter) of the HSA Commencement Year.

4. Who is not eligible?

Those who are classified by their employer as leased employees or as independent contractors, and those paid by an employment or staffing agency.

ENROLLMENT

1. How do I enroll in the Plan?

If you are enrolled in a Health Plan, you will automatically be enrolled in the Plan to pay your Health Plan premiums pre-tax, unless you elect not to participate in the pre-tax premium part of the Plan.

If you do not want to pay your Health Plan premiums on a pre-tax basis through the Plan, you must opt out of this part of the Plan within 30 days of your eligibility date. You can also opt out during the annual open enrollment period just prior to each Plan Year. If the open enrollment materials allow for a “passive” enrollment”, if you do nothing and do not make an election for the next Plan Year, your current Plan Year election to pay Premiums (with Pre-Tax Dollars or After-Tax Dollars) will rollover to the upcoming Plan Year.

2. When is the enrollment period for the FSAs?

Your initial enrollment opportunity period for FSAs (HFSA and DCFSA) begins on the date you become eligible to enroll in a Health Plan and ends 30 days later. You can also enroll in the HFSA and/or DCFSA during the annual open enrollment period prior to the beginning of each Plan Year or mid-year if you have a qualifying event. If the open enrollment materials allow for a “passive” enrollment”, if you do nothing and do not make an election for the next Plan Year, your HFSA and DCFSA elections for the current Plan Year will NOT rollover and therefore you will default to NO HFSA and/or DCFSA election for the upcoming Plan Year.

You must complete your HFSA and/or DCFSA enrollment on the Cook employee benefits enrollment website to set up your HFSA and/or DCFSA. You must also authorize Cook to set some of your earnings aside in order to make contributions to your HFSA and/or DCFSA.

The Plan Administrator will inform you when the annual open enrollment period will be. It is normally in the month of November.

3. When is the enrollment period for the HSA?

Your initial enrollment opportunity period for an HSA begins on the date you become eligible to enroll in a Cook-sponsored high deductible health plan. You can also enroll in the HSA during the annual open enrollment period prior to the beginning of each Plan Year or change your election at any time during the Plan Year.

You must complete your HSA enrollment on the Fidelity enrollment website at [Netbenefits.com](https://netbenefits.com) to open up and set up your account. You must also authorize Fidelity to set some of your earnings aside in order to make contributions to your HSA.

PLAN OPERATIONS

1. How does this Cook Cafeteria Plan work with health plan premiums?

Before January 1st of each Plan Year, you will have the opportunity to elect coverage under a Health Plan option. The premiums for the option you elect will be deducted from your pay before taxes. The Plan allows you to use pre-tax dollars to pay your Health Plan premiums. If you do not want to pay your premiums pre-tax, you must elect out of this part of the Plan before January 1st of the Plan Year. The per pay period Health Plan premium includes medical, dental, vision and prescription drug coverages.

2. How do the FSAs work?

HFSA: The HFSA allows you to set aside pre-tax dollars from your pay that you expect to spend on out-of-pocket health care expenses during the Plan Year. The funds are automatically deducted from your pay in equal amounts each pay period before taxes are withheld from your pay. Immediately after the funds are deducted from your pay, the funds are credited to a HFSA in your name. Your entire annual election, less prior reimbursements, is available all Plan Year.

GENERAL PURPOSE HFSA: When you incur a medical, prescription drug, dental, or vision expense that is not paid by a health plan, you simply submit a HFSA claim form with receipts or use your FSA debit card to pay the

unpaid balance from the funds credited to your HFSA. When you submit your HFSA claim form for eligible expenses with a paid receipt, you're reimbursed tax-free with funds credited to your HFSA.

LIMITED PURPOSE HFSA: When you incur a dental or vision care expense that is not paid by a health plan, you simply submit a HFSA claim form with receipts or use your FSA debit card to pay the unpaid balance from your HFSA. When you submit your HFSA claim form for eligible expenses with a paid receipt, you're reimbursed tax-free with funds credited to your HFSA.

DCFSA: The DCFSA allows you to set aside pre-tax dollars from your pay that you expect to spend on elder care and childcare (babysitting) expenses during the Plan Year. The funds are automatically deducted from your pay in equal amounts each pay period before taxes are withheld from your pay. Immediately after the funds are deducted from your pay, the funds are credited to a DCFSA in your name, and amounts credited are available to pay eligible expenses.

When you incur a dependent care expense, you submit a DCFSA claim form with receipts or use your FSA debit card to pay from the funds that have been deposited into your DCFSA. When you submit a DCFSA claim form for eligible expenses with a paid receipt, you're reimbursed tax-free with the funds that are in your DCFSA at the time the claim is processed.

If you use your FSA debit card for an amount that is over your DCFSA balance the transaction will be rejected. You can only use your FSA debit card for transaction amounts that are less than your DCFSA balance at that time.

3. Can I use the Cook HFSA for my eligible dependents' out-of-pocket health care expenses even if they are not enrolled in a Health Plan?

Yes. Your spouse and dependent children do not need to be enrolled in a Health Plan to be covered under a Cook HFSA.

4. How does the HSA work?

If you are HSA eligible, you may elect to reduce your salary, on a pre-tax basis per pay period, in an amount to pay for contributions to a HSA. You may begin, stop, increase, or decrease your contributions to a HSA at any time by completing the appropriate forms, which are available by contacting Fidelity at Netbenefits.com. HSA contributions for your tax year must be made by no later than April 15 following that tax year.

Your Cook may also make contributions to your HSA. Any Cook contribution amounts and the timing of those contributions may be modified by Cook at any time. If Cook makes contributions in a Plan Year such contributions will be made annually in January (if you already participate) or will be pro-rated at the beginning of the next quarter following any new employee's benefits eligibility date; provided, however, any new hires who become eligible for HSA benefits between October 1 -December 31 of any Plan Year will not be entitled to an Employer contributions for that Plan Year. Also, you must be actively employed with Cook on the date of the Cook contribution deposit in order to receive any Cook contribution.

You will not be required to reimburse Cook for any Cook contributions properly made to your HSA, regardless of whether your employment with Cook terminates.

You, and not Cook, are solely responsible for complying with any applicable contribution limits in effect under the law with respect to your HSA. You may be required to provide documentation to confirm that you are HSA eligible prior to receiving Cook contribution(s) to your HSA.

5. If a Cook employee participates in a Cook HFSA, is their spouse eligible to contribute to an HSA at their own employer?

No. A spouse is not eligible to make tax-favored contributions to a HSA at their own employer, unless a Cook employee elects the LPHFSA option. This is true even if a Cook employee is not covered by their spouse's high deductible health plan.

The LPHFSA option restricts the tax-free reimbursement of eligible out-of-pocket health care expenses to dental and vision expenses.

If a Cook employee elects the GPHFSA, instead of the LPHFSA, then the spouse cannot contribute to an HSA at their own employer.

If a Cook employee fails to make an election to contribute to the HSA, they will be deemed to have elected not to contribute to an HSA, but may still participate in the high deductible health plan.

6. How does the debit card work with a HFSA, DCFSA, and HSA?

Use the same FSA/HSA debit card to pay for health care expenses, such as co-pays, deductibles, and coinsurance, dependent care expenses such as elder care and childcare, and health savings account expenses. Before making a payment with your FSA/HSA debit card, keep in mind that health care network providers offer discounts and do not always know the exact amount of the deductible or coinsurance that you will owe until the expense has first been processed by the health plan. It's a good idea to wait until the health plan has paid its portion of the expense before making an FSA/HSA debit card payment of the deductible or coinsurance. This helps to prevent overpayments and the need for a HFSA/HSA refund by the provider.

You must keep your FSA/HSA debit card receipts to serve as back-up for your purchases. This is to ensure that FSA/HSA participants are only using the FSA/HSA debit card to pay for eligible health care and dependent care expenses per Internal Revenue Code regulations. The FSA/HSA debit card is subject to the terms and conditions provided with the card by the issuer.

7. Can I use a HFSA to pay for health plan premiums?

No. You cannot use a HFSA to pay for health plan premiums including premiums for a Health Plan, or your spouse's employer's health plan, COBRA, or premiums for individual health policies.

8. Do I have to enroll in a Health Plan option to participate in a HFSA or DCFSA?

No. You do not have to enroll in a health plan option offered by Cook or any other employer to be able to participate in a HFSA or DCFSA; however, you do need to be eligible to participate in the Health Plan to participate in a HFSA or DCFSA.

9. Do I have to enroll in a Health Plan option to participate in an HSA?

Yes. In order to participate in an HSA, you must enroll in a Cook high deductible health plan (HDHP) option.

10. Do I have to enroll in a HFSA, DCFSA, or HSA?

No. You do not have to enroll in a HFSA, DCFSA, or HSA. You will have the option to enroll each Plan Year during open enrollment.

11. Change in Election Rights

A. Can I enroll in a HFSA or change my HFSA election outside of open enrollment?

Generally, you cannot enroll in a HFSA or change your HFSA election outside of the annual open enrollment period. However, you may be able to enroll in a HFSA or change your HFSA election during the Plan Year if you experience one of the following qualifying events that may allow for a change in your election:

- Marriage
- Divorce
- Legal separation
- Loss of coverage
- Start of employment by you, your spouse or child
- Change in employment status of you, your spouse or child that affects eligibility (e.g., to part-time or to full-time)
- Termination of employment by you, your spouse or child
- Judgment or court order requiring coverage of a child or foster child
- Start of an unpaid leave or end of an unpaid leave by you, your spouse or child
- Death of spouse
- Birth of child
- Annulment
- Adoption
- Death of a child
- Qualified Medical Child Support Order
- Change in Medicare or Medicaid eligibility
- Placement for adoption

Note:

- If you did not make an election to contribute to a HFSA before the beginning of the Plan Year, you cannot make an election during the Plan Year without a qualifying event.
- You cannot change from a GPHFSA to a LPHFSA or from a LPHFSA to a GPHFSA during a Plan Year.
- You cannot make any change to your HFSA election during the Plan Year which would reduce your total contributions for the Plan Year below the amount which has already been reimbursed from your HFSA at the time of the election change.

B. Can I change my DCFSA election during the Plan Year?

Generally, you cannot change your DCFSA election outside of the annual open enrollment period. However, you may be able to change your DCFSA election during the Plan Year if you experience one of the following qualifying events that may allow for a change in your election:

- Marriage
- Divorce
- Adoption
- Legal Separation
- Start of employment by you or your spouse
- Change in employment status of you or your spouse that affects eligibility (e.g., to part-time or to full-time)
- Termination of employment by you or your spouse
- Start of an unpaid leave or end of an unpaid leave by you or your spouse
- Death of spouse
- Birth of child
- Placement for adoption
- Annulment
- Death of a child or qualifying individual
- Change in dependent eligibility (child turns 13)
- Change in provider costs

Note: If you did not make an election to contribute to a DCFSA before the beginning of the Plan Year, you cannot make an election during the Plan Year without a qualifying event.

C. Can I change my health plan election during the Plan Year?

Generally, you cannot change your Health Plan election during the Plan Year, either the option you are enrolled in or the tier of coverage you signed up for. For example, you cannot change from the Clinic Plan option to the Traditional Plan option, and you cannot change from the Employee Only coverage tier to the Employee + Children coverage tier outside the annual open enrollment period.

However, you may be able to change the health plan tier of coverage you have signed up for if you experience one of the qualifying events listed in the “Can I change my HFSA election during the Plan Year” section above, or if any of the following events occur during the year:

- Change in residence of you, your spouse or child that affects health plan eligibility
- Change in work location of you, your spouse or child that affects health plan eligibility
- Significant change in the cost or the benefits of your medical coverage
- Exhaustion of COBRA coverage
- Significant change in cost or the benefits provided by your spouse’s health plan or child’s health plan
- Your spouse’s or child’s change in election during their own employer’s open enrollment period
- Termination of an employer’s premium contributions toward medical coverage
- Change in State Children’s Health Insurance Plan (CHIP) eligibility
- Change in Medicaid or CHIP premium assistance eligibility
- Reduction in hours of work and enrollment in other coverage
- Enrollment in a health plan on an Exchange

You may be able to change the health plan option you have signed up for if any of the following events occurs:

- You move into or out of Monroe County, and a change is approved
- Exhaustion of COBRA coverage
- New dependent is acquired through marriage, birth or adoption
- Change in State Children’s Health Insurance Plan (CHIP) eligibility
- Change in Medicaid or CHIP premium assistance eligibility
- Significant change in cost or coverage of your medical benefits or the benefits of your spouse or child

D. How long do I have to request a change in my election?

Any change permitted under this “Change in Election Rights” section must be requested within 30 days of the date of the change in election event. However, if the change in election event is related to eligibility for Medicaid

or the State Children's Health Insurance Program (CHIP) or eligibility for a premium subsidy through one of those programs, then the change in election must be requested within 60 days of the event.

If you have a qualifying event and would like to request a change in your Health Plan option or tier, or a change in your FSA election, contact the Cook Insurance Department.

E. Can I change my HSA election during the Plan Year?

Yes. You can change your HSA election amount at any time during the Plan Year.

12. Can I make new Health Plan, FSA, and HSA elections in future Plan Years?

During the annual open enrollment period for each new Plan Year, you may change the Health Plan and FSA elections that you previously made. You may also choose not to participate in an FSA and to pay your Health Plan premiums after tax for the upcoming Plan Year.

13. Do I have to make new Health Plan, FSA or HSA elections every Plan Year if I don't want to make any changes?

You must make a new election for a Health Plan and for your FSAs and HSA each new Plan Year to be enrolled in a Health Plan or to have an FSA or HSA for the upcoming Plan Year unless the Cook open enrollment materials for the new Plan Year specifically state that Health Plan elections will be automatically carried over into the new Plan Year (i.e., a "passive enrollment").

14. What happens to my Health Plan coverage, FSAs and HSA if I terminate employment?

If you leave Cook during a Plan Year, your right to benefits will be determined in the following manner:

- (a) You will remain covered by the Health Plan, but only through the day of your termination of employment. Upon termination of employment, COBRA continuation coverage will be offered to those enrolled in a Health Plan. You cannot pay your COBRA premiums pre-tax.
- (b) You will remain covered by your HFSA, but only through the date your participation in the Health Plan or Group Health Plan stops. Only claims incurred through the day of your termination of employment may be reimbursed from your HFSA. You have 90 days from your date of employment termination to submit HFSA claims with expenses incurred prior to your employment termination date. For an extension of this time-period, see the section entitled "HFSA Continuation Coverage Rights Under COBRA."
- (c) You will remain covered by your DCFSA, but only through the day of your termination of employment. Only claims incurred through the day of your termination of employment may be reimbursed from your DCFSA. You have 90 days from your date of employment termination to submit DCFSA claims with expenses incurred prior to your employment termination date.

15. What happens if I terminate employment and I am later rehired?

Health Plan Coverage. If you are rehired within the same Plan Year, you will be reinstated in the same plan option that you were enrolled in when you terminated employment. If the period between termination and rehire is 30 days or less, both the plan option and the tier of coverage will be reinstated, unless there is another qualifying event that is unrelated to your termination and rehire.

FSAs. If you return to work in less than 30 days and during the same Plan Year, you are required to re-elect your previous FSA contribution amount. If you return to work after 30 days or longer or in a later calendar year, you can elect a new FSA amount. You must, however, complete the enrollment process within 30 days after returning to work.

16. How are Health Plan premiums, FSA and HSA contributions deducted from my final pay upon termination of employment?

Upon termination of employment, Health Plan premiums, FSA and HSA contributions are prorated based on your termination date and deducted from your final pay.

17. How do Health Plan premiums, HFSA, and HSA options in the Plan work while I am on a Family and Medical Leave ("FMLA") leave of absence?

During a paid FMLA leave you will continue to pay 100% of your share of the Health Plan premiums and 100% of your HFSA contributions in the same manner as before the leave. Cook will continue to pay its share of Cook-sponsored health plan premiums.

If you take an unpaid FMLA leave, then Cook will pay 100% of the Health Plan premiums and 100% of your HFSA contributions during your leave, and Cook will recover your share of the health plan premiums and 100% of the HFSA contributions from your compensation when you return to work.

If you take leave under the FMLA, you may revoke or change your existing Health Plan premium election and your HFSA election. When you return you can resume your Health Plan premium election and your HFSA election at the original levels. You can make HFSA contributions for the time that you were on leave. For example, if you elect to contribute \$1,200 to your HFSA for the Plan Year and are on leave for 3 months, then return and elect to resume your coverage at that \$1,200 level, your remaining contributions will be increased from \$100 per month to \$133.33 per month to cover the missed contributions. Alternatively, your annual HFSA election could be reduced proportionately for the time that you were gone. For example, if you elected \$1,200 for the Plan Year and are out on leave for 3 months, your total contribution amount for the Plan Year would be reduced to \$900. The expenses you incurred during the three months you were not in the HFSA are not reimbursable from your HFSA.

If you choose to continue your Health Plan coverage or your HFSA coverage during your unpaid leave, you may pre-pay your contributions for the coverage pre-tax, you may pay the contributions for your coverage on an after-tax basis while you are on leave, or you may arrange a schedule with Cook to allow you to “catch up” your premium and HFSA contributions when you return pre-tax.

HSA contributions will continue the same until you make another election change.

18. How do Health Plan premiums, HFSAs, and HSAs work while I am on a non-FMLA leave of absence?

During a paid non-FMLA leave that does not affect health plan eligibility you will continue to pay 100% of your share of the Health Plan premiums and 100% of your HFSA contributions in the same manner as before the leave. Cook will continue to pay its share of Cook-sponsored health plan premiums. HSA contributions will continue the same until you make another election change.

If you take an unpaid non-FMLA leave that does not affect health plan eligibility, then Cook will pay 100% of the Health Plan premiums and 100% of your HFSA contributions during your leave, and Cook will recover your share of the health plan premiums and 100% of the HFSA contributions from your compensation when you return to work.

During a non-FMLA leave that affects health plan eligibility, the general Change in Election rules apply. With respect to the Participant's HSA, the Participant's contributions will be reinstated at the same per pay period withholding amount as in effect at the end of the leave.

19. How does the DCFSA work while I am on leave?

- (a) During a paid FMLA leave, your DCFSA contributions will continue unless you notify the Cook Insurance Department within 30 days of the beginning of the leave to stop your DCFSA contributions. During an unpaid FMLA leave, your DCFSA contributions will continue to be credited to your DCFSA, unless you notify the Cook Insurance Department within 30 days of the beginning of the leave to stop your contributions. If you do not stop the DCFSA contributions during an unpaid leave, when you return to work, the DCFSA contributions credited to you during your unpaid leave will be recovered from your compensation. *Note: If your leave lasts longer than 2 weeks, then dependent care expenses incurred with service dates during the time you are on leave after that 2-week period are not eligible for reimbursement from your DCFSA.*
- (b) During a paid non-FMLA leave that does not affect eligibility, your DCFSA contributions will continue unless you notify the Cook Insurance Department within 30 days of the beginning of the leave to stop your DCFSA contributions. During an unpaid non-FMLA leave, your DCFSA contributions will continue to be credited to your DCFSA, unless you notify the Cook Insurance Department within 30 days of the beginning of the leave to stop your contributions. If you do not stop the DCFSA contributions during an unpaid leave, when you return to work, the DCFSA contributions credited to you during your unpaid leave will be recovered from your compensation. *Note: If your leave lasts longer than 2 weeks, then dependent care expenses incurred with service dates during the time you are on leave after that 2-week period are not eligible for reimbursement from your DCFSA.*
- (c) If you return to work in less than 30 days and during the same Plan Year, you are required to re-elect your previous DCFSA contribution amount. If you return to work after 30 days or longer or in a later calendar year, you can elect a new DCFSA amount. You must, however, complete the enrollment process within 30 days after returning to work.
- (d) If DCFSA reimbursements exceed contributions, future DCFSA contributions will be adjusted to make up for the shortage.

20. How does the Uniformed Services Employment and Reemployment Rights Act (“USERRA”) affect my benefits under the Plan?

If you are going into or returning from military service, you may have special rights to your Health Plan coverage and HFSA under USERRA. If you may be affected by this law, ask the Cook Insurance Department or Benefits Coordinator for further details.

21. Will my Social Security benefits be affected if I participate in the Plan?

Your Social Security benefits may be slightly reduced because paying your Health Plan premiums and FSA contributions pre-tax reduces the amount of contributions that you make to Social Security as well as Cook's contribution to Social Security on your behalf.

FSA CONTRIBUTIONS

1. When do I decide how much to contribute to an FSA?

During the open enrollment period for each Plan Year, you must decide how much of your compensation you want to contribute to a HFSA and/or DCFSA during the upcoming Plan Year. It is very important that you make this choice carefully based on what you expect to spend on out-of-pocket health care and dependent care expenses in the upcoming Plan Year. Remember that if you elect the LPHFSA, you can only be reimbursed for dental and vision care expenses.

New hires who choose to enroll in an FSA must decide their HFSA and/or DCFSA contribution amounts during the new hire benefits enrollment period which is no longer than 30 days after their eligibility date.

2. How can I determine how much to contribute to a HFSA?

Think about your total medical, dental, vision and prescription drug expenses (if you elect the GPHFSA) or your dental and vision care expenses (if you elect the LPHFSA) in the past few years and what they might be in the coming Plan Year. Estimate the costs of the expenses that will not be entirely paid by any health plan and decide how much you want to contribute to a HFSA.

3. What are the annual maximum and minimum dollar amounts that I can contribute to a HFSA and DCFSA?

The annual maximum dollar amount that can be contributed to either a GPHFSA or a LPHFSA is \$3,300; the minimum is \$100. If an employee and spouse both work at Cook, they can each contribute up to \$3,300 per calendar year to a HFSA into separate accounts.

The DCFSA annual maximum contribution is \$7,500 per year for single or married employees filing jointly; the minimum is \$100. The annual maximum is \$3,750 per year for married filing separately. If an employee and spouse both work at Cook, they cannot each contribute up to the annual DCFSA maximum into separate accounts.

4. What is the annual maximum dollar amounts that I can contribute to my HSA?

You may elect to contribute any dollar amount to your HSA; however, that the dollar amount for a Plan Year may not exceed the maximum permitted under Internal Revenue Code Section 223(b) with respect to the tier of Cook-provided high deductible health plan option you elected for the Plan Year for which the contribution is made. Such amounts are adjusted annually by the IRS.

If you are age 55 or older (or will attain age 55 before the end of the Plan Year) you may make an additional catch-up contribution up to the maximum permitted under Code Section 223(b), as adjusted from time to time.

The maximum annual contribution will be prorated for the number of months in which you are eligible to make HSA contributions.

If you fail to make an election to contribute to the HSA, you will be deemed to have elected not to contribute to an HSA but may still participate in the Cook high deductible health plan option.

FSA and HSA REIMBURSEMENTS, PAYMENTS, & EXPENSES

1. When will I receive reimbursements or payments from my FSA?

During the course of the year, you may submit requests for reimbursement from your FSA for eligible out-of-pocket health care and dependent care expenses that you, your spouse, or your eligible dependents have

incurred. Alternatively, you may use your FSA debit card to pay for these expenses, in which case you should keep your receipts. Do not submit health care receipts unless requested.

Health care and dependent care expenses are considered “incurred” on the date the service is performed, not when the service is billed or paid for. The Cook Insurance Department, human resources or Fidelity can provide you with claim forms to submit requests for reimbursement. You can also find claim forms on the www.cookmedicalclaims.com website or at Netbenefits.com. If the request qualifies as a benefit or expense that the Plan has agreed to pay, you will receive a reimbursement payment soon thereafter. Remember, these reimbursements which are made from your HFSA, DCFSA, or HSA are generally not subject to federal, state, local, and Social Security income tax taxes.

Requests for payment of health claims should first be submitted directly to the health plan with the remaining balance submitted to the Cook Insurance Department for payment or reimbursement from your HFSA. When a health-related expense is not completely paid by a health plan, simply submit a copy of the health plan’s Explanation of Benefits (EOB) which explains what benefits have been paid by the health plan, along with a HFSA claim form to the Cook Insurance Department for payment. Alternatively, you can pay your share with the FSA debit card.

2. When will I receive reimbursements or payments from my HSA?

Distributions from your HSA (whether before or after termination of employment) and all other matters relating to administration of the HSA are outside of this Plan and are governed by the agreement between you and Fidelity. Cook has no authority or control over the funds deposited into an HSA or over the HSA. Please contact Fidelity at Netbenefits.com for more information.

3. When do I have to incur expenses for FSA reimbursement?

You have until December 31st of the Plan Year to incur out-of-pocket expenses that are eligible for reimbursement under an FSA (HFSA or DCFSA). Expenses for FSA funds must be submitted to the Cook Insurance Department by March 31 of the following Plan Year. Claims can be submitted to the Cook Insurance Department via email, fax, U.S. Mail or uploaded to the www.cookmedicalclaims.com website. Claims sent by U.S. Mail must be postmarked on or before March 31st.

Any HFSA funds exceeding \$660 after March 31 of the following Plan Year are forfeited. HFSA funds of \$660 or less will carry over to the following Plan Year and made available for reimbursement against (1) the current Plan Year expenses if claimed by March 31 following the end of the Plan Year or (2) the later Plan Year expenses if claimed no later than March 31 following the end of the later Plan Year. This carry over amount is in addition to the HFSA amounts you elect to have deducted from your pay.

4. Can I carry over unused DCFSA funds after the March 31 deadline?

No. Any funds remaining in your DCFSA after March 31 of the following Plan Year are forfeited.

5. What are some examples of eligible GPHFSA expenses?

- Out-of-pocket medical, dental, vision, and prescription drug expenses such as deductibles, copays and coinsurance

- | | | |
|-----------------------------|---------------------------|---------------------------|
| - Prescription eyeglasses | - Prescription sunglasses | - Sun screen SPF 15+ |
| - Lasik surgery | - Contact lenses | - Contact lens solution |
| - Bandages/wraps/braces | - Diagnostic devices | - Crutches |
| - Hearing aids and supplies | - Chiropractor services | - Acupuncture |
| - Orthodontia | - First aid kits | - Orthopedic shoe inserts |

6. What are some examples of eligible LPHFSA expenses? *(Does not cover medical expenses)*

- Out-of-pocket dental and vision care expenses such as deductibles, copays and coinsurance

- | | | |
|---------------------------|--------------------------------|-------------------------|
| - Prescription eyeglasses | - Prescription sunglasses | - Vision exams |
| - Lasik surgery | - Contact lenses | - Contact lens solution |
| - Orthodontia | - Occlusal guards | |
| - Dental implants | - Dental fillings and dentures | |

For a complete list of eligible expenses refer to IRS publication 502, Medical and Dental Expenses by visiting www.irs.gov.

7. What are some examples of eligible DCFSA expenses?

- Before and after school care
- Babysitter in your home or outside your home.
- Summer day camp for child
- Licensed day care, preschool, and nursery school expenses
- Elder day care expenses

8. What are some examples of ineligible DCFSA expenses?

- Expenses incurred while you or your spouse are on a leave of absence lasting longer than 2 weeks
- Payments to an IRS tax dependent (e.g., child)
- Day care for child age 13 or older
- Education fees/tuition/enrichment classes/summer school/overnight camps
- Nursing home/long term care expenses
- Meals, supplies, transportation costs
- Overnight camp

9. Who is a qualifying individual for DCFSA purposes?

- A child, grandchild, brother or sister who has the same principal residence as you for more than half the year and is under age 13.
- Your spouse, parent, niece, nephew, aunt, uncle, and certain in-laws and other individuals, if they are physically or mentally incapable of self-care, and if you provide over half of the individual's support, and if they have the same principal residence as you for more than half of the year.
- See the Plan document and talk to your tax advisor for more details.

10. If I have a DCFSA, do I need to report it on my tax return at the end of the year?

You must identify all people and organizations that provided care for your child or dependent. You do this by Filing IRS Form 2441-Child and Dependent Care Expenses along with your Form 1040 or Form 1040A each year. Talk to your tax advisor for more details.

FSA/HSA DEBIT CARD TIPS

FSA/HSA Debit Card Do's

- Do keep your FSA/HSA debit card after the end of the Plan Year. FSA/HSA debit cards are good for multiple years. Check the card's expiration date. New cards are automatically mailed to your home before your card expires.
- Do submit a copy of any requested documentation within 15 days of your receipt of a reminder notice.
- Do provide the Cook Insurance Department/Fidelity with a copy of your letter of medical necessity for items typically not eligible for HFSA/HSA reimbursement.
- Do save all your itemized receipts for each debit card purchase. The Cook Insurance Department/Fidelity may not always request receipts; however, you may be required to provide a copy your receipts should the Internal Revenue Service conduct an audit of your FSA/HSA.
- Do use your FSA/HSA debit card at the provider's office for your office visit co-pays related to services being rendered.
- Do use your FSA/HSA debit card at the dependent care provider's location to pay for dependent care charges.
- Do use your FSA/HSA debit card for eligible services that no health plan covers.

- Do logon to www.cookmedicalclaims.com or Netbenefits.com (as applicable) to check your account balances 24/7, file claims, upload receipts, and review your claims history.

FSA/HSA Debit Card Don'ts

- Don't use your FSA/HSA debit card at the provider's office for your deductible or coinsurance until your health claim has been processed by your health plan and discounts have been applied.
- Don't use your FSA/HSA debit card to pre-pay for a service.
- Don't use your FSA/HSA debit card to be reimbursed for prior Plan Year expenses (e.g. carryover amounts). These prior year expenses must be submitted for reimbursement either online at cookmedicalclaims.com or via email to cookhfsa@cookmedical.com using the claim form.
- Don't send in your itemized FSA/HSA receipts unless they are requested by the Cook Insurance Department. Not all items require receipts.
- Don't use your FSA/HSA debit card for cosmetic items/services or vitamins.
- Don't send credit card receipts or cancelled checks to the Cook Insurance Department/Fidelity as FSA/HSA debit card transaction substantiation.
- Don't use your current Plan Year FSA/HSA balance to pay for expenses incurred during the prior Plan Year.

HIGHLY COMPENSATED & KEY EMPLOYEES

Do limitations apply to highly compensated employees and key employees?

Under the Internal Revenue Code, the benefits of highly compensated employees, officers, and shareholders may be limited. You will be notified if this affects you.

HIPAA PRIVACY

Are there any privacy protections that apply to the Cook Cafeteria Plan?

Yes. A federal law, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), requires this Plan to protect the confidentiality of your private health information. A complete description of your rights under HIPAA can be found in the Plan's privacy notice which is available from the Plan Administrator.

This Plan, the Cook Insurance Department and your employer will not use or further disclose your health information that is protected by HIPAA ("Protected Health Information" or "PHI") except as necessary for treatment, payment, HFSA administration, health plan operations and plan administration, or as permitted or required by law. The Plan has required all of its Business Associates to comply with HIPAA's privacy regulations. In particular, the Plan will not, without authorization, use or disclose PHI for employment-related actions and decisions or in connection with any other benefit or employee benefit plan of Cook.

Under HIPAA, you have rights with respect to your PHI, including the right to see and copy the information, to receive notice if we or our Business Associates learn of the improper use or sharing of your information that compromises its security or privacy, to obtain an accounting of certain disclosures of the information and, under certain circumstances, to amend the information. You also have the right to file a complaint with the Plan or with the U.S. Department of Health and Human Services if you believe your rights under HIPAA have been violated.

This Plan maintains a Notice of Privacy Practices, which provides a complete description of your rights under HIPAA's regulations. For a copy of the notice, or if you have questions about the privacy of your health information, or if you believe your rights under HIPAA have been violated, please contact the Privacy Officer – Cook Cafeteria Plan at Cook Group Incorporated.

PLAN ACCOUNTING

Periodic Statements

You can access your claims and FSA balances online at the www.cookmedicalclaims.com website and check your HSA balances online at Netbenefits.com. It is important to periodically check your FSA balances.

ADDITIONAL PLAN INFORMATION

1. Your rights in connection with your HFSA under the Employee Retirement Income Security Act of 1974 (“ERISA”)

HFSA participants, eligible employees and all other employees of a participating Cook company may be entitled to certain rights and protections under ERISA and the Internal Revenue Code in connection with their HFSA. ERISA does not, however, apply to a DCFSA or to pre-tax payment of Health Plan premiums. As to the HFSA, these laws provide that participants, eligible employees and all other employees are entitled to:

- (a) examine, without charge, at the Plan Administrator's office, all Plan documents describing how the HFSA operates and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor, and available at the Public Disclosure Room of the Employee Benefits Security Administration;
- (b) obtain copies of all Plan documents describing how the HFSA operates and other Plan information regarding the HFSA upon written request to the Plan Administrator. The Plan Administrator may charge a reasonable fee for the copies;
- (c) continue HFSA coverage for a participant, spouse, or other dependents if there is a loss of coverage under the HFSA as a result of a qualifying event. Employees or dependents may have to pay for such coverage; and
- (d) review this Summary Plan Description and other documents describing how the HFSA operates for rules governing COBRA continuation rights.

In addition to creating rights for HFSA participants, ERISA imposes duties upon the people who are responsible for the operation of a covered employee benefit plan. The people who operate your HFSA, called “fiduciaries” of the Plan, have a duty to do so prudently and in the best interest of you and other HFSA participants.

No one, including Cook or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a HFSA benefit or exercising your rights under ERISA in connection with the HFSA.

If your claim for a HFSA 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.

If you have a HFSA claim for benefits which is denied or ignored, in whole or in part, and you have completed the Claims Process described below, you may file suit in a state or federal court. In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a medical child support order that affects your HFSA, you may file suit in federal court.

Under ERISA there are steps you can take to enforce the above rights. For instance, if you request documents from the Plan regarding your HFSA 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 documents and pay you up to \$147 a day until you receive the documents, unless the documents were not sent because of reasons beyond the control of the Plan Administrator.

If it should happen that Plan fiduciaries misuse the Plan's HFSA money, or if you are discriminated against for asserting your rights regarding your HFSA, 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.

If you have any questions about your HFSA in the Cook Cafeteria Plan, 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 the 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 publications hotline of the Employee Benefits Security Administration.

2. Claims Process

You should submit FSA reimbursement claims during the Plan Year, but in no event later than March 31st immediately following the end of the Plan Year. Any FSA claims submitted after that date for the prior Plan Year will not be considered for reimbursement or paid from your FSA.

Health Plan Claims

Claims for benefits under a health plan will be reviewed in accordance with procedures contained in the health plan. All FSA claims under this Plan should be directed to the Cook Insurance Department – the Claims Administrator. See contact information listed in the “General Information About This Plan” section of this booklet.

FSA Claims

In the case of a claim for out-of-pocket health care expenses under the HFSA, the following timetable for claims applies:

Notification of whether claim is approved or denied	30 days
Extension due to matters beyond the control of the Plan	15 days
Insufficient information on the claim:	
Notification of	30 days
Response by Participant	45 days

As to DCFSA claims, these decision deadlines are just guidelines, but not deadlines.

As to HFSA claims, the Claims Administrator will provide written or electronic notification of any claim denial. The notice will state:

- (a) The specific reason or reasons for the denial;
- (b) Reference to the specific Plan provisions on which the denial was based;
- (c) A description of any additional material or information necessary for the claimant to perfect the claim and an explanation of why such material or information is necessary;
- (d) A description of the Plan’s review procedures and the time limits applicable to such procedures. This will include a statement of your right to bring a civil action under section 502 of ERISA after you have received both an initial denial and a denial on review;
- (e) A statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claim; and
- (f) If the denial was based on an internal rule, guideline, protocol, or other similar criterion, a statement that the specific rule, guideline, protocol, or criterion will be provided free of charge upon request.

If you receive a denial of an FSA claim, you will have 180 days following receipt of the notification in which to appeal the decision. You may submit written comments, documents, records, and other information relating to the claim.

As to HFSA claims, if you request, you will be provided, free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claim, and your appeal will be decided within 60 days after your request for review is received by the Claims Administrator. This timing is without regard to whether all the necessary information accompanies the filing.

As to HFSA claims, a document, record, or other information shall be considered relevant to a claim if it:

- (a) was relied upon in making the claim determination;
- (g) was submitted, considered, or generated in the course of making the claim determination, without regard to whether it was relied upon in making the claim determination;
- (h) demonstrated compliance with the administrative processes and safeguards designed to ensure and to verify that claim determinations are made in accordance with Plan documents and that Plan provisions have been applied consistently with respect to similarly situated claimants; or
- (i) constituted a statement of policy or guidance with respect to the Plan concerning the denied claim.

As to HFSA claims, the review will take into account all comments, documents, records, and other information submitted by the claimant relating to the claim, without regard to whether such information was submitted or

considered in the initial claim determination, and the review will not afford deference to the initial denial and will be conducted by a fiduciary of the Plan who is neither the individual who made the adverse determination nor a subordinate of that individual.

All FSA Claims

The Plan Administrator has the sole discretion to resolve ambiguities in the Plan, to interpret the Plan, and to determine whether and to what extent any person is eligible to participate in the Plan and receive benefits under the Plan.

A Participant may not bring a civil action regarding any claim more than two years after the claim was initially denied by the Plan.

HFSA CONTINUATION COVERAGE RIGHTS UNDER COBRA

Under a federal law called the Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA"), certain employees and their families participating in a HFSA under this Plan will be entitled to the opportunity to elect a temporary extension of their HFSA (called "COBRA continuation coverage") where coverage would otherwise end. If you have a positive balance in your HFSA on the date your employment is terminated, you will be given the opportunity to continue your coverage under COBRA. If you continue your coverage under COBRA and continue to make contributions to your HFSA, you will have additional time to incur claims that can be reimbursed from your HFSA.

The Plan Administrator or its designee is responsible for administering COBRA continuation coverage. Complete instructions on COBRA, as well as election forms and other information, will be provided by the Plan Administrator or its designee to Plan participants who become Qualified Beneficiaries under COBRA. While the Plan itself is not subject to COBRA, the HFSA is a health benefit subject to COBRA.

In order to protect your family's rights, you should keep the Claims Administrator informed of any changes in the address of family members. You should also keep a copy, for your records, of any notices you send to the Claims Administrator, Plan Administrator or its designee.

COBRA continuation coverage is also available for eligible employees and their families participating in a Health Plan. Health plan COBRA continuation coverage information can be found in the health plan document or by contacting the Claims Administrator. If you receive COBRA continuation coverage under the Health Plan due to a reduction in hours of employment or a dependent losing eligibility for coverage, your Health Plan premiums may be made on a pre-tax basis under this Plan; however, COBRA premiums for one Plan Year may not be prepaid for coverage in a subsequent Plan Year.

SUMMARY

The money you earn is important to you and your family. You need it to pay your bills, enjoy recreational activities and save for the future. The Plan will help you keep more of the money you earn by lowering the amount of taxes you pay. It is the result of our continuing efforts to find ways to help you get the most for your earnings.

If you have any questions, please contact the Cook Group Benefits Coordinator at 1-812-331-1025 or the Benefits Department at 1-800-593-2080.

TERMS YOU SHOULD KNOW

AFTER-TAX DOLLARS: Dollars from which federal, Social Security, state, and local taxes have already been taken. Your take home pay is paid in after-tax dollars.

PRE-TAX DOLLARS: Dollars from which federal, Social Security, state, and local taxes are not withheld. You will not pay taxes on pre-tax dollars contributed to and reimbursed from your HFSA, DCFSA, and/or HSA and you will not pay taxes on dollars withheld from your wages under this Plan to pay your Health Plan premiums.

HEALTH PLAN PREMIUMS: After-tax or pre-tax dollars deducted from an employee's pay for enrollment in one of the following Health Plan options and tiers: a) Options - Traditional Plan, Clinic Plan, and High Deductible Health Plan; Highmark and Kaiser b) Tiers - Employee Only, Employee and Child(ren), Employee and Spouse, and Family coverage. The premiums provide employees with all of the coverages: medical, dental, vision and prescription drug. These types of coverages cannot be individually carved out from a Health Plan option. You either elect all or none.

REIMBURSEMENT: The money or check you receive after filing a claim with the Claims Administrator.

EXPLANATION OF BENEFITS (EOB): This is an explanation from a health plan administrator that explains how much of a health, dental, drug or vision expense was paid by a health plan and how much of the expense is your responsibility.

FLEXIBLE SPENDING ACCOUNT (FSA): Refers to the general-purpose health flexible spending account, limited-purpose health flexible spending account and dependent care flexible spending account.

HEALTH SAVINGS ACCOUNT (HSA): Refers to a health savings account established under Code Section 223. Such accounts are individual trusts or custodial accounts, each separately established and maintained by you with a qualified trustee/custodian. Although funded by money withheld from your pay on a pre-tax basis and Employer contributions under this Plan, any such HSA is separate from this Plan.

HIGH DEDUCTIBLE HEALTH PLAN (HDHP): Refers to a high deductible health plan that is offered by an Employer as a group health benefit that is intended to qualify as a high deductible health plan under Code Section 223(c)(2).

HFSA ANNUAL MAXIMUM CONTRIBUTION: The maximum amount an employee can contribute to a HFSA (general-purpose or limited-purpose) during the Plan Year as stated in the “FSA Contributions” section of this booklet.

DCFSA ANNUAL MAXIMUM CONTRIBUTION: The maximum amount an employee can contribute to a DCFSA during the Plan Year as stated in the “FSA Contributions” section of this booklet.

ELIGIBLE DEPENDENTS: You can seek reimbursement from your HFSA for health care expenses incurred by any one considered your dependent under Internal Revenue Service rules. You can claim dependent care expenses for dependent children under age 13 and other tax qualifying dependents who live in your home.

SPOUSE: An individual of the same gender or opposite gender of an employee, who is legally married to an employee under the laws of the state (including the District of Columbia), the United States territory or foreign country whose laws authorized the marriage (even if the couple lives in a state that does not recognize the validity of their marriage) , and is not legally separated from the employee.

PLAN YEAR: The Plan’s records are maintained on a twelve-month period of time. This is known as the Plan Year. The Plan Year begins on January 1 and ends on December 31. The deadline to submit FSA claims for a Plan Year is the March 31st immediately following the Plan Year.

GENERAL INFORMATION ABOUT THE PLAN

This section contains certain general information which you may need to know about the Plan.

1. General Plan Information

Cook Cafeteria Plan is the name of the Plan.

This Plan is part of the Cook Group Employee Benefits Plan which has been assigned Plan Number 506.

The provisions of the amended Plan became effective on January 1, 2026.

2. Plan Sponsor and Employer Information

Cook Group Incorporated is the Plan Sponsor, with sole authority to amend or terminate the Plan, except as otherwise delegated. The Plan allows affiliated Cook employers to adopt its provisions. You or your beneficiaries may examine or obtain a complete list of Cook employers who have adopted the Plan by making a written request to the Plan Administrator.

3. Plan Administrator Information

The name, address, business telephone number and EIN of your Plan Administrator are:

Cook Group Incorporated
750 Daniels Way, P.O. Box 1608
Bloomington, Indiana 47402-1608
1-812-331-1025
EIN: 35-1084188

The Plan Administrator is responsible for the administration of the Plan. You may contact the Cook Benefits Department at 1-812-331-1025 for any further information about the Plan.

4. Service of Legal Process

The name and address of the Plan's agent for service of legal process are:

Cafeteria Plan Advisory Committee
c/o Cook Group Incorporated
750 Daniels Way, P.O. Box 1608
Bloomington, Indiana 47402-1608

5. Type of Administration

The Plan is administered by Cook Group Incorporated, or its designee.

6. Type of Funding

The Plan is funded by contributions from employees. HFSA and DCFSA contributions are not held in a trust, but HFSA and DCFSA claims are paid from the general assets of each adopting employer. Premiums for the Cook Group Health Plan are held in the Cook Group Health Plan Trust.

7. Claims Administrator – Cook Insurance Department

Claims for FSA reimbursements should be submitted to:

Cook Insurance Department
P.O. Box 1029
Bloomington, IN 47402-1029
Email: cookinsurancegroup@cookmedical.com
Telephone: 1-812-355-2528
Fax: 1-812-330-3213

8. For Additional Information

Cook Group Incorporated
Benefits Coordinator
750 Daniels Way
Bloomington, IN 47402-1608
1-812-331-1025

www.cookmedical.com

9. For HIPAA Privacy Information

Cook Group Incorporated
Privacy Officer - Cook Cafeteria Plan
750 Daniels Way
Bloomington, IN 47402-1608
1-812-331-1025