

Dominion Energy Ohio UWUA Local G555

***Flexible Spending Accounts* Summary Plan Description**

INTRODUCTION

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

Benefits described in the Summary Plan Descriptions (SPDs) are current as of the date indicated at the bottom of the page. Dominion Energy may subsequently provide additional materials that supplement, update or amend the SPDs which will provide you with information regarding changes to your benefits.

Please see the "Additional Information" Summary Plan Description document for details on other rights pertaining to your participation in Dominion Energy's Benefit Plans.

FLEXIBLE SPENDING ACCOUNTS (FSAs)

TABLE OF CONTENTS

ELIGIBILITY	5
Healthcare FSA Eligibility	5
Day Care FSA Eligibility	5
ENROLLMENT.....	5
New Hire	5
Qualifying Life Events	6
Open Enrollment.....	9
Rehire/Reinstate	9
HOW FSAs WORK	9
PLAN CAREFULLY	10
CONTRIBUTIONS.....	10
FILING CLAIMS	11
Grace Period	12
Reimbursements.....	12
Money Left Over.....	13
Special Rule for Military Reservists Called to Duty	13
APPEAL AND REVIEW PROCESS.....	13
HEALTHCARE FSA COVERED/NON-COVERED EXPENSES.....	15
Healthcare FSA – Eligible and Ineligible Expenses:	15
Eligible Dependents	18
DAY CARE FSA COVERED/NON-COVERED EXPENSES.....	19
Day Care FSA – Eligible Expenses	19
Day Care FSA – Ineligible Expenses	19
Eligible Dependents	19

FLEXIBLE SPENDING ACCOUNTS (FSAs)

SPECIAL COVERAGE RULES 21

 Leave of Absence 21

 When Participation Ends 21

 COBRA..... 21

CHANGING OR TERMINATING THE PLAN 21

PLAN DOCUMENTS..... 22

ELIGIBILITY

All active Local G555 employees are eligible to use Flexible Spending Accounts (FSAs).

Healthcare FSA Eligibility

The Healthcare FSA is available to pay for eligible medical expenses incurred by you, your spouse and your dependent children. Eligible dependents for the Healthcare FSA are described on page 18.

The Healthcare FSA is not available to pay for expenses of a domestic partner or a domestic partner's child (unless you have adopted or have legal guardianship of the child). Also, if you elect Medical Plan Option A you cannot participate in a Healthcare FSA.

Day Care FSA Eligibility

The Day Care FSA is available to pay for eligible day care expenses incurred by you for the care of eligible dependents. Eligible dependents for the Day Care FSA are described on page 20.

If you want to use an FSA for day care expenses and you are married, your spouse must be:

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

ENROLLMENT

New Hire

Coverage starts on your first day of work with Dominion Energy. Your first day of work with Dominion Energy is your employment date. You have 31 days to elect your FSA coverage:

- If you enroll within 31 days following your employment date, participation starts as of your employment date; or
- If you do not enroll within 31 days following your employment date, you cannot enroll in an FSA until the next annual Open Enrollment, unless you experience a Qualifying Life Event.

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

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

FLEXIBLE SPENDING ACCOUNTS (FSAs)

entering the last four digits of your Social Security number and your date of birth. You'll then be prompted to create a user ID and password.

Enrollment must be completed within 31 days of your employment date. You may also contact the Dominion Energy Benefit Center (DEBC) at 877-434-6996 with questions or if you prefer to enroll via telephone.

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

Qualifying Life Events

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

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

Event	Healthcare FSA Changes Permitted	Day Care FSA Changes Permitted
Dependent child events		
Birth, adoption, placement for adoption or appointment of legal guardianship	<ul style="list-style-type: none"> • Enroll or increase contributions to account for new child • Cancel or decrease contributions if coverage is obtained under spouse's plan 	<ul style="list-style-type: none"> • Enroll or increase contributions to account for new child
Death of child	<ul style="list-style-type: none"> • Cancel or decrease contributions to account for loss of child 	<ul style="list-style-type: none"> • Cancel or decrease contributions to account for loss of child
Satisfying or ceasing to satisfy eligibility requirements	<ul style="list-style-type: none"> • Enroll or increase contributions to account for newly eligible child • Cancel or decrease contributions to account for newly ineligible child 	<ul style="list-style-type: none"> • Enroll or increase contributions to account for newly eligible child • Cancel or decrease contributions to account for newly ineligible child
Qualified Medical Child Support Order	<ul style="list-style-type: none"> • Enroll or increase contributions for child if required by QMCSO • Cancel or decrease contributions for child if QMCSO requires spouse to provide coverage and spouse does so 	N/A

FLEXIBLE SPENDING ACCOUNTS (FSAs)

Event	Healthcare FSA Changes Permitted	Day Care FSA Changes Permitted
Employee events		
Employee's change in employment or benefit eligibility status**	<ul style="list-style-type: none"> • Enroll to account for new eligibility • Cancel contributions to account for loss of eligibility 	<ul style="list-style-type: none"> • Enroll to account for new eligibility • Cancel contributions to account for loss of eligibility
Other coverage events		
Entitlement or loss of entitlement to Medicare/Medicaid	<ul style="list-style-type: none"> • Cancel or decrease contributions to account for entitlement to Medicare/Medicaid • Enroll or increase contributions to account for loss of Medicare/Medicaid 	N/A
Open enrollment (non-calendar year) in spouse's plan	N/A	<ul style="list-style-type: none"> • Enroll or increase contributions to account for coverage canceled or decreased under spouse's plan • Cancel or decrease contributions to account for coverage added or increased under spouse's plan
Change in the cost of day care imposed by a provider other than a relative	N/A	<ul style="list-style-type: none"> • Enroll or increase contributions to accommodate cost increase • Cancel or decrease contributions to accommodate cost decrease
Spouse events		
Marriage	<ul style="list-style-type: none"> • Enroll or increase contributions to account for spouse • Cancel or decrease contributions if coverage is obtained under spouse's plan 	<ul style="list-style-type: none"> • Enroll or increase contributions to account for newly eligible dependents (e.g. new stepchildren) • Cancel or decrease contributions if spouse is not employed or if coverage is obtained under spouse's plan

FLEXIBLE SPENDING ACCOUNTS (FSAs)

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

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

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

IMPORTANT! When you have a Qualifying Life Event, contact the Dominion Energy Benefit Center at 1-877-434-6996 **within 31 days of the event.*** If your event does not allow a benefit change, you must wait until the next annual Open Enrollment or another Qualifying Life Event to make a change to your benefits.

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

Qualifying Life Event changes take effect as follows:

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

If a spouse or dependent becomes **ineligible** as a result of a Qualifying Life Event, their healthcare or day care expenses will no longer be reimbursable from the FSA, effective

FLEXIBLE SPENDING ACCOUNTS (FSAs)

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

Open Enrollment

Annual Open Enrollment takes place in the fall of each year. It is the time when you can change all of your benefit elections. Changes you make at Open Enrollment are effective the following January 1.

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

Rehire/Reinstate

If you terminate employment and return to work for Dominion Energy in an eligible category for benefits enrollment, your benefit enrollment election depends on the number of days you did not work for Dominion Energy:

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

HOW FSAs WORK

You can pay for certain healthcare and day care out-of-pocket expenses through two Flexible Spending Accounts (FSAs): the Healthcare FSA and the Day Care FSA. You can participate in one or both accounts, or you can waive participation.

Notes:

- *You cannot participate in a Healthcare FSA if you elect Medical Option A.*
- *Domestic partner expenses are not eligible for reimbursement through a Healthcare FSA.*

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

Flexible Spending Accounts are easy to use. You deposit pre-tax money into your FSA through payroll deductions. Then, as you have expenses, you file claims to reimburse yourself for out-of-pocket expenses that are not reimbursed under any other benefit plan. You decide how much to contribute - between \$120 and \$5,000 per year to the Day Care FSA, and between \$120 and \$2,650 per year (for 2019) to the Healthcare FSA. The money you contribute is automatically deducted from your pay before taxes are withheld. All claims for reimbursement must be postmarked by April 30 for expenses incurred during the previous calendar year. You may also submit reimbursement requests for expenses incurred during the "grace period" (January 1 through March 15).

FLEXIBLE SPENDING ACCOUNTS (FSAs)

PLAN CAREFULLY

When you enroll in the Flexible Spending Accounts, you do not need to indicate what your specific expenses will be during the year. However, it is a good idea to estimate the expenses that you generally have during the year so that you contribute the amount that is best for you and your eligible family members.

Flexible Spending Accounts have several restrictions you should know about. Here are a few important tips on how to make the most of your account(s):

- If you do not use the money, you will lose it;
- Transfers are not allowed from the Healthcare FSA to the Day Care FSA, or vice versa;
- You cannot change your contributions during the year unless you experience a Qualifying Life Event;
- Healthcare and Day Care expenses are reimbursed for claims incurred through the Grace Period (January 1 through March 15 after the end of each year). An expense is incurred on the date the service is received — not on the date it is billed, charged or paid; and
- Day Care FSAs are an alternative to the dependent care tax credit that the IRS allows. You may not take the IRS tax credit for expenses you pay through the Day Care FSA. If you put in the maximum amount to your Day Care FSA, you will not be able to take a tax credit on any dependent care expenses.

CONTRIBUTIONS

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

TYPE OF ACCOUNT	MINIMUM ANNUAL CONTRIBUTION	MAXIMUM ANNUAL CONTRIBUTION
Healthcare	\$120	\$2,650*
Day Care	\$120	\$5,000**

**Limit in effect for 2019. To be adjusted annually in accordance with IRS rules.*

****Note:** *There are limitations on the \$5,000 maximum contribution for Day Care:*

- *If you are married and file separate federal tax returns, your maximum is \$2,500;*
- *If your spouse earns less than \$5,000 a year, your maximum is your spouse's actual pay;*
- *Normally, you may not set up a Day Care FSA if your spouse is unemployed. However, if your spouse is disabled or if your spouse is a full-time student for five or more months during the year, you may set up a Day Care FSA. The most you can contribute to your FSA in a year if your spouse is disabled or a full-time student is \$2,400 if you have one dependent and \$4,800 if you have two or more dependents. See "Day Care FSA - Eligible Expenses" in the section WHAT FSAs COVER AND DO NOT COVER for more information; and*

FLEXIBLE SPENDING ACCOUNTS (FSAs)

- *If both you and your spouse set up Day Care FSAs with an employer, the most you and your spouse together can contribute is \$5,000. For example, if your spouse contributed \$2,000, the most you could contribute to your account would be \$3,000.*
- *If you are a highly compensated employee as defined under IRS rules, your Maximum Annual Contribution may be limited to something less than the above amount and your contributions may need to be reduced during the year to satisfy legal requirements. You will be notified if this limitation affects you during any year.*

Any contributions set aside in your FSAs are not subject to federal income, Social Security, or most state income taxes and are not reported as income on your W-2 form. However, those contributions do not affect other Dominion Energy benefits that are based on your pay (such as life insurance and 401(k) contributions).

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

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

FILING CLAIMS

Claims are submitted directly to PayFlex Systems (“PayFlex”), the claims administrator for the FSAs. You may submit a paper FSA claim form (*Health FSA Reimbursement Form or Dependent Care FSA Reimbursement Form*) along with documentation that you incurred the expense. The Healthcare FSA is available if you select Dominion Energy’s Medical Option B or C or if you waive medical coverage through Dominion Energy. You may also use Express Claims on www.mypayflex.com to submit claims online. All mailed claims must be postmarked and all faxed or online claims must be submitted by April 30 for expenses incurred during the previous calendar year.

For healthcare expenses, you can sign up for automatic claim filing if you are enrolled in Dominion Energy Medical Plan Option B or C, Dominion Energy Dental and/or Dominion Energy Vision. If you file a paper claim, you must first file the expense under any medical, dental or vision plan in which you are enrolled, as appropriate for the type of expense. You can then file the remaining expense under your FSA. When filing a claim under a Healthcare FSA, your documentation should list the:

- Provider of the service;
- Date and cost of the service; and
- Type of service or medical supply.

In most cases, you can provide this information by including a copy of the Explanation of Benefits (EOB) that was provided by the claims administrator that initially processed the claim.

The EOB is the form the medical, dental or vision claims administrator sends you that explains the balances due after your medical, dental or vision benefits have been applied

FLEXIBLE SPENDING ACCOUNTS (FSAs)

to a claim. It provides PayFlex with documentation on eligibility for reimbursement from the FSA.

For prescription drug reimbursements, you can either submit a receipt or a prescription history which can be obtained from Express Scripts.

If you sign up for automatic claim filing, information regarding your out-of-pocket expenses processed by Anthem, MetLife, EyeMed and Express Scripts is automatically sent to PayFlex.

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

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

Grace Period

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

Claims incurred through the Grace Period and postmarked by April 30 can be processed for reimbursement using the prior Plan year's FSA balance. Grace period claims are reimbursed in the order in which they are received, first from your previous year's FSA balance until those funds are exhausted, and then from your current year's FSA balance.

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

Special Rule - Switching to Option A

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

Reimbursements

When you submit a claim for reimbursement of healthcare expenses, your full annual contribution amount is immediately available for reimbursement, regardless of your current Healthcare FSA balance.

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

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

Money Left Over

According to IRS rules, any unused deposits for a year that are left in your account after April 30 of the following year must be forfeited. Forfeitures are used by Dominion Energy to offset the costs of administering the Plan.

Special Rule for Military Reservists Called to Duty

A major exception to the forfeiture rule stated above exists for military reservists who are called to active military duty for a period of 180 days or more (or indefinitely). If this happens to you, you may request a distribution of any unused contributions credited to your Healthcare FSA (but not your Day Care FSA). Your distribution request may be submitted any time after your call-up or order but before the following April 30. Any distribution of unused Healthcare FSA contributions under this special rule will be taxable income to you at the time of the distribution. To request a qualified military reservist distribution, please contact the Dominion Energy Benefit Center at 1-877-434-6996.

APPEAL AND REVIEW PROCESS

Enrollment Review

You can request a review of an enrollment/coverage decision made by Dominion Energy. You must submit your request in writing to the Benefits Manager no later than 180 days after the date you received an enrollment/coverage decision. You can submit any additional documents or written comments you feel are relevant to your request, and you can review and request copies of relevant documents from Dominion Energy. The Benefits Manager will respond in writing within 60 days, unless special circumstances require an extension of up to 60 additional days to consider your request. You will be notified if any extension is needed.

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

Claim Appeals

If you have any questions regarding a claim or claim denial, contact PayFlex at 1-800-284-4885. PayFlex will provide you with information regarding the appeal process. As the Claims Administrator, PayFlex is responsible for reviewing all expense reimbursement claims. The Plan Administrator is responsible for reviewing any appeals of denied claims.

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

The notification of the claim denial will state the reason why your claim was denied and reference the specific Plan provision(s) on which the denial is based. If the claim is denied because PayFlex did not receive sufficient information, the claims decision will describe the additional information needed and explain why such information is needed. The notification will also include a description of the Plan review procedures and time

FLEXIBLE SPENDING ACCOUNTS (FSAs)

limits, including a statement of your right to bring a civil action if your claim is denied after an appeal, if applicable.

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

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

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

Final Appeal with the Plan Administrator

If all levels of appeal have been exhausted, the FSA Plan offers a voluntary level of appeal to the Dominion Energy Manager of Benefits. The purpose of the voluntary appeal procedure is to ensure that the Claims Administrator has received all necessary information and taken all appropriate steps to review your case. The Manager of Benefits does not review appeals if a medical judgment is involved.

You must exhaust your appeal rights before filing a voluntary level of appeal with the Manager of Benefits. A voluntary level of appeal request must be submitted in writing within 180 days following the final determination of a claim at the following address:

Dominion Energy
Manager, Benefits
5000 Dominion Blvd
Floor 1NE
Glen Allen, VA 23060

The Manager of Benefits will review the appeal and take into account all the information you submit, regardless of whether the information was considered at the time the Claims Administrator coverage decisions were made. The Manager of Benefits will respond to your appeal request within 60 days after the receipt of your appeal request, unless special circumstances require an extension of time to review your appeal in which case a decision will be made within 120 days after the receipt of your appeal request.

You are not required to file a voluntary level of appeal prior to bringing a civil action in federal court to appeal an adverse benefit determination by PayFlex. Dominion Energy waives any right to assert that you failed to exhaust your administrative remedies under ERISA if you do not elect to submit a voluntary level of appeal.

Dominion Energy agrees that any statute of limitations or other defense based on timeliness is tolled during the time a voluntary level of appeal is pending.

FLEXIBLE SPENDING ACCOUNTS (FSAs)

Upon request, Dominion Energy will provide you with additional information about the voluntary level of appeal process so that you may make an informed judgment about whether to submit a benefit dispute to the voluntary level of appeal. A decision as to whether or not to submit a benefit dispute to the voluntary level of appeal will have no effect on your rights to any other benefits under the FSA Plan. No fees or costs will be imposed on you as part of the voluntary level of appeal process.

Your Contact at Dominion Energy

If you have questions or concerns about how the Claims Administrator has processed your claim you should contact the Claims Administrator to understand how the claim was processed, how the Plan provisions apply and to determine if you or your provider needs to provide additional information. Should you still have questions or concerns, you can contact Dominion Energy's Benefits Manager at the address below:

Dominion Energy
Benefits Manager
5000 Dominion Blvd
Floor 1NE
Glen Allen, VA 23060

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

Action of the Administrative Benefits Committee

The Benefits Manager can ask Dominion Energy's Administrative Benefits Committee (ABC) to consider changes to the design of the Plan.

The ABC makes decisions to change or not change the Plan design. The ABC can consider proposed changes as they would apply to all Plan participants. The ABC will not modify the Plan on behalf of an individual claimant or review determinations of the Claims Administrator.

HEALTHCARE FSA COVERED/NON-COVERED EXPENSES

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

Healthcare FSA – Eligible and Ineligible Expenses:

Expense	Eligible	Ineligible
Dental/ Orthodontic Care	<ul style="list-style-type: none">• Dental care• Artificial teeth/dentures• Cost of fluoridation of home water supply advised by dentist	<ul style="list-style-type: none">• Teeth bleaching• Tooth veneers or bonding that is not medically necessary

FLEXIBLE SPENDING ACCOUNTS (FSAs)

Expense	Eligible	Ineligible
	<ul style="list-style-type: none"> • Braces, orthodontic services (only those incurred within the active plan year) 	
Disability Assistance	<ul style="list-style-type: none"> • Cost of guide for a blind person • Cost of note-taker for a deaf child in school • Cost of Braille books and magazines in excess of cost of regular editions • Seeing eye dog (cost of buying, training and maintaining) • Hearing-trained cat or other animal to assist deaf person (cost of buying, training and maintaining) • Household visual alert system for deaf person • Excess costs of specifically equipping automobile for a disabled person over the cost of ordinary automobile; device for lifting a disabled person into automobile 	
Drugs	<ul style="list-style-type: none"> • Both prescription and over-the-counter drugs with a doctor's prescription • Viagra • Birth control drugs • Insulin 	<ul style="list-style-type: none"> • Dietary supplements including vitamins, pre-natal vitamins (even if doctor prescribed) and herbs • Drugs for cosmetic purposes • Over-the-counter drugs without a doctor's prescription
Fees	<ul style="list-style-type: none"> • Physician's fees • Routine/preventive physicals • Obstetrical expenses • Hospital services • Nursing services for care of a specific medical ailment • Cost of a nurse's room and board when nurse services qualify • The Social Security tax paid with respect to wages of a nurse when nurse's services qualify • Surgical or diagnostic services • Legal sterilization • Cosmetic surgery/procedures that treat deformity caused by an accident or trauma, disease, or an abnormality at birth • Services of chiropractors and osteopaths • Anesthesiologist fees • Dermatologist fees • Gynecologist fees 	<ul style="list-style-type: none"> • Cosmetic surgery/procedures that improve patient's appearance but do not meaningfully promote the proper function of the body or prevent/treat an illness/disease • Payments to domestic help, companion, babysitter, chauffeur, etc. who primarily render services of a non-medical nature • Nursemaids or practical nurses who render general care for healthy infants <ul style="list-style-type: none"> ▪ Payments for child care (eligible under the Day Care FSA)

FLEXIBLE SPENDING ACCOUNTS (FSAs)

Expense	Eligible	Ineligible
Insurance	<ul style="list-style-type: none"> • Deductibles and copayments for health care plans (medical, dental, vision) • Coinsurance (the percentage of charges not paid by your health care plan) • Amounts over usual and customary limits 	<ul style="list-style-type: none"> ▪ All premiums/contributions for insurance coverage (including health insurance, long-term care, loss of income and loss of life) ▪ Expenses paid by your health care plan
Medical Equipment	<ul style="list-style-type: none"> • Wheelchair or autoeette (cost of operating/maintaining) • Walkers, canes and crutches (purchased or rented) • Oxygen equipment and oxygen used to relieve breathing problems that result from a medical condition • Artificial limbs • Support hose (if medically necessary) • Wigs (where necessary for mental health of individual who loses hair because of disease) 	<ul style="list-style-type: none"> • Wigs, when not medically necessary for mental health • Vacuum cleaner purchased by an individual with dust allergy
Miscellaneous Charges	<ul style="list-style-type: none"> • Sales tax associated with an eligible expense • Hearing aids, batteries for operation of hearing aids, hearing aid repairs • Expenses connected with donating an organ • Cost of computer storage of medical records • Transportation expenses primarily for, and essential to, medical care including car mileage, bus, taxi, train, plane fares, ambulance services, parking fees and tolls <ul style="list-style-type: none"> ▪ Lodging expenses (not provided in a hospital or similar institution) not to exceed \$50 per night per individual while away from home if the lodging is primarily for and essential to medical care provided by a doctor 	<ul style="list-style-type: none"> • Expenses of divorce when doctor or psychiatrist recommends divorce • Cost of toiletries, cosmetics and sundry items (e.g. soap, toothbrushes) • Maternity clothes • Diaper service • Distilled water purchased to avoid drinking fluoridated city water supply • Installation of power steering in an automobile • Pajamas purchased to wear in hospital • Mobile telephone used for personal phone calls as well as calls to a physician
Psychiatric Care	<ul style="list-style-type: none"> • Services of psychotherapists, psychiatrists and psychologists • Legal fees directly related to commitment of a mentally ill person 	<ul style="list-style-type: none"> • Psychoanalysis undertaken to satisfy curriculum requirements of a student • Marriage counseling
Treatment/Therapies	<ul style="list-style-type: none"> • Weight loss programs prescribed to treat a medical condition • X-ray treatments • Smoking cessation programs 	<ul style="list-style-type: none"> • Physical treatments unrelated to specific health problem (e.g., massage for general well-being) • Any illegal treatment

FLEXIBLE SPENDING ACCOUNTS (FSAs)

Expense	Eligible	Ineligible
	<ul style="list-style-type: none"> • Treatment for alcoholism or drug dependency • Acupuncture • Vaccinations • Physical therapy (as a medical treatment) • Speech therapy • Occupational therapy • Infertility treatment 	
Vision Care	<ul style="list-style-type: none"> • Optometrist or ophthalmologist fees • Eyeglasses • Contact lenses and cleaning solutions • Prescription sunglasses • Corrective eye surgery (such as radial keratotomy) 	<ul style="list-style-type: none"> • Lens replacement insurance • Warranties • Protection plans • Coating/tints that do not treat a medical condition

Eligible Dependents

Only the following individuals are eligible to have expenses reimbursed under the Healthcare FSA:

- Your **spouse**, the person to whom you are legally married and for whom you have a valid government issued marriage certificate.
- Your **children**, regardless of marital status, (defined as your natural children, legally adopted children, children placed with you for legal adoption, foster children, and stepchildren) who are under age 26.
- Your **disabled children** age 26 or older, provided:
 - they became disabled before age 26;
 - they were enrolled in the Plan at the time they became disabled (or, in the case of a newly-hired employee with a child who is already disabled, the child is enrolled immediately upon the employee's employment);
 - they remain continuously enrolled in the plan following the disability; and
 - they qualify as your dependent for tax purposes (i.e. you can claim him or her as a dependent on your federal income tax return for the year).*

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

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

*The rules for dependent status can be very complicated. It is your responsibility to ensure that expenses are reimbursed from your Healthcare FSA only for individuals who

FLEXIBLE SPENDING ACCOUNTS (FSAs)

qualify as your dependent for tax purposes. For a more detailed explanation of the requirements for tax dependent status, please see IRS Publication 17, Your Federal Income Tax, available at www.irs.gov.

DAY CARE FSA COVERED/NON-COVERED EXPENSES

Day Care FSA – Eligible Expenses

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

- Licensed nursery schools and day care centers, including those for disabled dependent care;
- Work-related babysitting, provided in your home (care may be provided by your relatives or your children over the age of 19 whom you cannot claim on your federal income tax return);
- Work-related babysitting provided out of your home for your qualifying dependent child under age 13 or a qualifying disabled dependent who regularly spends at least 8 hours per day in your home (care may be provided by your relatives or your children over the age of 19 whom you cannot claim on your federal income tax return);
- Housekeepers in your home, if their work includes caring for your dependents;
- Social Security and unemployment taxes — and any similar state taxes — you are required to pay for someone who provides care for your dependents;
- Adult day care;
- Day camp programs; and
- Transportation costs charged by a dependent care provider.

Day Care FSA – Ineligible Expenses

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

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

Eligible Dependents

Eligible dependents for whom day care expenses are reimbursable under the Plan are:

FLEXIBLE SPENDING ACCOUNTS (FSAs)

Dependent Children. This includes your children under age 13 who have the same principal residence as you for more than half the calendar year and who do not provide more than half of their own support for the calendar year. "Children" includes your children, adopted children, children placed with you for adoption, and stepchildren, as well as your sibling or stepsibling or any descendant of any individual named above.

Disabled Dependents. This includes your spouse or any other dependents (defined below), regardless of age, who are physically or mentally incapable of caring for themselves. Dependents for this purpose include:

- Your unmarried child (or descendant of your child), brother, sister, stepbrother or stepsister (or descendent of any such person) who:
 - Has the same principal residence as you do for more than half the calendar year; and
 - Does not provide over half of his/her own support for the calendar year.
- Your brother, sister, stepbrother, stepsister, father, mother, ancestor of your father or mother, stepfather, stepmother, niece or nephew, aunt or uncle, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law who:
 - Has the same principal residence as you for more than half the calendar year;
 - Receives over half of his/her support for the calendar year from you; and
 - Is not anyone else's dependent child for tax purposes.

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

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

If you are married, certain limitations apply:

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

Example

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

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

Example

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

FLEXIBLE SPENDING ACCOUNTS (FSAs)

earned income is at least \$4,000). If your spouse is physically or mentally disabled for the entire calendar year and you incur day care expenses for two children, it will be assumed that your spouse has earned income equal to \$4,800 (12 times \$400 per month).

- If both you and your spouse set up Day Care FSAs, the most that both of you together can contribute is \$5,000. Likewise, the most that you and your spouse together can receive in reimbursement is \$5,000 per year.

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

SPECIAL COVERAGE RULES

Leave of Absence

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

When Participation Ends

Your participation in the Flexible Spending Account (FSA) continues through the last day of the month in which any of the following occurs:

- Your employment with Dominion Energy terminates;
- You cease to meet the eligibility requirements;
- You fail to make the required contributions to the Plan; or
- Termination of the Plan causes coverage to end.

COBRA

You may be able to continue your Healthcare FSA coverage as provided for by the Consolidated Omnibus Budget Reconciliation Act (COBRA). See the Additional Information SPD for details.

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

CHANGING OR TERMINATING THE PLAN

Except as set forth in the following paragraph, no changes affecting benefits provided under the Flexible Spending Account Plan may be made without the written consent of the Executive Committee of the Union.

Dominion Energy reserves the right to amend the Plan and revise the Summary Plan Description at any future date, without the consent of the Executive Committee of the Union for the following reasons: (1) to make nondiscretionary changes that are required to comply with federal and state laws, regulations and official regulatory guidance of general applicability, (2) to make changes in the organizations engaged to administer the plan, or (3) to update contact names, phone numbers, physical addresses, internet addresses or similar information. In the event of any such change, Dominion Energy shall provide written notice of the change to the Executive Committee of the Union within thirty (30) days before the effective date of the change, or as soon as practicable thereafter.

PLAN DOCUMENTS

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