Dependent Care
Flexible Spending Account
Offered under the Mayo Cafeteria Plan
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>CONTACT INFORMATION</td>
<td>2</td>
</tr>
<tr>
<td>ELIGIBILITY AND PARTICIPATION</td>
<td>3</td>
</tr>
<tr>
<td>Eligibility for Coverage</td>
<td>3</td>
</tr>
<tr>
<td>When You Can Enroll</td>
<td>3</td>
</tr>
<tr>
<td>How You Pay Dependent Care FSA Contributions and Mid-Year Election Changes</td>
<td>3</td>
</tr>
<tr>
<td>WHEN COVERAGE ENDS</td>
<td>4</td>
</tr>
<tr>
<td>Employee Coverage Ends</td>
<td>4</td>
</tr>
<tr>
<td>Effect of Termination of Coverage</td>
<td>4</td>
</tr>
<tr>
<td>Additional Termination of Coverage Rules</td>
<td>4</td>
</tr>
<tr>
<td>DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT</td>
<td>5</td>
</tr>
<tr>
<td>Annual Contributions</td>
<td>5</td>
</tr>
<tr>
<td>Tax Benefits</td>
<td>5</td>
</tr>
<tr>
<td>Employee Contributions</td>
<td>6</td>
</tr>
<tr>
<td>Information Regarding Your Account</td>
<td>6</td>
</tr>
<tr>
<td>ELIGIBLE EXPENSES</td>
<td>7</td>
</tr>
<tr>
<td>INELIGIBLE EXPENSES</td>
<td>8</td>
</tr>
<tr>
<td>BACK-UP DEPENDENT CARE SERVICES</td>
<td>9</td>
</tr>
<tr>
<td>CLAIM PAYMENT AND APPEAL PROCEDURES</td>
<td>11</td>
</tr>
<tr>
<td>Important Notes:</td>
<td>11</td>
</tr>
<tr>
<td>CLAIMS PROCEDURE</td>
<td>12</td>
</tr>
<tr>
<td>Filing an Initial Claim</td>
<td>12</td>
</tr>
<tr>
<td>Time for Filing a Claim</td>
<td>12</td>
</tr>
<tr>
<td>Filing a Claim</td>
<td>12</td>
</tr>
<tr>
<td>Claim Decision</td>
<td>12</td>
</tr>
<tr>
<td>Claim Payment</td>
<td>12</td>
</tr>
<tr>
<td>APPEAL PROCEDURE</td>
<td>13</td>
</tr>
<tr>
<td>Time for Filing an Appeal</td>
<td>13</td>
</tr>
<tr>
<td>Filing an Appeal</td>
<td>13</td>
</tr>
<tr>
<td>Notification of Appeal Decision</td>
<td>13</td>
</tr>
<tr>
<td>GENERAL RULES FOR CLAIM PROCEDURES</td>
<td>14</td>
</tr>
<tr>
<td>Authority</td>
<td>14</td>
</tr>
<tr>
<td>Time Limits for Commencing Legal Action</td>
<td>14</td>
</tr>
<tr>
<td>Exhaustion of Administrative Remedies</td>
<td>14</td>
</tr>
<tr>
<td>NON-ERISA STATUS OF PLAN</td>
<td>15</td>
</tr>
</tbody>
</table>
INTRODUCTION

This benefits booklet for the Dependent Care Flexible Spending Account Plan (the “Dependent Care FSA Plan”) provides information that is applicable to the Dependent Care Flexible Spending Account (“Dependent Care FSA”) benefits offered under the Mayo Cafeteria Plan. This benefits booklet describes your Dependent Care FSA Plan benefits, how to submit a claim for benefits, who reviews claims for benefits and other important information about the Dependent Care FSA Plan.

The General Information Booklet for the Mayo Clinic Health & Welfare Benefits Plan (the “General Information Booklet”) provides information about eligibility for coverage under the Dependent Care FSA Plan, how to enroll, opportunities to make mid-year changes, when coverage ends and how you may be able to continue coverage under the Dependent Care FSA Plan if it ends. It also contains information such as who has the right to amend and terminate the Dependent Care FSA Plan.

This benefits booklet, together with the General Information Booklet, describes the Dependent Care FSA Plan as in effect on January 1, 2020 and replaces all prior descriptions of the Dependent Care FSA Plan. It is intended to provide a summary of your benefits available under the Dependent Care FSA Plan. If there are any discrepancies between the General Information Booklet or this benefits booklet and the governing plan documents, the plan documents will control.

Mayo Clinic sponsors the Dependent Care FSA Plan to reimburse eligible employees of Mayo Clinic and its affiliates that participate in the Dependent Care FSA Plan (collectively referred to with Mayo Clinic as “Mayo”) for eligible dependent care expenses on a pre-tax basis.

The Dependent Care FSA Plan is a dependent care assistance program under Section 129 of the Internal Revenue Code of 1985, as amended (the “Code”). Many of the provisions in the Dependent Care FSA Plan are interrelated. Therefore, please review the General Information Booklet and this benefits booklet in their entirety so that you understand fully what your benefits and responsibilities are with respect to the Dependent Care FSA Plan.
CONTACT INFORMATION

Medica ONESource is the Claims Administrator for the Dependent Care FSA Plan and processes claims and answers claims-related questions for the Dependent Care FSA Plan.

Medica ONESource customer service representatives are available to answer any questions or concerns regarding Dependent Care FSA claims and benefits. For enrollment or eligibility questions, please contact Mayo’s HR Connect.

<table>
<thead>
<tr>
<th>QUESTIONS ABOUT DEPENDENT CARE FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-866-839-4015</td>
</tr>
<tr>
<td>TTY Users: National Relay Center:</td>
</tr>
<tr>
<td>711 then ask them to dial Medica ONESource at</td>
</tr>
<tr>
<td>1-866-839-4015</td>
</tr>
<tr>
<td><a href="http://www.Medica.com/MemberSite">www.Medica.com/MemberSite</a></td>
</tr>
<tr>
<td>M–F, 7 a.m. to 8 p.m. CT (excluding Thursdays 8 a.m. to 9 a.m. CT and holidays)</td>
</tr>
<tr>
<td>Saturday: 9 a.m. to 3 p.m. CT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>QUESTIONS ABOUT ENROLLMENT/ELIGIBILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>HR Connect</td>
</tr>
<tr>
<td>200 First Street SW</td>
</tr>
<tr>
<td>Rochester, MN 55905</td>
</tr>
<tr>
<td>507-266-0440 (local)</td>
</tr>
<tr>
<td>1-888-266-0440 (toll free)</td>
</tr>
<tr>
<td>M – F, 7 a.m. to 6 p.m. CT (excluding holidays)</td>
</tr>
</tbody>
</table>

HR Connect has access to translation services to meet the needs of non-English speaking persons.

El presente Resumen del Plan de Descripción está redactado en inglés y ofrece detalles sobre sus derechos y beneficios bajo el plan. Si tiene alguna dificultad para entender cualquier parte de este documento, por favor comuníquese con el Centro para Servicios al Empleado, a los números que constan abajo.
ELIGIBILITY AND PARTICIPATION

Eligibility for Coverage

You are eligible for coverage under the Dependent Care FSA Plan only if you are an eligible employee as described in the *Who is Eligible* section of the General Information Booklet.

Please refer to the General Information Booklet for additional information regarding your eligibility for participation in the Dependent Care FSA Plan during a leave of absence, but note that any contributions you make to your Dependent Care FSA during an unpaid or third-party paid leave must be made with after-tax dollars.

When You Can Enroll

Please refer to the *When You Can Enroll* section of the General Information Booklet for information regarding your ability to enroll in the Dependent Care FSA Plan during your initial enrollment period and/or during an open enrollment period.

How You Pay Dependent Care FSA Contributions and Mid-Year Election Changes

If you elect to participate in the Dependent Care FSA Plan, your contributions will be made through pre-tax salary reductions each payroll period. Your taxable compensation from Mayo will be correspondingly reduced by the amount of the annual contributions you elect, which reduces the taxable income reported by Mayo on your Form W-2. Because your contributions to your Dependent Care FSA are made through pre-tax salary reductions, federal law limits the circumstances under which you can make changes to your pre-tax election during the calendar year.

Please refer to the *Mid-Year Election Changes* section of the General Information Booklet for additional information regarding your Dependent Care FSA contributions and the circumstances under which you can make mid-year election changes to your Dependent Care FSA contributions.
WHEN COVERAGE ENDS

Employee Coverage Ends
Your coverage under the Dependent Care FSA Plan ends at midnight on the earliest of the following dates:

1. The date on which you terminate employment with Mayo.
2. The date your employment position or status changes such that you are no longer an eligible employee or no longer satisfy the eligibility requirements.
3. The date ending the period for which the last contribution is made if you fail to make any required contributions when due.
4. The effective date of termination of the Dependent Care FSA Plan or your employer’s participation in the Dependent Care FSA Plan.
5. The date of your death.
6. If the Dependent Care FSA Plan is amended so that you lose coverage, the effective date of the amendment.
7. The last day of the calendar year for which you have a benefit election in effect.
8. The last day of the pay period in which you request that your benefit election be terminated as a result of, and consistent with, a change in status event or leave of absence rule.

Effect of Termination of Coverage
On the date your participation ends, no further reductions in pay will be contributed to your accounts. All claims must be submitted for reimbursement by March 31 following the year in which your participation terminated. In the event of your death, the person entitled to receive payment under applicable law can submit claims for expenses incurred prior to your death to the extent those claims would have been eligible for reimbursement to you.

Additional Termination of Coverage Rules
Please refer to the General Information Booklet for additional termination of coverage rules applicable to the Dependent Care FSA Plan.
The Dependent Care Flexible Spending Account section describes important information about your Dependent Care FSA including, but not limited to, contribution limits, reimbursement information, tax benefits and the definitions of dependent and dependent care expenses.

**Annual Contributions**

The Dependent Care FSA Plan allows you to contribute up to $5,000 pre-tax dollars annually to a Dependent Care FSA to pay for eligible out-of-pocket dependent care expenses incurred in order for you and, if you are married, your spouse to work or look for work. You may be reimbursed under the Dependent Care FSA for qualifying expenses for “day care.”

The minimum employee contribution is $5 per payroll, or $130 annually. The maximum family contribution is the lesser of $5,000 annually, your earned income or your spouse’s earned income. Special rules apply if your spouse is a student or incapable of self-care; please contact HR Connect if this applies to you. If you and your spouse file federal income tax returns separately, the maximum contribution is $2,500 annually.

To be eligible for reimbursement, the expense must be incurred during the calendar year while you are a participant and must not be reimbursed by any other dependent care reimbursement accounts. Expenses are incurred when services are provided, not when you are billed for or pay for the services.

Note that you may not claim a dependent care tax credit on your federal income tax return for expenses for which you were reimbursed from your Dependent Care FSA.

**Tax Benefits**

You will save money when you use pre-tax dollars to reimburse your eligible dependent care expenses. In most cases, you will not pay federal income tax (approximately 10-35 percent), state income tax (approximately 3 percent), or Social Security (FICA) tax (approximately 7.65 percent) on the amount you contribute to or are reimbursed from the Dependent Care FSA Plan.

Because your contributions are deducted before your Social Security taxes are calculated, your Social Security benefit may be affected. In addition, you may not claim a dependent care tax credit on your federal income taxes for amounts reimbursed from your Dependent Care FSA. For some employees, it may be preferable to use the dependent care expense tax credit rather than to participate in the Dependent Care FSA Plan. The tax savings associated with participation in the Dependent Care FSA Plan will vary from taxpayer to taxpayer based on personal circumstances, exemptions, deductions and filing status. You may want to discuss these issues with your tax advisor.
Employee Contributions

You must carefully plan the amount you wish to contribute to a Dependent Care FSA because the Dependent Care FSA Plan is governed by federal regulations and restrictions.

Important points to remember:

- **No Tax Credit.** You cannot take a tax credit on your federal income tax return for expenses reimbursed from your Dependent Care FSA.

- **No Change to Election.** During the year you cannot change your contribution election except under certain conditions. Please refer to the *Mid-Year Election Changes* section of the General Information Booklet for additional information.

- **Use It or Lose It.** If your contributions during the year exceed the eligible expenses you incur during that year, you will forfeit the excess money in your Dependent Care FSA at the end of the year.

- **Filing Deadline.** Even if you incur eligible expenses for the year, if you do not file a claim for reimbursement of those expenses by the filing deadline, you will forfeit the amount remaining in your Dependent Care FSA. The filing deadline for the Dependent Care FSA Plan is March 31 of the calendar year following the calendar year in which the expenses are incurred.

Definition of Dependent

The definition of dependent for this Dependent Care FSA Plan is different than for the Mayo Medical Plan or for the Health Care Flexible Spending Account. Generally, your dependent for purposes of reimbursement from your Dependent Care FSA (and as used throughout the Dependent Care FSA Plan) must be a “Qualifying Individual” under the Code, which means:

- your child who is your dependent for tax purposes, is under age 13 and is your qualifying child as defined under the Code,

- a relative who is your dependent for tax purposes and is physically or mentally incapable of caring for himself or herself, who has the same principal place of abode as you for more than one-half of the calendar year, or

- your spouse, if he or she is physically or mentally incapable of caring for himself or herself and has the same principal place of abode as you for more than one-half of the calendar year.

Note that you are not entitled to reimbursement of expenses for care of an individual who is not a U.S. citizen or national, unless the individual is a resident of Canada or Mexico.

In the case of parents who are divorced, separated or live apart at all times during the last six months of the calendar year, a “Qualifying Individual” who is a child is treated as a Qualifying Individual of the custodial parent and is not treated a as Qualifying Individual with respect to the non-custodial parent.

Information Regarding Your Account

Detailed information about your account contributions and payments are available by accessing the Medica ONESource website www.Medica.com/MemberSite. Account information may also be obtained by calling Medica ONESource at 866-839-4015.
ELIGIBLE EXPENSES

Important Note: In administering the Dependent Care FSA Plan, Medica ONESource may, in its sole discretion, consult various Internal Revenue Service publications, rulings, notices and other authorities to determine if an expense is an eligible dependent care expense. Medica ONESource reserves the right to deny payment for any service that it determines is not an eligible dependent care expense.

Dependent care expenses for which you submit a claim must be for the care of a Qualifying Individual or for related household services to the extent that such expenses are “employment related.” This means the expenses must be necessary to allow you (and your spouse, if married) to work or to look for work.

However, certain exceptions under the Code apply. For example, you cannot be reimbursed for any expenses paid to your spouse, your child who is under 19 years of age at the end of the calendar year in which the expenses were incurred or the parent of your child who is not your spouse.

Following is a list of common expenses that may be reimbursed from a Dependent Care FSA:

- After school or extended day programs
- Dependent care center expenses
- Dependent care expenses incurred in connection with self-employment that allows one or more custodial parent(s) to be gainfully employed
- Dependent care provider inside or outside the participant’s household (unless the care is being given by a child of the employee under age 19 or otherwise claimed as a dependent by the employee)
- Employment of an au pair. Up front fees may be reimbursed proportionately over the duration of the au pair agreement.
- Expenses paid to relative of participant for dependent care (unless the care is being given by a child of the employee under age 19 or otherwise claimed as a dependent by the employee)
- FICA and FUTA taxes of daycare provider
- Nanny expenses
- Preschool and nursery school expenses
- Summer day camp (if primary purpose is custodial and not educational)

These examples are not intended to be comprehensive. If you have questions about whether an expense is reimbursable, call Medica ONESource at the number listed in the Contact Information.
INELIGIBLE EXPENSES

**Important Note:** In administering the Dependent Care FSA Plan, Medica ONESource may, in its sole discretion, consult various Internal Revenue Service publications, rulings, notices and other authorities to determine if an expense is eligible. Medica ONESource reserves the right to deny payment for any service it considers ineligible.

The following is a list of examples of ineligible dependent care expenses:

- Activity fees
- Chauffeur
- Disabled spouse or tax dependent living outside the home
- Educational expenses (kindergarten and above)
- Expenses incurred in another plan year, in which you are not enrolled the Plan
- Expenses paid to relative of participant for dependent care if care is provided by a child of the employee under age 19 or otherwise claimed as a dependent by the employee
- Food expenses
- Household services (i.e., cook, gardener, housekeeper, maid, etc.)
- Overnight camp expenses
- Pre-payment of dependent care expenses
- Transportation expenses
- Vacation day fees for which the participant for dependent care did not receive care on the day(s) charged

**These examples are not intended to be comprehensive.** If you have questions about whether an expense is reimbursable, call Medica ONESource at the number listed in the Contact Information.
Over the past few years, Mayo has expanded dependent care options to better serve the needs of Arizona, Florida and Rochester staff, such as the following:

- Bright Horizons Back-Up Child Care Center in Rochester
- Bright Horizons Back-Up Care™
- Mayo Clinic Sick Child Care Center (Children's R&R)

If you are benefits-eligible, you may take advantage of the services offered when regular care falls through or your child (or qualified adult family member) is mildly ill, so you can go to work.

Note that in addition to any election you make to contribute to a Dependent Care FSA on a pre-tax basis, the value of the Mayo-subsidized back-up dependent care services is also included in the $5,000 tax-free threshold imposed under the Code. In the event the $5,000 threshold is exceeded, you will be responsible for the taxable impact of the surplus.

Note the following examples illustrating the above rule:

1. If you elect to contribute $5,000 to the Dependent Care FSA for any given calendar year and you use a child or adult care service subsidized by Mayo during that same calendar year, the cost that Mayo pays will be added as taxable income on your paycheck in the month following the month in which care was received. This cost also will appear on your Form W-2 for such calendar year.

2. If you have not elected to contribute to the Dependent Care FSA, and use 20 days of Children's R&R and nine days of Bright Horizons Back-Up Care™, and the total combined cost of these (excluding any copayments) is $6,045, you will see $1,045 added as taxable income on your paycheck in the month following the month in which care was received, because the cost is more than the $5,000 Code limit. This also will appear on your Form W-2 for such calendar year.

Site costs and services available effective as of January 1, 2020 are outlined in the below table. Please note that quoted rates are subject to change at any time.
### Campus Services

<table>
<thead>
<tr>
<th>Campus</th>
<th>Services Available</th>
<th>Employer Cost *</th>
<th>Staff Copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arizona</td>
<td>Bright Horizons Back-Up Care™ (Adult/Child Care Services)</td>
<td><strong>In-Home</strong>&lt;br&gt;$42.00 Per Hour (Four-Hour Minimum) Up to Three Individuals</td>
<td><strong>In-Home</strong>&lt;br&gt;$8 Per Hour (Four-Hour Minimum) Up to Three Individuals</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>In-Network Center</strong>&lt;br&gt;$42.00 Per Hour Per Child (Four-Hour Minimum)</td>
<td><strong>In-Network Center</strong>&lt;br&gt;$6 Per Hour Per Child (Four-Hour Minimum)</td>
</tr>
<tr>
<td>Florida</td>
<td>Bright Horizons Back-Up Care™ (Adult/Child Care Services)</td>
<td><strong>In-Home</strong>&lt;br&gt;$34.38 Per Hour (Four-Hour Minimum) Up to Three Individuals</td>
<td><strong>In-Home</strong>&lt;br&gt;$8 Per Hour (Four-Hour Minimum) Up to Three Individuals</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>In-Network Center</strong>&lt;br&gt;$34.38 Per Hour Per Child (Four-Hour Minimum) Up to Three Individuals</td>
<td><strong>In-Network Center</strong>&lt;br&gt;$6 Per Hour Per Child (Four-Hour Minimum)</td>
</tr>
<tr>
<td>Rochester</td>
<td>Bright Horizons Back-Up Care™ (Adult/Child Care Services)</td>
<td><strong>In-Home</strong>&lt;br&gt;$340.12 Daily (10-Hour Day) Up to Three Individuals</td>
<td><strong>In-Home</strong>&lt;br&gt;$60 (Up to Three Individuals)</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>In-Network Center</strong>&lt;br&gt;$340.12 Per Child Daily (12-Hour Day)</td>
<td><strong>In-Network Center</strong>&lt;br&gt;$40 Per Child $60 Per Family</td>
</tr>
<tr>
<td></td>
<td>Children's R&amp;R (Sick Child)</td>
<td>$192 Per Day</td>
<td>No Copay</td>
</tr>
<tr>
<td></td>
<td>Mayo Clinic Employee Backup Center</td>
<td>$152 Per Day</td>
<td>$15 Per Child $20 Per Family</td>
</tr>
</tbody>
</table>

*Based on 2019 rates
CLAIM PAYMENT AND APPEAL PROCEDURES

Important Notes:

Unless specifically noted, oral inquiries about coverage and benefits are not considered claims or appeals.

All time periods described in this section are in calendar days, not business days.

If you do not file a claim or follow the claim procedures, you are giving up important legal rights.

The addresses for *Claims Administrator* responsible for deciding claims in the Dependent Care FSA Plan are given in a chart in the General Information Booklet.
CLAIMS PROCEDURE

This Section explains how to submit claims for reimbursement from your Dependent Care FSA.

Filing an Initial Claim

Important Note: Dependent care expenses for which you submit a claim must be “employment related.” This means the expenses must be necessary to allow you (and your spouse, if married) to work or to look for work.

Time for Filing a Claim

Your claim must be received by the Claims Administrator no later than March 31 of the calendar year following the calendar year in which the expenses are incurred. You will forfeit or lose any amounts credited to your Dependent Care FSA that remain in your Dependent Care FSA after all your claims received by the Claims Administrator through March 31 have been processed.

Filing a Claim

Your claims may be submitted by using the online portal, mobile app or by submitting a paper Dependent Care Flexible Spending Account claim form in accordance with all instructions. Forms are available by contacting the Claims Administrator or on the Mayo intranet. If necessary, attach to the claim form a receipt or itemized statement from your provider. The receipt or statement should include the following information:

- Amount of the charges
- Date(s) of service
- Name and address of provider
- Names and ages or dependent for whom care was provided
- Provider Social Security Number or Tax ID Number

Claim Decision

The Claims Administrator will typically decide your claim within 30 days. If your claim is denied in whole or in part, you will receive a written notification.

You may be notified that an extension of up to 15 days is needed to decide your claim. If the extension is required because you need to provide additional information in order for your claim to be decided, you will be given at least 45 days to provide that information.

Claim Payment

Reimbursements of eligible dependent care expenses from your Dependent Care FSA will be provided to you through direct deposit or a check mailed to your home. You may set up direct deposit on the online portal at www.Medica.com/MemberSite or by calling Medica ONESource.
APPEAL PROCEDURE

Time for Filing an Appeal

You must file an appeal within 180 days after the date you receive notice that your claim for reimbursement from the Dependent Care FSA is denied. If an appeal is not filed within this 180-day period, you lose the right to appeal.

Filing an Appeal

Your written appeal must be submitted to the Claims Administrator and must include the following information:

- Name of plan
- Your name and address
- Information regarding the denial of your claim benefits
- A statement that you are appealing the denial of benefits
- The reason(s) you disagree with the denial of your claim
- Any information, documents or arguments you want considered in your appeal

Notification of Appeal Decision

The Claims Administrator will generally decide your appeal within 30 days after its receipt. If your appeal is denied, you will be notified in writing.
GENERAL RULES FOR CLAIM PROCEDURES

Authority

The Salary & Benefits Committee is the Plan Administrator of the Dependent Care FSA Plan and has delegated the authority to decide benefit claims and appeals to the Claims Administrator described in these claim procedures. Medica ONESource, as the Claims Administrator, has the discretion, authority and responsibility to make final decisions on all factual and legal questions under the Dependent Care FSA Plan, to interpret and construe the Dependent Care FSA Plan and any ambiguous or unclear terms, and to determine whether a participant is eligible for benefits and the amount of the benefits. The Claims Administrator may rely on any applicable statute of limitations as a basis to deny a claim. The Claims Administrator’s decisions are conclusive and binding on all parties.

Time Limits for Commencing Legal Action

If you file your initial claim and appeal within the required time and the Claims Administrator denies your claim and appeal, you may sue over your claim (unless you have executed a release on your claim). You must, however, commence that suit within one year from the time your final appeal was denied under the Dependent Care FSA Plan’s claims procedures.

Exhaustion of Administrative Remedies

Before commencing legal action to recover benefits or to enforce or clarify rights, you must exhaust the Dependent Care FSA Plan’s claim and review procedures.
The Dependent Care FSA Plan is governed by federal tax law but is not an ERISA plan.