Ameriprise Financial Flexible Reimbursement Accounts
2023 Summary Plan Description

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Ameriprise Financial offers two types of Flexible Reimbursement Accounts in which you can set aside before-tax dollars: a Health Care Reimbursement Account and a Dependent Care Reimbursement Account. The Health Care Reimbursement Account helps offset certain eligible medical expenses that the Ameriprise Financial Medical, Dental and Vision Care Plans do not cover. The Dependent Care Reimbursement Account helps with your eligible child and adult care costs.

Participation

Eligibility, enrollment, when participation begins, when participation ends and your ERISA rights are outlined in the Health & Wellness Benefits Plans Administration & Participation Summary Plan Description.

Regular full-time employees may participate in these accounts beginning on their employment date. Regular part-time employees may participate in these accounts following 90 days of service.

If you enroll in the PPO option that is a High Deductible Health Plan AND open a Health Savings Account (HSA), you are not eligible to participate in the Health Care Reimbursement Account for that same calendar year.

Each year during open enrollment you will have the opportunity to elect coverage for the two Reimbursement accounts for the following calendar year. If you do not make an election, your coverage will be waived automatically.

Contributions

Contributions to the Health Care Reimbursement Account and/or Dependent Care Reimbursement Account will be deducted automatically from your pay before federal income tax, most state and local income tax and Social Security (FICA) tax are deducted. This will reduce your current income tax obligation. To the extent that your earnings are less than the Social Security wage base ($160,200 in 2023), your before-tax contributions will lower your Social Security taxes and you may receive a smaller Social Security benefit later.

When you contribute to a Health Care Reimbursement Account and/or a Dependent Care Reimbursement Account, you decide, in advance, how much to set aside to each account for the calendar year. It is important to note that because of Internal Revenue Code (IRC) regulations, you may not move money from one account to another and you may not cancel or change your contribution amount during the year unless you experience a Qualified Event as noted in the Health & Wellness Benefits Plans Administration & Participation Summary Plan Description.

Health Care Reimbursement Account

This year, you may contribute up to $3,050 to a Health Care Reimbursement Account. If you choose to participate in the Health Care Reimbursement Account, the minimum amount you may contribute each pay period is one dollar (a $26 annual election).

Dependent Care Reimbursement Account

The maximum amount (in whole dollars) you can contribute to your Dependent Care Reimbursement Account each year is the lesser of the following:

- $5,000 for single individuals or married couples filing joint returns;
- $2,500 for married couples filing separate returns;
- the employee's earned income (if less than $5,000/$2,500) or
- the spouse's earned income (if less than $5,000/$2,500)

If you choose to participate in the Dependent Care Reimbursement Account, the minimum amount you may contribute each pay period is one dollar (a $26 annual election).

Estimating expenses

When you enroll in one or both of the plans, you should first estimate the eligible expenses you expect to have during the plan year. You then set aside that annual calendar year amount up to the applicable plan limits. Your per-paycheck deduction will be based on the remaining number of paychecks to ensure your annual election is met. Whenever you pay eligible health care and/or dependent care expenses, you can file a claim to be reimbursed for the amount of those expenses.

"Use-it-or-lose-it" rule

Generally, IRS regulations require that any money remaining in your account(s) at the end of the year be forfeited, so it is important that you plan carefully. This is known as the "Use-it-or-lose-it" rule. Typically, you will have until June 30 of the following calendar year to file a claim against the amount credited to your account for services rendered during the previous plan year and while you were covered under the plan(s), after which any unused amount will be forfeited.

Health Care Reimbursement Account carryover

For 2021 and 2022, however, following the Consolidated Appropriations Act of 2021, which was signed into law on Dec. 27, 2020, if you did not use all of the 2020 dollars in your Health Care Reimbursement Account during 2020, any remaining balance was automatically rolled over into the 2021 calendar year's account for employees who were active at the time of the rollover. If you then did not use all of the 2020 dollars that were rolled into the 2021 calendar year, any unused amount remaining in your Health Care Reimbursement Account as of Dec. 31, 2021, carried over to the 2022 plan year. You may roll over up to $610 of unused funds from 2023 to the 2024 plan year. Any unused amount over $610 will be forfeited.

Claims for expenses incurred during the 2023 plan year will be paid first from the 2023 plan year available balance and once this plan year's available balance is exhausted, any 2022 plan year carry-over funds will be utilized (Health Care Reimbursement Account balances up to $570 were allowed to be carried over from the 2022 plan year to the 2023 plan year).

If you carry over Health Care Reimbursement dollars into the next year, you cannot contribute pre-tax dollars to a Health Savings Account (HSA) during the calendar year in which those carryover dollars are available unless you forfeit any carryover dollars. This rule applies to any enrollment in an HSA including the plan available through Ameriprise Financial or a spouse's plan.

If you carry over Health Care Reimbursement funds into the next plan year but chose **not** to enroll in the Health Care Reimbursement account for the upcoming year, you may still access the carryover

funds in your account for one calendar year. Any funds remaining in your account after one year will then be forfeited and your account will be closed.

For more information regarding forfeiting your Health Care Reimbursement dollars please contact the HR Service Center at 1.877.267.4748. You can also contact HealthEquity, the claims administrator, at 1.877.924.3967 toward the end of the plan year to elect to forfeit carryover dollars to the following year.

Heroes Earning Assistance and Tax Relief Act of 2008 (the "Heroes Act")

Effective as of June 18, 2008, the company will allow for the distribution of unused Health Care Reimbursement Account contributions for employees who are reservists called to active duty, pursuant to the Heroes Act. This provision allows those who are called into active military service and who may not be able to fully use amounts credited to their Health Care Reimbursement Account to cash out the unused benefits and not forfeit them under the "use-it-or-lose-it" rule. In addition to the distribution being taxable to the reservist, the following conditions apply:

- The reservist is called to active duty for a period of at least 180 days or for an indefinite period
- Requests for distribution must be made to the HR Service Center before the last day of the year during which the order or call to active duty occurred – contact the HR Service Center at 1.877.267.4748.

Health Care Reimbursement Account

Your Health Care Reimbursement Account can be used for reimbursement of eligible medical, dental and vision expenses, as determined by the IRS that are not paid by the Ameriprise Financial Medical, Dental or Vision Care Plans or any other medical, dental or vision plans under which you or your eligible dependents are covered.

Covered expenses

In order to be eligible for reimbursement, expenses must be considered for "medical care," as defined in the Internal Revenue Code. Types of eligible medical expenses include the following:

Fees for services by a Medical Doctor (MD) or Licensed Practitioner, including:

- Anesthesiologist
- Chiropractor
- Dermatologist
- Gynecologist
- Midwife
- Ophthalmologist or optometrist
- Osteopath
- Pediatrician
- Podiatrist
- Psychologist, psychiatrist or psychotherapist

Medical/hospital services:

- Diagnostic services by, or under direction of, an MD
- Expenses for donating or receiving an organ transplant
- Nursing services for specific medical ailments by a Registered Nurse (RN) or Licensed Practical Nurse (LPN) not related to you
- Services of a physical therapist, speech therapist or an occupational therapist
- Surgical services by, or under direction of, an MD
- X-rays and radiological services for diagnosis or treatment

Dental/eyesight/hearing:

- Braille books and magazines (cost in excess of regular book cost)
- Cost of a note-taker for a deaf person in school
- Cost of guide or seeing-eye dog
- Dental checkups and care (by a dentist or dental hygienist)
- Dentures, braces or orthodontic devices
- Eye exams, eyeglasses, contact lenses and contact solutions
- Hearing aids, their repair and necessary batteries
- Household visual alert for a deaf person
- Lasik surgery
- Special devices for the blind (tape recorder, typewriter)

Other health-related expenses:

- Acupuncture
- Ambulance expenses
- Legal abortion or sterilization
- Treatment of alcoholism or drug dependency

Medicines:

- Prescription drugs and insulin used to alleviate a medical condition
- Over-the-counter (OTC) drugs, medicines and treatments such as cough medicines, pain relievers, antacid medicines, and diaper rash ointment
- OTC medical supplies that are not drugs or medicine such as Band-Aids and contact lens solution

Maintenance/support devices (when medically necessary), including:

- Colostomy supplies
- Cost of equipping auto for the disabled (cost in excess of regular auto cost)
- Oxygen equipment and oxygen
- Prostheses and prosthetic supplies
- Support hose, orthopedic shoes
- Wheelchair and crutches
- Wigs

Other covered expenses:

- Deductibles and copayments for medical, dental and vision coverage, including prescriptions
- Special schooling for the physically or mentally disabled

You can obtain the most current and complete list of eligible expenses through IRS Publication #502, “Medical and Dental Expenses”. You can get a free copy of this publication by calling 1.800.TAX.FORM (1.800.829.3676) or by visiting irs.gov.

Note: The above list provides a general guideline for types of eligible expenses as determined by the IRS. The IRS can change the list of eligible expenses at any time. Also, Tax Publication #502 should only be used as a guide for types of eligible expenses under the Health Care Reimbursement Account. All other provisions in Tax Publication #502 refer to tax filing requirements and not the Health Care Reimbursement Account.

Ineligible expenses

The following items are not covered:

- Expenses incurred while you were not participating in the Health Care Reimbursement Account
- Generally, expenses related to cosmetic surgery, cosmetic procedures or cosmetic medication
- Expenses that are payable by any medical, dental or vision plan you are covered under
- Your medical, dental and/or vision care plan premiums
- Expenses incurred for a domestic partner or their child(ren), unless they otherwise meet the definition of “dependent” as determined by the IRS

If you receive reimbursement from the Health Care Reimbursement Account that is also reimbursed by other insurance or another health care plan, the amount reimbursed under the Health Care Reimbursement Account will be required to be refunded to the company and your account will be adjusted by that amount.

Dependent Care Reimbursement Account

You can use the amount credited to your Dependent Care Reimbursement Account for covered childcare or other dependent care that allows you to work or, if you are married, that allows both you and your spouse to work or look for work.

Covered expenses

Generally, the Dependent Care Reimbursement Account covers the same expenses that would otherwise qualify as employment-related expenses for purposes of the dependent care credit allowable on your federal income tax return, including:

- Home care expenses for your dependent child under age 13 or a disabled qualifying dependent adult, such as baby-sitting and nursing
- Care outside your home for your dependent child under age 13 or a disabled qualifying dependent adult who regularly spends at least eight hours each day in your home

You can obtain a more complete list of eligible expenses through IRS Publication #503, “Child and Dependent Care Expenses”. You can get a free copy of this publication by calling 1.800.TAX.FORM (1.800.829.3676) or by visiting irs.gov.

Eligible dependents under the Dependent Care Reimbursement Account

Dependents generally include your children under age 13, your spouse or any other of your dependents who are physically or mentally incapable of caring for themselves. ("Qualifying" individuals are generally persons who can be claimed as dependents on your federal income tax return.) There

are special rules for dependent children of divorced parents, and dependents who are jointly supported by you and another person. Contact your personal tax advisor for more details.

Ineligible expenses

Not all dependent care expenses qualify for reimbursement under the Dependent Care Reimbursement Account. These include (but are not limited to) the following:

- Costs for any person caring for a child or children when you or your spouse are not working (e.g., the cost of a baby-sitter while you and your spouse go to dinner)
- Any expenses if you have a non-working spouse who is not a full-time student or is capable of caring for himself or herself
- Transportation expenses to or from a dependent care center or provider
- Amounts you pay to your spouse or an immediate family member under age 19 (as of the end of the year.) For example, if you pay your 18-year-old child to care for a younger child, these payments are not reimbursable. Payments to relatives who are not dependents of yours or of your spouse, however, may qualify.
- Generally, expenses covered for a domestic partner's child(ren) are not eligible because they are unlikely a qualifying individual pursuant to the definition of eligible expenses. See IRS Publication 503 for definition of eligible expenses and qualifying person.

2021 Dependent Care Reimbursement Account carryover

In 2021, a temporary rollover feature was added to the Dependent Care Reimbursement Account for unused balances from the 2020 plan year to the 2021 plan year and from the 2021 plan year to the 2022 plan year, for employees who were active at the time of the rollover. Generally, if you did not use all of the dollars in your Dependent Care Reimbursement Account during 2020, any remaining balance was automatically rolled over into the 2021 calendar year's account. Similarly, in 2021, any remaining balance was automatically rolled over into the 2022 calendar year's account. Any unused amounts in 2022 will be forfeited—they cannot be returned to you or rolled over to the 2023 plan year.

This rollover feature does not allow you to use dollars allocated to your Dependent Care Reimbursement Account to pay claims incurred under the Health Care Reimbursement Account, or vice versa.

Contribution limits for highly compensated employees

If you are classified as a highly compensated employee under the Internal Revenue Code, your contributions may be limited or adjusted during the year to meet discrimination testing requirements.

If you earn $150,000 per year or more and you have a spouse who could participate in a Dependent Care Reimbursement Account through his or her employer, you may want to consider increasing the contributions to your spouse's plan and decreasing your contributions to this plan.

Earned Income

There are certain cases in which your spouse has no actual "earned income," according to the IRS, but you may still be eligible for Dependent Care Reimbursement benefits. For example, your spouse may be a full-time student (that is, a student during each of five calendar months during the applicable year) at certain educational institutions (any educational organization that normally maintains a regular faculty and curriculum and normally has a regularly enrolled body of pupils or students in

attendance at the place where its educational activities are carried on) or is physically or mentally incapable of caring for himself or herself. In that case, your spouse will be deemed to have earned income during that time of:

- $250 per month if you have only one qualifying dependent for whom you incur covered expenses under the Plan
- $500 per month if you have two or more qualifying dependents for which you incur covered expenses under the Plan

Federal Tax Credit for Children and Dependent Care Expenses

The Dependent Care Reimbursement Account is not the only tax-advantageous way to offset eligible day or elder care expenses. Because of changes in the tax law affecting the Federal tax credit for child and dependent care expenses, you may want to consider using this credit. Your tax filing status, including adjusted gross income, number of dependents receiving care, amount of dependent care expenses and state and local tax laws will determine what is best for you.

Note that you cannot use the Dependent Care Reimbursement Account and the Federal tax credit for child and dependent care expenses for the same expense. If you take advantage of the tax credit for child and dependent care expenses, the allowance you take under such credit is directly offset, dollar for dollar, by the amount distributed to you by the Dependent Care Reimbursement Account.

Because tax laws are complex, change often and affect individuals in different ways, you should discuss your situation with a qualified tax advisor to decide which method is better for you.

Reimbursement

Health Care Reimbursement Account

Your Health Care Reimbursement Account claims will be reimbursed from your account until your claims total the annual pay reduction amount you elected for the year, even if you have not yet had those amounts credited to your account from your payroll deductions.

When using your HealthEquity debit card, the amount you elected for the year will be available to you on the first day of the new calendar year. You will be able to use it to pay for eligible medical expenses, or you can continue to submit paper claims.

When using your HealthEquity debit card, remember that your card can only be used to pay exact amounts you owe for qualified expenses. If your purchase includes nonqualified expenses, you must pay for those items separately with another form of payment.

Important Note: Any claims incurred in the prior calendar year and paid in the current calendar year with prior year funds must be submitted by using the Pay Me Back or Pay My Provider claim form. Funds from the prior year are not available for use on your HealthEquity debit card until after the run-out period has closed on June 30.

Since reimbursement accounts are an IRS-regulated benefit, save all itemized receipts to support any activity against your reimbursement account.

Dependent Care Reimbursement Account

Your Dependent Care Reimbursement Account is funded bi-weekly with your payroll deductions. This means you will only be reimbursed for the amount available in your account at the time a claim is submitted. Any amount above your account balance will be pended and released upon future payroll deductions. Pre-payment for services not yet rendered are not eligible for reimbursement. IRS regulations require that eligible expenses can only be reimbursed if the service was rendered while you are covered under the account.

You can submit for reimbursement from your Dependent Care Reimbursement Account whenever you have an eligible expense and once you have had contributions posted to your Dependent Care account by submitting a Dependent Care Pay Me Back Claim Form directly to the claims administrator. You may submit a statement from the provider indicating the provider's name and tax ID#, dates of service, child's name and amount paid to the daycare provider. Or you may have the provider complete the daycare certification signature line on the Dependent Care Pay Me Back Claim Form.

Filing a claim

To file a paper claim for expenses, complete a Pay Me Back claim form, which can be obtained on the HealthEquity website at healthequity.com/wageworks or by calling HealthEquity at 1.877.924.3967. Claim forms and receipts can be faxed toll-free to 1.877.353.9236 or mailed to PO Box 14053, Lexington, KY 40512.

To file a claim online at healthequity.com/wageworks, log into your account and complete the online Pay Me Back or Pay My Provider claim form. You will need to have your receipt(s) available to scan into an electronic document and then upload to the website.

For eligible expenses incurred during the year you are enrolled, you may submit claims during that calendar year and through the first six months (through June 30) of the following year. The minimum submission for reimbursement is $5. This minimum will be waived for the last claim of the calendar year and through June 30 of the following year (during which time the submissions can be for any amount). Any money unused because you fail to submit proper claims for reimbursement will be forfeited.

Claims Denials and Appeals

The claims denial and appeals process is described in the Health & Wellness Benefits Plans Administration & Participation Summary Plan Description.

When participation in a flexible reimbursement account ends

Under the Health Care and Dependent Care Reimbursement Accounts, you may continue to submit claims for reimbursement through the first six months of the following plan year for expenses incurred prior to your termination date.

If your employment ends and you receive serial severance payments, your Health Care Reimbursement Account contributions will continue to be deducted from your payments and you can receive reimbursements for eligible expenses under the plan. No claims for reimbursement may be submitted for expenses incurred after your termination date, even if that date is not at the end of the plan year.

Under the Health Care Reimbursement Account, when your payments cease, you can no longer make contributions, but your available balance in your Health Care Account remains available for reimbursement for expenses incurred prior to your termination date through the first six months of the following plan year, after which any unused amounts must be forfeited.

Under the Dependent Care Reimbursement Account, you can no longer make contributions while on serial severance, but any funds that have been credited to your Dependent Care Reimbursement Account remain available for reimbursement for expenses incurred prior to your termination date through the first six months of the following plan year, after which any unused amounts must be forfeited.