The third paragraph of Q-20 in the Summary Plan Description for the Flexible Benefit Plan is deleted and replaced with the following to allow for reimbursement of over-the-counter medicines without a prescription and for menstrual care products from the Health FSA:

The Code generally defines “medical care” as any amounts incurred to diagnose, treat or prevent a specific medical condition or for purposes of affecting any function or structure of the body. Both prescription and over-the-counter drugs may be reimbursed, as well as menstrual care products. Not every health related expense you or your Eligible Dependents incur constitutes an expense for “medical care.” For example, an expense is not for “medical care”, as that term is defined by the Code, if it is merely for the beneficial health of you and/or your eligible dependents (e.g. vitamins or nutritional supplements that are not taken to treat a specific medical condition) or for cosmetic purposes, unless necessary to correct a deformity arising from illness, injury, or birth defect. You may be required to provide additional documentation from a health care provider showing that you have a medical condition and/or the particular item is necessary to treat a medical condition (as determined in accordance and consistent with applicable IRS rules and guidance). Expenses for cosmetic purposes are also not reimbursable unless they are necessary to correct an abnormality caused by illness, injury or birth defect. “Stockpiling” of over the counter drugs and/or items is not permitted and expenses resulting from stockpiling are not reimbursable. There must be a reasonable expectation that such drugs or items could be used during the Plan Year (as determined by the Plan Administrator).

Please keep this Summary of Material Modification with your Summary Plan Description.