



Flexible Spending Account Plans

2020 Plan Year

What Is Inside...

This Coverage Information Section of the Summary Plan Description (“SPD”) for your Sprint Flexible Spending Account Plans (“FSA Plans”) has been created using simple terms and in an easy-to-understand format.

This Section will use the terms “we,” “our” or “us” to refer to Sprint or its wholly-owned US subsidiary and to “you” or “your” to refer to our employees (and their Eligible Dependents as applicable) eligible to participate in the FSA Plans as described below.

Sprint intends to continue the FSA Plans. However, Sprint reserves the right to change or discontinue any or all benefits under these plans at any time.

In case of any conflict between the SPD or information from WageWorks and the Sprint Welfare Benefit Plan for Employees, the Sprint Welfare Benefits Plan for Employees governs. In case of any conflict between the FSA Plans’ SPD and information from WageWorks, the FSA Plans’ SPD governs.

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Your Sprint Flexible Spending Accounts

Some health care expenses— such as medical and dental coverage deductibles, co-insurance and co-payments, as well as certain vision care and orthodontia charges – are not paid by insurance. You also may have day care expenses for a child or elderly parent so that you – or you and your spouse – can work full-time or part-time or attend school full-time. A Sprint Flexible Spending Account can help you pay for these types of expenses using contributions you make from your pay before taxes are taken out.

There are actually two different Flexible Spending Account Plans (“FSA Plans”), each with its own separate Flexible Spending Account (“FSA”):

Health Care FSA Plan	And...	Dependent Care FSA Plan
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Each plan and account is separate – that means you cannot transfer money from one plan/account to the other, and you cannot use money from one plan/account to cover expenses that should be claimed from the other account. For example, you cannot use money from your Dependent Care FSA to cover medical expenses for your children. How these accounts work is discussed in more detail later in this document.

A Look At The Accounts

Here is a quick look at the FSA Plans and accounts. Please be sure to read through this entire SPD for details and important information about the FSA Plans.

	Health Care FSA	Dependent Care FSA
Eligible Expenses Include...	<p>Most health care expenses (medical, dental or vision) that are not paid by any other source — including deductibles, co-payments and co-insurance</p> <p>Money you contribute to an account during the year must be used to pay for eligible expenses incurred while you are covered under the applicable FSA Plan during that same year — you cannot use the money to pay for a previous or subsequent year's expenses or expenses incurred after your coverage under the applicable plan ends and that are not reimbursed by any other source.</p>	<p>Day care expenses for your qualifying dependents so that you (and your spouse, if married) can work full-time or part-time or attend school full-time</p>
Account availability...	<p>Your total contribution election amount for the entire year is available immediately upon the effective date of your enrollment and throughout the year.</p>	<p>You can be reimbursed up to the amount you have contributed at the time your claim is processed. If your account balance is not sufficient to pay your claim, claims will be reimbursed as payroll deductions are deposited into your account throughout the rest of the year.</p>
You Can Contribute...	<p>Minimum of \$100 Up to \$2,700 a year</p>	<p>Minimum of \$100 Up to \$5,000 a year (married, filing jointly or single parent) Up to \$2,500 a year (per parent, if married, filing separately)</p>
Contributions Begin...	<ul style="list-style-type: none"> Annual Enrollment — The first paycheck of the new calendar year for January New Hire — The first paycheck processed after you become eligible and submit enrollment 	
Changing Your Contribution	<p>Certain contribution changes are allowed as described in the separate <i>Life Events</i> Section of the SPD, incorporated herein by reference on the Benefits site of i-Connect under Summary Plan Descriptions.</p>	
Claim Filing Deadline	<p>Generally, the deadline for submitting expenses for reimbursement is March 31 of the year after the expenses are incurred. If your coverage ends mid-year however, the deadline is the end of the 3rd month after your coverage ends; for example, if your coverage ends on June 30th, the filing deadline will be September 30th of that year. If you do not submit a claim for eligible expenses by the applicable deadline, you will forfeit any money remaining in your applicable Plan account.</p>	
Claims Administrator	<p>WageWorks, Inc.</p>	

Eligibility & Enrollment

For rules on enrollment, and effective dates of coverage, see the separate *Eligibility & Enrollment* Section of the SPD incorporated herein by reference on the Benefits site of i-Connect under Summary Plan Descriptions.

You are not eligible to participate in the Health Care FSA if you are rehired after 30 consecutive calendar days after your termination of employment, or return from an unpaid leave of absence (except extended military) of more than 30 consecutive calendar days and within the same calendar year of your prior Sprint Health Care FSA coverage (not COBRA continued) ending.

If you enroll in an FSA Plan, your account can be used to pay for the eligible expenses of your qualifying child or relative, as defined in IRS code section 152.

How Flexible Spending Accounts Work

FSAs give you the advantage of reducing your taxes by allowing you to pay eligible health care and dependent care expenses using pre-tax dollars when you ordinarily would pay using after-tax money. You agree to have part of your pay deposited into one or both of these accounts before federal taxes (both income tax and FICA) are taken out. In addition, your deposits are exempt from most state and local income taxes. Amounts deposited in your accounts are not taxed even after they are withdrawn. The result? You pay less in taxes and have more of your hard-earned dollars to use.

Planning Your Contribution Amount

Plan your contributions carefully. The amounts you contribute towards your FSA during a calendar year can be used only for eligible expenses incurred while you are covered under the applicable FSA Plan during that calendar year. Please check the *Eligibility and Enrollment* and the *Life Events* sections of the SPD to be sure of when coverage under the plans ends. Also, note that you will forfeit unused amounts remaining in an account after the applicable filing deadline. In other words, you cannot get money back at the end of the year if you have not spent it on eligible expenses. (Forfeited amounts will be used to pay for the administrative costs of managing the Plan.) And, you may not increase or decrease the amount of your contributions during the year except in limited circumstances as described in the *Life Events* Section that is also a part of a Summary Plan Description for the Plans, incorporated herein by reference, on the Benefits site of i-Connect under Summary Plan Descriptions.

NOTE: For those enrolled in the Sprint Health Account Plan (HAP). You cannot submit an expense to your Health Care FSA (HC FSA) for reimbursement if that expense is paid or reimbursed by the Health Reimbursement Account (HRA) or other HAP Plan Benefits. For example, if your provider submits a medical claim for a Covered Health Expense, those amounts will be deducted from your HRA based on your balance at the time of Service. You will receive an Explanation of Benefits showing any additional charges not paid by the HRA (e.g., the remainder of your Deductible or your Coinsurance). At that time you can submit those expenses to your HC FSA. You cannot, however, submit the portion of the Provider's charges already paid by the HRA, but you may use your Health Care FSA for portions of a Non-Network Provider's charges exceeding allowable amounts. If your Provider does not submit the claim under the HRA (as in the case of some Non-Network Providers), you may submit the claim to your HAP or your FSA, but not both. If you submit it to your HAP Plan and only part of the expenses are covered by your HRA or other Plan Benefits, at that point you may submit the rest to your HC FSA.

Health Care Tax Deduction

The federal government permits you to take a deduction on your income tax return for certain health care expenses. While it is uncommon for most employees' expenses to be high enough to qualify for this tax deduction, the expenses cannot be both reimbursed and deducted. In other words, if you use the Health Care FSA to reimburse an expense, you cannot take a tax deduction for that same expense — and vice versa.

The Effect On Your Other Company Benefits

Generally, using pre-tax dollars to purchase benefits, including making contributions to an FSA Plan account, does not affect your other company-sponsored benefits. Although paying for benefits with pre-tax dollars results in you having "lower annual pay" on your W-2 form for federal income tax purposes, any Sprint benefits and contribution amounts that are based on your pay will be based on your total annual pay before benefit deductions.

Remember...pre-tax deductions may reduce the amount you pay into Social Security, which, in turn, may slightly reduce the Social Security benefits you will receive when you retire.

Example Of Annual Tax Savings

	Using FSAs (Pre-Tax Dollars)	Not Using FSAs (Post-Tax Dollars)
Gross Annual Pay	\$36,000	\$36,000
Health Care FSA	- \$1,500	0
Taxable Income	\$34,500	\$36,000
Total Taxes	- \$11,730	- \$12,240
Take home pay spent on Health Care Expenses	0	- \$1,500
Take home pay	\$22,770	\$22,260
Annual Tax Savings	\$510	0

The FSA Plans are subject to federal tax law limiting the amount of contributions in the aggregate by persons deemed "highly compensated" as compared to the contributions in the aggregate of non-highly compensated employees. If this limitation applies to you, the Plan Administrator will advise you accordingly as soon as the amount of the limitation is known and reserves the right to adjust your elected contribution as necessary to comply with the limits.

Health Care Flexible Spending Account Plan

Using The Health Care FSA

You decide how much you want to contribute towards your Health Care FSA — from \$100 to the \$2,700 maximum limit – for the applicable calendar year. The money deposited in a calendar year can be used to pay any eligible Health Care expenses described below that you or your Eligible Dependents incur during that calendar year while covered by the Health Care FSA Plan and that are not reimbursed by any other source.

Eligible Health Care Expenses

Eligible Health Care Expenses under the Health Care FSA are those for medical care as defined by the Internal Revenue Code and as determined in the sole discretion of the Plan Administrator. Examples of some common eligible expenses are:

- Bandages
- Prescriptions
- Co-Pays for Doctor/Dentist/Hospital Visits
- Contact Lens Solution
- Dental/Ortho Treatment (not cosmetic)
- Ear Drops
- Eye Drops (like Visine)
- Glasses – reading or prescribed
- Immunizations
- Vision Treatment

For a more exhaustive list of eligible health care expenses, click on the FSA Eligible Expense guide at

<http://www.spendingaccounts.info/>

Over-The-Counter Drugs

Any over-the-counter (“OTC”) medications are eligible expenses only if purchased pursuant to a prescription, defined as “a written or electronic order for a medicine or drug that meets the legal requirements of a prescription in the state in which the medical expense is incurred and that is issued by an individual who is legally authorized to issue a prescription in that state”.

What Is Not Eligible

Examples of expenses not eligible for reimbursement from your Health Care FSA are:

- Over the Counter Medicines & Drugs – without a prescription
- Acne Prevention
- Baby Bottles/Formula

- Chap stick
- Cosmetics
- Deodorant
- Diet Food
- Feminine Hygiene
- Hair Conditioner/treatments
- Insurance Premiums
- Any item coded as “not generally covered” on the FSA Eligible Expense guide at <http://www.spendingaccounts.info/>

Dependent Care Flexible Spending Account Plan

Using The Dependent Care FSA

You decide how much you want to contribute towards your Dependent Care FSA — from \$100 to \$5,000 (\$2,500 if filing a separate income tax return from your spouse) – for the applicable calendar year. However, the amount cannot be greater than your income — or your spouse’s income, whichever is lower. For example, if you earn \$20,000 a year and your spouse earns \$4,000 a year, the maximum you can contribute for eligible dependent day care expenses is \$4,000. Some exceptions may apply if your spouse is a student or is disabled — please check with your tax advisor.

If you are hired after the beginning of the calendar year, you may contribute up to the full amount available, as if you were participating for the entire calendar year. However, only expenses incurred after you become covered under the Dependent Care FSA Plan are eligible for reimbursement.

- This account reimburses Eligible Dependent Care Expenses you incur during the year and while you are covered under the Dependent Care FSA Plan

Eligible Dependent Care Expenses are reimbursable only if your Eligible Dependent lives in your home and the expenses permit you (if single) or you and your spouse (if married) to work full-time or part-time or attend school full-time. Employment may consist of service either within or outside the home (including self-employment).

Eligible Dependent Care Expenses

Eligible Dependent Care Expenses under the Dependent Care FSA are those that permit you (and your spouse, if married) to work or go to school as defined by the Internal Revenue Code and as determined in the sole discretion of the Plan Administrator. If you are married, you are eligible if your spouse...

- works full-time or part-time (inside or outside the home, including self-employment);
- is a full-time student; or
- is mentally or physically incapacitated.

Examples of some common eligible dependent care expenses are:

- After School Care – 12 and under, custodial in nature

- Before School Care – 12 and under, custodial in nature
- Au Pair/Babysitter/Nanny
- Day Camp – no overnight
- Preschool
- Registration Fees/Deposit
- Elder Care
- Application Fee
- Agency Fee

For a more exhaustive list of eligible dependent care expenses, click on the FSA Eligible Expense guide at <http://www.spendingaccounts.info/>

What Is Not Eligible

Examples of expenses not eligible for reimbursement from your Dependent Care FSA are:

- Boarding School
- Housecleaning services
- Kindergarten
- Lessons (Dance, Music, Sports)
- Overnight Camp
- Tuition Expenses (educational in nature)
- Au Pair travel expenses
- Incidental Expenses (field trips, t-shirts, clothing, diapers)
- Late Payment Fees
- Any item coded as “not generally covered” on the FSA Eligible Expense guide at <http://www.spendingaccounts.info/>

Note: You cannot be reimbursed for expenses for child care provided by another of your dependents. For example, if you pay your teenage son or daughter to care for another of your children, you cannot use the Dependent Care FSA to pay for that expense.

Dependent Care Tax Credit

Before you decide to contribute money to a Dependent Care FSA, keep in mind that you also may be eligible for a federal Dependent Care Tax Credit — and in some states, a state Dependent Care Tax Credit. It may be to your advantage to take that credit rather than participate in the Dependent Care Flexible Spending Account. If you are eligible for the Earned Income Credit (EIC), this will impact which alternative produces the most tax savings. Any amounts that are reimbursed under this account reduce the maximum you can use to calculate the tax credit. Keep in mind that the expenses cannot be both reimbursed and claimed as a credit. In other words, if you use the Dependent Care FSA to reimburse an expense, you cannot take the tax credit for that same expense— and vice versa. You may want to check with your tax advisor to see what makes the most sense for you.

Which to Use — Tax Credit or Dependent Care FSA?

You may want to consult a tax advisor to help you determine which method will save you more.

Additional information also is available in IRS Publication 503 (which can be found at www.irs.gov).

If Your Spouse Has A Similar Account At Work

One consideration you should take into account before deciding how much to deposit in the Dependent Care FSA is whether your spouse has a similar account where he or she works. If your spouse has such an account at work, the most you and your spouse, combined, can be reimbursed during a tax year is \$5,000.

How To File Claims

Debit Card Transactions – Health Care FSA ONLY

When you have an eligible health care expense — for example, a dental visit co-pay — you may be able to pay for that expense using your debit card. When available, this process eliminates the paper claim filing and, more importantly, saves you time and money by not having to pay from your pocket and then wait for reimbursement after filing a claim form.

However, you must still keep a copy of all receipts as federal tax rules require that the Plan Administrator validates that every expense is eligible for reimbursement. While many transactions can be identified by provider name, dollar amount, etc., some may require you to send in additional information to WageWorks to substantiate the health care expense charged to your debit card. Please retain all receipts for all debit card purchases at least until your claims show as “paid and validated as an eligible expense” within your online account records.

Note: Since debit card payment transactions automatically process from your current plan year FSA balance, you should only use your FSA debit card for current plan year eligible expenses. Eligible expensed for health care services from a prior plan year should be paid out of pocket and submitted for reimbursement, via a claim submission form, from the FSA funds of the appropriate plan year, prior to the claim submission deadline for that plan year.

Claims Submissions

WageWorks processes claims for payment from the FSAs. Go to <https://myspendingaccount.wageworks.com> to complete an online claim form to submit for reimbursement. You may also complete a form manually and send it through U.S. Mail or by fax to:

WageWorks Spending
Accounts
P. O. Box 34700
Louisville, KY 40232

Or...

FAX: 1-866-643-2219
Do NOT attach cover sheet

Your claims submission must include...

Health Care FSA	Dependent Care FSA
<p>An original Explanation of Benefits (EOB) from your health care provider...</p> <ul style="list-style-type: none"> • Co-Payments — To be reimbursed for co-payments, submit with the original detailed itemized receipt showing the co-payment amount paid. • Vision — For vision claims, submit the original EOB or an original itemized receipt that clearly identifies the portion of the expenses paid by the vision care provider, or indicate that no benefits are available. • Prescription Drugs — For prescription drugs purchased at a network pharmacy, submit your claim with the original receipt or an itemized listing. If you filled your prescription through the Prescription Drug Program’s mail order pharmacy, or used an out-of-network pharmacy, submit the original receipt or EOB. Do not submit receipts to your medical plan. • Over-the-Counter Medications — Submit original receipt plus doctor’s prescription for the OTC medication or drug. 	<p>An itemized receipt that includes:</p> <ul style="list-style-type: none"> • Provider’s name and address; • Service provided; • Date(s) (month, day, year) service was provided; • Amount of the charges for such date(s) of service; • Name of dependent receiving the service; • Taxpayer identification number or Social Security number of provider; and • Provider’s signature. <p><u>When filing claims for a dependent over age 12:</u> You must demonstrate the individual’s need for care by providing a statement from his or her treating medical provider with a diagnosis and medical conclusion that he or she is unable to feed, clean or dress himself or herself or needs care to prevent injury to himself or herself or others.</p>
<p>NOTE: Claims will be denied if:</p> <ul style="list-style-type: none"> • Proper documentation is not submitted (original if filing paper claims); • There is missing information; or • Receipts that are smaller than “8x 11” are not attached to an “8x 11” sheet of paper. <p>Cancelled checks and credit card bills/receipts are not acceptable forms of documentation.</p>	

Important Note...	
Providing false information when filing a claim could result in assessment of taxes. You are responsible for any taxes assessed in the event the IRS determines that claimed expenses were ineligible for reimbursement on a pre-tax basis. Furthermore, by submitting an expense for reimbursement for someone other than yourself, you are representing that person is a qualifying child or relative, as defined in IRS code section 152.	

Generally, the deadline for submitting expenses for reimbursement is March 31 of the year after expenses are incurred. If your coverage ends mid- year however, the deadline is the end of the 3rd month after the month your coverage ends; for example, if you coverage ends on June 30th, the filing deadline will be September 30th of that year.

Paper claims sent by US Mail must be postmarked by the applicable deadline.

Paper claims sent via fax must be received at WageWorks by midnight, Eastern Standard Time, by the applicable deadline.

If you do not submit a claim for eligible expenses by the deadline, you will forfeit any money remaining in your applicable Plan account.

Orthodontia and other extended period services - Special Submission Process

Some healthcare services, such as orthodontia, are provided over an extended period of time. As a result, it can be difficult to determine how these expenses should be claimed for reimbursement. In most cases, you will either pay these items in full at the beginning of the treatment period or you will pay in designated installment amounts (monthly, weekly, quarterly). You should submit your claims for long-term services based on your payment method, as outlined below. Be sure to include the Supporting Documentations Form for orthodontia expenses.

Installments – You should submit these claims each time an installment payment is made. Your claim date will be the payments date shown on your receipt. Be sure the receipt also indicates the type of service. If the treatment is part of a 2-year treatment plan and payments are made on a monthly, weekly, or quarterly basis, the date of service should be reflective of that.

In Full – If you pay for the entire treatment in advance, submit the orthodontia contract, the plan of treatment, your claim form and the original payment receipt for the amount paid.

Example: <2-Year Treatment> Most treatment plans extend over a 2-year period

Treatment starts in current year and the contract amount is \$3,000.00.

If you claim the full amount of \$3,000.00 in the current year and state the vendor has been paid for the full service rendered, the claims administrator will reimburse up to whatever your goal amount is for the current plan year. No more reimbursements are made once the goal amount has been exhausted.

If you want to get the full contract amount of \$3,000.00, the best option will be monthly installments. This will allow you to receive reimbursements into the next plan year as well, if you are still making monthly installments. WageWorks will need the receipt and it must show Ortho fee & monthly installment amount i.e., \$200.00. WageWorks will then reimburse from the next plan year goal amount.

Note: When paying a long-term service in advance, the entire payment amount will be deducted from your current plan year balance, even if the treatment is spread over multiple years.

Helpful Numbers

Important contact information...

WageWorks, Inc.
Participant Services Center 1-866-907-0235 8:00 a.m. — 8:00 p.m. EST Monday through Friday
Claims WageWorks Spending Accounts P. O. Box 34700 Louisville, KY 40232 - or - FAX: 1-866-643-2219 Do not attach cover sheet
Internet https://myspendingaccount.wageworks.com

As Your Needs Change

**Some Changes
May Be Made...
See the Life
Events Section for
details.**

In certain situations, you may change the amount you contribute to one or the other or both of your FSA(s) — see the *Life Events* Section that is also a part of a Summary Plan Description for the Plans, incorporated herein by reference, on the Benefits site of i-Connect under Summary Plan Descriptions.

When Coverage Ends

For information on when your coverage under the FSA Plans ends, see the separate *Eligibility & Enrollment* Section of the SPD, incorporated herein by reference, on the Benefits site of i-Connect under Summary Plan Descriptions.

Other Important Information

For other important information about the FSA Plans Plan Sponsor and Plan Administrator, participating employers, Plan identification, service of legal process, ERISA rights, including claims and appeals procedures, and other legally-required notices regarding the FSA Plans, see the separate *Legal Information* Section of the SPD, incorporated herein by reference, on the Benefits site of i-Connect under Summary Plan Descriptions.