

**MARSHFIELD CLINIC HEALTH SYSTEM, INC.  
FLEXIBLE BENEFIT PLAN**

**SUMMARY OF MATERIAL MODIFICATIONS**

The purpose of this Summary of Material Modifications is to inform you of a change that has been made to the Marshfield Clinic Health System, Inc. Flexible Benefit Plan. This change has affected the information previously provided to you in the Plan's Summary Plan Description. The Summary Plan Description is modified as described below effective 04/01/2022.

**BENEFITS**

Contributions pertaining to a Benefit will be credited to the applicable account. Your contributions to the Plan are not subject to federal income tax or social security taxes. Please note that while you may enjoy certain tax benefits, there may be some drawbacks to participation in the Plan. For instance, participation in the Plan may lower your social security benefits. You should consult with your professional tax/financial advisor to determine the consequences of your participation in this Plan.

If you are a highly paid employee or an owner of your Employer, federal law may impose limits on your behalf to participate in the Plan and/or the benefits you may receive from the Plan. If the Plan Administrator determines that the Plan may fail to satisfy any nondiscrimination requirement or any limitation imposed by the Code, the Plan Administrator may modify your election in order to assure compliance with such requirements or limitations.

Notwithstanding the forfeiture provisions above, if you have a balance in your Health FSA as of the last day of the Plan Year after all eligible expenses have been reimbursed and the claims deadline for the Plan Year has passed, the Plan will carry over the balance from your General Purpose Health FSA, up to \$550, and from your HSA-Compatible Health FSA, up to \$550, which may be used to pay or reimburse eligible expenses for the subsequent Plan Year. Any amounts in your Health FSA that exceed the limit above will be forfeited.

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**AMENDMENT**

**WHEREAS**, Marshfield Clinic Health System, Inc. (the "Company") maintains the Marshfield Clinic Health System, Inc. Flexible Benefit Plan (the "Plan") for the benefit of certain of its employees; and

**WHEREAS**, Pursuant to Section 15.01 of the Plan, the Company desires to amend the Plan;

**NOW, THEREFORE**, the Plan is hereby amended by substituting the following in the Adoption Agreement, effective as of 04/01/2022:

**E. FLEXIBLE SPENDING ACCOUNTS**

**Carryover**

**13.** The Plan will carry over unused Health FSA balances at the end of the Plan Year for the following Benefits:

- a. ☒ Health Flexible Spending Account
  - i. ☐ Maximum amount, as indexed
  - ii. ☒ Other: \$550
- b. ☒ Limited Purpose/Post-Deductible Health Flexible Spending Account (HSA-Compatible FSA)
  - i. ☐ Maximum amount, as indexed
  - ii. ☒ Other: \$550

***NOTE:** If carryover is selected (E.13a or E.13b is selected for the applicable FSA), the Plan may not provide for a Grace Period for the applicable FSA and the Plan may not provide for a Grace Period for the applicable FSA in the Plan Year to which the carryover amount is applied.*

**IN WITNESS WHEREOF**, the Plan Sponsor caused this Amendment to be executed this \_\_\_\_\_ day of \_\_\_\_\_, 2022.

MARSHFIELD CLINIC HEALTH SYSTEM, INC.:

Signature: Pauline Pritzel

Print Name: Pauline Pritzel

Title/Position: CHRO