

Exact Sciences

*Healthcare Flexible Spending Account Plan
Limited Purpose Healthcare Flexible Spending Account Plan
Dependent Care Flexible Spending Plan*

Benefits Summary

January 1, 2024

IMPORTANT NOTICE

This benefits summary, together with the Exact Sciences Corporation Employee Benefits Plan Wrap Summary Plan Description (Wrap SPD), is the summary plan description (SPD) for the Exact Sciences Healthcare Flexible Spending Account Plan (Health Care FSA), the Exact Sciences Limited Purpose Healthcare Flexible Spending Account Plan (Limited Purpose Health Care FSA) and the Exact Sciences Dependent Care Flexible Spending Plan (Dependent Care FSA)¹ as of January 1, 2024 and replaces all prior descriptions of the Health Care FSA, Limited Purpose Health Care FSA and Dependent Care FSA (collectively, the “Spending Accounts”). It is intended to provide an easy-to-understand explanation of your Spending Account benefits.

Please read this document carefully and submit a request via the ServiceNow Employee Center portal if you have any questions (former employees may contact hr@exactsciences.com).

¹ *The Dependent Care FSA is not part of the Exact Sciences Corporation Employee Benefits Plan and is not subject to the requirements of ERISA, but information about the Dependent Care FSA is included in this summary for ease of reference.*

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Highlights of Your Spending Accounts

Exact Sciences Corporation (Exact) offers the Spending Accounts to help you save taxes on many of your health and dependent care expenses. The Spending Accounts are administered by WEX Health, Inc., a WEX Company (WEX).

By anticipating your eligible health care and dependent care expenses and electing to have an amount deducted from your pay and contributed to one or more Spending Accounts each pay period, you can save money by paying for these expenses with pre-tax rather than after-tax dollars.

Due to these tax-saving features, there are special rules applicable to the Spending Accounts, which are described in this benefits summary. Before you enroll, be sure you understand how the Spending Accounts work.

The boxes below provide a brief overview of your Spending Account benefits.

Benefits Overview – Spending Accounts

Health Care FSA

Highlights	<ul style="list-style-type: none"> • If you are eligible for the Health Care FSA, you may contribute on a pre-tax basis to the Health Care FSA to help pay for unreimbursed health care (medical, dental and vision care) expenses for you and your eligible dependents. • You may contribute from \$50 up to \$3,200 to a Health Care FSA in 2024. After 2024, the dollar limit may increase for cost of living adjustments.
Cost	<ul style="list-style-type: none"> • You contribute to the Health Care FSA on a pre-tax basis through payroll deductions. • Exact pays the administrative costs of the Health Care FSA, except for amounts forfeited, which may be applied to pay administrative costs.

Limited Purpose Health Care FSA

Highlights	<ul style="list-style-type: none"> • If you are eligible for the Limited Purpose Health Care FSA, you may contribute on a pre-tax basis to the Limited Purpose Health Care FSA to help pay for unreimbursed dental and vision care expenses for you and your eligible dependents. • You may contribute from \$50 up to \$3,200 to a Limited Purpose Health Care FSA in 2024. After 2024, the dollar limit may increase for cost of living adjustments. • The Limited Purpose Health Care FSA is not for reimbursement of medical care expenses.
Cost	<ul style="list-style-type: none"> • You contribute to the Limited Purpose Health Care FSA on a pre-tax basis through payroll deductions. • Exact pays the administrative costs of the Limited Purpose Health Care FSA, except for amounts forfeited, which may be applied to pay administrative costs.

Dependent Care FSA

<p>Highlights</p>	<ul style="list-style-type: none"> • If you are eligible for the Dependent Care FSA, you may contribute on a pre-tax basis to the Dependent Care FSA to help pay for unreimbursed child and elder care services incurred so that you (or you and your spouse if you are married) can work. • You may contribute the least of the following amounts to a Dependent Care FSA: <ul style="list-style-type: none"> – \$5,000 (or \$2,500 if you are married but filing a separate tax return); – your earned income for the year (after all reductions in your compensation including contributions used to pay the cost of health coverage and the Spending Accounts); and – your spouse’s actual or deemed income for the year. • If you elect to contribute to a Dependent Care FSA, the minimum amount you may contribute is \$50 per year. • The Dependent Care FSA is not for reimbursement of dependent <u>health</u> care claims.
<p>Cost</p>	<ul style="list-style-type: none"> • You contribute to the Dependent Care FSA on a pre-tax basis through payroll deductions. • Exact pays the administrative costs of the Dependent Care FSA, except for amounts forfeited, which may be applied to pay administrative costs.

Eligibility and Enrollment

You are eligible to contribute to the Spending Accounts if you are an eligible employee of Exact or an Exact affiliate participating in the Spending Accounts (collectively, the Company) as described in the Wrap SPD, and you satisfy the following requirements, as applicable:

- in order to contribute to the Health Care FSA, you must not have elected to participate in a High Deductible Health Plan option under the Exact Sciences Medical Plan (Medical Plan) or, if you have elected to participate in a High Deductible Health Plan option under the Medical Plan, you must not have enrolled in a Health Savings Account, or HSA (note that if you and your spouse are both employees of the Company, both you and your spouse must satisfy these requirements in order for either of you to contribute to the Health Care FSA); and
- in order to contribute to the Limited Purpose Health Care FSA, you must have elected to participate in a High Deductible Health Plan option under the Medical Plan.

If you have elected to participate in a High Deductible Health Plan option under the Medical Plan, but you have not enrolled in a Health Savings Account, or HSA, you may elect to contribute to either the Health Care FSA or the Limited Purpose Health Care FSA (but not both).

Please refer to the Wrap SPD for additional information about eligibility for coverage under the Spending Accounts, as well as information on how to enroll, when coverage begins, and opportunities to make mid-year changes.

Cost of Coverage

Your contributions to the Spending Accounts are deducted from your pay on a pre-tax basis each pay period. Because your contributions are taken as deductions on a pre-tax basis, they are not subject to federal income, Social Security and most states' income taxes. Exact pays the administrative costs of the Spending Accounts to the extent not paid by forfeitures (see *Use-it-or-lose-it Rule*).

How the Spending Accounts Work

Whether you elect coverage in the Health Care FSA, Limited Purpose Health Care FSA and/or the Dependent Care FSA, they all basically work the same way, as described below.

- You estimate your eligible expenses for the upcoming calendar year.
- You decide how much to contribute to one or more Spending Accounts to cover your needs for the upcoming calendar year.
- The Company deducts your contributions before federal, Social Security and most states' income taxes are calculated, and credits your contributions to one or more Spending Accounts set up in your name.
- For the Health Care FSA and the Limited Purpose Health Care FSA, you must first submit your expenses to any health plan under which you are covered. Any expenses not covered by these plans may then be submitted for reimbursement to your Health Care FSA or Limited Purpose Health Care FSA, as applicable. If you use the debit card provided to you to pay for your expenses, your eligible expenses are automatically deducted from your Health Care FSA or Limited Purpose Health Care FSA, as applicable, and electronically reimbursed to the applicable provider or merchant. See *Debit Card Option* for details.
- You are reimbursed with pre-tax dollars from the appropriate Spending Account if the method of reimbursement is manual submission. If you use the debit card provided to you to pay for your expenses, your eligible expenses are paid from your Health Care FSA, Limited Purpose Health Care FSA or Dependent Care FSA, as applicable, with pre-tax dollars at the time they are incurred.

“Use-it-or-lose-it” Rule

You are required to use up all of the money in your Spending Accounts for each calendar year ending December 31 (except with respect to amounts that are eligible for carryover). Any money left in your Spending Accounts after all of your eligible expenses for the calendar year have been reimbursed will be forfeited (unless they are eligible for carryover). This is called the “use-it-or-lose-it” rule. Once forfeited, the money may be used to reduce the costs of administering the Spending Accounts. See the *Health Care FSA and Limited Purpose Health Care FSA Carryovers* and the *Dependent Care FSA Carryovers* sections for additional information about carryovers.

You generally have until March 31 after the end of the calendar year to submit claims to the Spending Accounts for reimbursement. If you submit claims for reimbursement during the grace period, the claims must be for expenses you incurred during the previous calendar year (and after you became a participant in the Spending Accounts).

Due to the “use-it-or-lose-it” rule, you should carefully estimate your health care and dependent care expenses for the next calendar year.

No Interest or Withdrawals

The Spending Accounts let you pay for eligible expenses with tax-free dollars. However, the amounts credited to your Spending Accounts do not earn interest.

Once contributions have been deducted from your pay, they must be credited to your Spending Accounts and, unless you are eligible for a Qualified Reservist Distribution as provided in *Health Care FSA and Limited Purpose Health Care FSA Features* below, can be used only to reimburse you for eligible expenses.

Health Care FSA and Limited Purpose Health Care FSA Features

You may use your Health Care FSA or Limited Purpose Health Care FSA, as applicable, to pay for many eligible health care expenses incurred by you and your eligible dependents that are not paid or reimbursed by any health care plan. To be eligible, health care expenses must be:

- incurred on or after the date your participation in the Health Care FSA or Limited Purpose Health Care FSA began;
- incurred while you were a participant in the Health Care FSA or Limited Purpose Health Care FSA; and
- deductible for federal income tax purposes.

Your health care expenses *cannot* be reimbursed by any other Company benefit plan or any other plan (such as your spouse’s health plan) and *cannot* have been submitted for reimbursement under any other health care flexible spending account (such as your spouse’s health care flexible spending account). For these purposes, a health plan includes any medical, dental, vision care or prescription drug plan.

You may want to discuss the advantages of participating in the Health Care FSA or Limited Purpose Health Care FSA with your financial or tax advisor.

Contribution Amounts

You may contribute as little as \$50 to as much as \$3,200 to a Health Care FSA or Limited Purpose Health Care FSA in 2024 for reimbursement of eligible health care expenses (the dollar limit may

increase for cost of living adjustments after 2024). However, your Health Care FSA or Limited Purpose Health Care FSA contributions may not exceed your annual taxable income.

The entire amount you elect to contribute to a Health Care FSA or Limited Purpose Health Care FSA for the calendar year is available to you on the date your coverage begins, even if the reimbursement request exceeds the amount credited to your Health Care FSA or Limited Purpose Health Care FSA as of the date of the request.

The IRS requires that Exact perform and pass certain tests (*i.e.*, nondiscrimination testing that applies to highly compensated individuals) in order for your benefits to be non-taxable. The amount that you elect to contribute to a Health Care FSA or a Limited Purpose Health Care FSA may have to be reduced (possibly to zero) so the Health Care FSA and the Limited Purpose Health Care FSA pass these tests. If these limits apply to you, you will be notified.

Eligible Dependents

Because the Health Care FSA and the Limited Purpose Health Care FSA provide a form of tax-free health coverage (that is, you are not taxed on amounts reimbursed from your Health Care FSA or Limited Purpose Health Care FSA) reimbursement is restricted to eligible health care expenses incurred by you and your eligible tax dependents as defined under the Internal Revenue Code.

Each time you submit a claim for Health Care FSA or Limited Purpose Health Care FSA reimbursement, whether by submitting a claim form or by using a debit card, you represent that the claim is for yourself or your eligible tax dependent.

Eligible Health Care FSA Expenses

Your Health Care FSA may be used to reimburse eligible medical, dental and/or vision care expenses. Below are some examples of expenses that may be eligible for reimbursement from a Health Care FSA. However, these amounts are not eligible for reimbursement to the extent they are reimbursable under any other Company benefit plan or any other plan. For a complete list, refer to IRS Publication 502, available at www.irs.gov. You also may want to consult a tax advisor.

- Acupuncture
- Alcohol/drug rehabilitation – payment to a treatment center (inpatient only) for alcohol or drug addiction
- Ambulance
- Chiropractors – services within the scope of their license
- Coinsurance, co-payments and deductibles you pay to a Company health plan or another health plan (such as a plan in which your spouse or an eligible dependent participates) that are not reimbursed by any other group medical plan
- Contact lenses and solutions
- Dental expenses, including fees for X-rays, fillings, braces, extractions, crowns, orthodontia and other treatments not covered by any group dental plan
- Eyeglasses not covered by any group health or vision plan

- Health care expenses in excess of your health care benefits coverage whether a Company health plan or another health plan (such as a plan in which your spouse or other dependent participates)
- Hearing aids – including batteries
- Menstrual care products
- Over-the-counter medications taken to relieve pain, colds, and medical conditions
- Prescription drugs
- Personal protective equipment (or PPE)
- Routine physical examinations and related charges
- Vision correction surgery such as LASIK

Eligible Limited Purpose Health Care FSA Expenses

Your Limited Purpose Health Care FSA may be used to reimburse eligible dental and/or vision care expenses, *but may not be used to reimburse medical expenses*. Below are some examples of expenses that may be eligible for reimbursement from a Limited Purpose Health Care FSA. However, these amounts are not eligible for reimbursement to the extent they are reimbursable under any other Company benefit plan or any other plan. For a complete list, refer to IRS Publication 502, available at www.irs.gov. You also may want to consult a tax advisor.

- Coinsurance, co-payments and deductibles you pay to a dental or vision plan
- Contact lenses and solutions
- Dental expenses, including fees for X-rays, fillings, braces, extractions, crowns, orthodontia and other treatments not covered by any group dental plan
- Eyeglasses not covered by any group health or vision plan

Expenses Not Covered

Health care expenses are not eligible for reimbursement from your Health Care FSA or Limited Purpose Health Care FSA if they do not qualify as a deduction for federal tax purposes or if they are covered under another health plan. Below are some examples of specific expenses not eligible for reimbursement under a Health Care FSA or Limited Purpose Health Care FSA. For a complete list, refer to IRS Publication 502, available at www.irs.gov. You also may want to consult a tax advisor.

- Cosmetic surgery expenses, including dental procedures to whiten or cap teeth, and any other procedures that are strictly cosmetic
- Health plan premiums (contributions for coverage you or your spouse makes)
- Any expenses you incur before your Health Care FSA or Limited Purpose Health Care FSA participation begins
- Funeral and burial expenses
- Any portion of a health care expense payable by a group insurance plan

- Any portion of an expense you claim as a tax deduction or credit
- Marriage or family counseling
- Fees for missed medical or dental appointments
- Health club memberships
- Maternity clothes or diaper services

If you have questions about a Health Care FSA or Limited Purpose Health Care FSA expense, please submit a request via the ServiceNow Employee Center Portal (former employees may contact hr@exactsciences.com)

Reimbursement of Health Care FSA and Limited Purpose Health Care FSA Expenses

The amounts you elect to contribute to your Health Care FSA or Limited Purpose Health Care FSA are available to reimburse you for eligible health care expenses that you incur while you are participating. You may receive reimbursement for eligible health care expenses you submit, up to the total amount available to you for the calendar year, even if the reimbursement request exceeds your accumulated contributions to date.

Your Health Care FSA or Limited Purpose Health Care FSA coverage amount will be reflected in your account on January 1 for elections made during annual enrollment, or as soon as administratively practicable after your election date if you are a newly eligible employee.

As an alternative to using your debit card to pay for eligible health care expenses, you can still choose to submit requests for reimbursement of eligible health care expenses through the online account, through the Mobile app or by submitting a paper claim form.

Claims for reimbursement must be accompanied by:

- a signed claim form including the member's name, provider, date of service, description of service and amount paid;
- a written statement from an independent third party stating the type of expense that has been incurred, the date it was incurred and the amount (*e.g.*, an explanation of benefits or a cash register receipt); and
- a signed statement (included on the claim form) that the health care expense has not been reimbursed or is not reimbursable under any other health plan.

In addition to the items above, a prescription or medical necessity form may be required to be included with your claim for reimbursement.

If a claim is filed and (1) the receipt (or similar third-party documentation) does not include all of the required information, (2) it is determined that the claim is duplicative of another claim filed or is seeking reimbursement for an expense that is not an eligible health care expense, (3) it is determined that the claim was not filed by the applicable deadline and/or (4) a completed and signed claim form is not provided, the claim will be denied and you will receive a denial notification stating that the claim has been received and denied.

You generally have until March 31 after the end of the calendar year to submit claims for reimbursement. If you submit claims for reimbursement during the grace period, the claims must

be for expenses you incurred during the previous calendar year (and while you were a participant in the Health Care FSA or Limited Purpose Health Care FSA).

All claims submitted will be carefully reviewed and the eligibility of an expense may be denied if it appears not to meet the IRS guidelines. Reimbursement for expenses that are determined to be eligible expenses will be made as soon as practicable after the claim is received and processed and will be mailed to your home or directly deposited into a bank account of your choosing if that payment option is selected. Reimbursements may not be made directly to the service provider unless you use your debit card, as further described below. The balance in your Health Care FSA or Limited Purpose Health Care FSA will be reduced by the amount reimbursed with respect to your and your eligible dependents' eligible health care expenses. If the expense is determined to not be an eligible health care expense, you will receive a denial notification stating that the claim has been received and denied.

Health Care FSA and Limited Purpose Health Care FSA Carryovers

If you are a participant in the Health Care FSA or the Limited Purpose Health Care FSA on the last day of the calendar year and you have at least \$20 remaining in your Health Care FSA or Limited Purpose Health Care FSA at the end of the calendar year, you may carry over from \$20 up to \$640 (as indexed for cost-of-living adjustments under the Internal Revenue Code) of unused amounts remaining in your Health Care FSA or Limited Purpose Health Care FSA at the end of a calendar year to be used for reimbursement of eligible health care expenses incurred during the next calendar year. If you have less than \$20 remaining in your Health Care FSA or Limited Purpose Health Care FSA at the end of the calendar year, the amount remaining in your Health Care FSA or Limited Purpose Health Care FSA at the end of the calendar year will be forfeited.

If you are a participant in the Health Care FSA on the last day of the calendar year, you have amounts remaining in your Health Care FSA at the end of the calendar year, and you elect to participate in a High Deductible Health Plan option under the Medical Plan for the immediately following calendar year, your Health Care FSA will automatically be converted into a Limited Purpose Health Care FSA for the next calendar year and any unused amounts credited to your Health Care FSA that can be carried over for use in the next calendar year will be carried over into that Limited Purpose Health Care FSA.

Carryovers may not be cashed out or converted to any other taxable or nontaxable benefit, and they will not count toward the maximum amount you may contribute to a Health Care FSA, Limited Purpose Health Care FSA or a Dependent Care FSA for the calendar year.

Debit Card Option

The Health Care FSA and Limited Purpose Health Care FSA include a debit card option. After you enroll in the Health Care FSA or Limited Purpose Health Care FSA, you will be provided with a debit card that you can use so that your eligible health care expenses are automatically deducted from your Health Care FSA or Limited Purpose Health Care FSA and electronically reimbursed to the applicable provider or merchant.

Here are some important things to consider before using the debit card.

- You will be required to set up a Personal Identification Number (PIN) for your card.
- You can present your debit card to pay for eligible health care expenses at qualified locations where the debit card is accepted. For example, you can pay for your share of

contact lenses at the point of service, over the web, by phone or by mail using the debit card. The balance in your Health Care FSA or Limited Purpose Health Care FSA is verified and the payment is deducted. You must keep receipts for all of your purchases.

- Be sure to pay for non-medical items separately. You generally can use your debit card only for eligible health care expenses. For example, if you are paying for a prescription along with personal items such as toothpaste and shampoo at a pharmacy, you'll need to pay for the personal items separately with another form of payment.
- File a paper claim for reimbursement if a transaction is denied or your service provider doesn't accept the debit card. Simply pay for the expense with another form of payment, and then complete and return a claim form to receive reimbursement.
- Save all your receipts to verify the eligibility of an expense. The IRS requires the Health Care FSA and the Limited Purpose Health Care FSA to validate that all card transactions are used for eligible health care expenses. If the Health Care FSA or Limited Purpose Health Care FSA is unable to automatically validate your debit card transaction, you will be required to mail or fax a copy of your receipt(s) to WEX. If you cannot provide this documentation, your debit card will be suspended. You may also be required to repay the Health Care FSA or Limited Purpose Health Care FSA for the reimbursement. See *Overpayments, Mistaken Payments and Unsubstantiated Claims* for more information.

Unpaid eligible health care expenses that are not reimbursed through the debit card option must be submitted for reimbursement as described above.

Overpayments, Mistaken Payments and Unsubstantiated Claims

If it is later determined that you and/or your eligible dependent(s) received an overpayment or that an expense for which you received reimbursement was not an eligible health care expense, you will be required to return the overpayment or erroneous reimbursement to the Health Care FSA or Limited Purpose Health Care FSA, as applicable. In addition, if you are asked to substantiate that an expense for which you received reimbursement was an eligible health care expense by providing applicable documentation, and you are unable to do so, you will be required to return the improper reimbursement to the Health Care FSA or Limited Purpose Health Care FSA.

If you do not refund the overpayment, erroneous payment or improper reimbursement, it will be treated as taxable income to you and reported on Form W-2. In addition, the Health Care FSA and the Limited Purpose Health Care FSA reserve the right to offset future reimbursements equal to the overpayment, erroneous payment or improper reimbursement or take other appropriate actions. With respect to overpayments, erroneous payments and improper reimbursements, the Health Care FSA and the Limited Purpose Health Care FSA have an equitable lien under which they have the right to recover from you.

Qualified Reservist Distributions

If you are a military reservist and you are called to active duty for an indefinite period or a period of at least 180 days, you may be eligible to receive a distribution from your Health Care FSA or Limited Purpose Health Care FSA without regard to whether those amounts are being used to reimburse eligible health care expenses. In order to receive a qualified reservist distribution, you must provide a copy of the order or call to active duty and submit your request for the qualified reservist distribution during the period beginning on the date of the order or call to active duty and ending on the last day of the calendar year during which you received the order or call to active duty.

For additional information about initiating a qualified reservist distribution from your Health Care FSA or Limited Purpose Health Care FSA, please submit a request via the ServiceNow Employee Center portal (former employees may contact hr@exactsciences.com). Any such distribution will be taxable to you as wages.

Dependent Care FSA Features

Dependent care or elder care expenses are eligible for reimbursement through the Dependent Care FSA if they are incurred to enable you to work or, if you are married, to enable you and your spouse to work. Generally, if your spouse is not employed, your dependent care expenses will be eligible for reimbursement only if your spouse is a full-time student or physically or mentally unable to care for himself or herself.

Dependent care expenses must be for your dependent child under age 13 who lives with you and whom you claim as an exemption on your federal income tax return, or for a dependent of any age, such as an elderly parent or other dependent, who:

- is physically or mentally incapable of caring for himself or herself;
- lives in your home for at least half of the year; and
- qualifies as a dependent on your income tax return.

Each time you submit a claim for Dependent Care FSA reimbursement, you represent that the claim is for an eligible dependent.

Contribution Amounts

You may contribute up to \$5,000 per household, per year, for dependent care expenses if you are married and file a joint income tax return, or if you are single and file as head of household. If you are married and file a separate income tax return, you may contribute up to \$2,500 per year. If you contribute, the minimum contribution is \$50 per year. Your Dependent Care FSA contribution amounts will be reflected in your account as soon as practicable following the processing of the applicable payroll cycle.

Your contributions cannot exceed your annual taxable income or the annual taxable income (or deemed income) of your spouse, whichever is less. If your spouse is a full-time student at an educational institution during each of five calendar months during the calendar year or is physically or mentally incapable of self-care, he or she will be deemed to have earned income for each month during which he or she is such a student or so incapable equal to \$250 if you have one eligible dependent and \$500 if you have two or more eligible dependents.

The IRS requires that Exact perform and pass certain tests (*i.e.*, nondiscrimination testing that applies to highly compensated individuals) in order for your benefits to be non-taxable. The amount that you elect to contribute to the Dependent Care FSA may have to be reduced (possibly to zero) so the Dependent Care FSA passes these tests. If these limits apply to you, you will be notified.

Eligible Expenses

Eligible expenses under a Dependent Care FSA include those paid for the following services:

- After-school program
- Agency fees, application fees and deposits paid to an adult or child care agency (excluding any transportation costs) to obtain the related care (fees are eligible for reimbursement after the services have started)
- Babysitter (nanny or home care companion), excluding payments made to caregiver/child to allow an evening out
- Day camp
- Day care, in your home or elsewhere (wages to home day care provider or day care center charges)
- Home care for older dependents (non-medical care in your residence for dependent(s) over the age of 13)
- Nursery school tuition
- Taxes paid for services of a home child care provider such as a nanny, housekeeper or au pair

If you pay a relative for dependent care, the caregiver may not be a child of yours younger than age 19, a dependent you claim as an exemption for federal income tax purposes, your spouse or a parent of your child who is not your spouse.

Important: To use the Dependent Care FSA, you must report the name, address and Social Security number or other taxpayer identification number of the dependent care provider on your federal income tax return. You should obtain this information before you enroll in the Dependent Care FSA to avoid problems when you file a claim for reimbursement.

Expenses Not Covered

Expenses that do not qualify for reimbursement from a Dependent Care FSA include:

- Payments to your child who is under age 19 and who is caring for a younger child
- Education costs for kindergarten or higher
- Food or clothing expenses
- Nursing home care
- Overnight camp expenses
- Expenses in excess of your taxable income or the taxable (or deemed) income of your spouse, whichever is less (see *Contribution Amounts* above for rules regarding your spouse's deemed income)
- Expenses incurred when you are not working
- Expenses incurred prior to the coverage date or after the calendar year ends
- Expenses claimed as a deduction or credit for federal or state tax purposes
- Other expenses not eligible according to IRS guidelines, such as your dependents' health care expenses

Dependent Care FSA Carryovers

The Dependent Care FSA generally does not provide for carryovers of unused amounts from one year to the next.

Debit Card Option

The Dependent Care FSA includes a debit card option. After you enroll in the Dependent Care FSA, you will be provided with a debit card that you can use so that your eligible expenses are automatically deducted from your Dependent Care FSA and electronically reimbursed to the applicable provider or merchant.

Here are some important things to consider before using the debit card.

- You will be required to set up a Personal Identification Number (PIN) for your card.
- You can present your debit card to pay for eligible expenses at qualified locations where the debit card is accepted. The balance in your account is verified and the payment is deducted. You must keep receipts for all of your purchases.
- File a paper claim for reimbursement if a transaction is denied or your service provider doesn't accept the debit card. Simply pay for the expense with another form of payment, and then complete and return a claim form to receive reimbursement.
- Save all your receipts to verify the eligibility of an expense. The IRS requires the Dependent Care FSA to validate that all card transactions are used for dependent care expenses.

Unpaid eligible expenses that are not reimbursed through the debit card option must be submitted for reimbursement as described above.

Dependent Care FSA versus Federal Tax Credit

The Dependent Care FSA is not the only way you can realize tax savings for dependent care expenses. Before deciding to contribute to the Dependent Care FSA, you should consider if the federal dependent care tax credit might provide you with a greater tax advantage.

The federal dependent care tax credit permits you to take a credit on your tax return equal to a percentage of your eligible expenses, within certain limits. The amount of this credit depends on the amount of your dependent care expenses, your taxable income and the number of dependents receiving care.

You may not, however, use the same expense for both types of tax savings. In fact, the IRS requires that expenses eligible for the federal tax credit be reduced, dollar-for-dollar, by any reimbursements you receive from the Dependent Care FSA.

You may want to discuss the advantages of participating in the Dependent Care FSA with your financial or tax advisor.

If Your Spouse Participates In a Dependent Care FSA

If you are married and file a joint tax return, you and your spouse may not contribute more than \$5,000 in total to dependent care spending accounts. This means that, if your spouse contributes \$2,000 to his or her employer's dependent care spending account, you cannot contribute more than \$3,000 to yours. If one of you earn (or is deemed to earn) less than \$5,000, your combined total

contribution cannot be greater than the lower salary. If you and your spouse file separate tax returns, you may each contribute up to a maximum of \$2,500 per year. See *Contribution Amounts* above for additional information about deemed income.

Overpayments, Mistaken Payments and Unsubstantiated Claims

If it is later determined that you received an overpayment or that an expense for which you received reimbursement was not an eligible dependent care expense, you will be required to return the overpayment or erroneous reimbursement to the Dependent Care FSA. In addition, if you are asked to substantiate that an expense for which you received reimbursement was an eligible dependent care expense by providing applicable documentation, and you are unable to do so, you will be required to return the improper reimbursement to the Dependent Care FSA.

If you do not refund the overpayment, erroneous payment or improper reimbursement, it will be treated as taxable income to you and reported on Form W-2. In addition, the Dependent Care FSA reserves the right to offset future reimbursements equal to the overpayment, erroneous payment or improper reimbursement or take other appropriate actions. With respect to overpayments, erroneous payments and improper reimbursements, the Dependent Care FSA has an equitable lien under which it has the right to recover from you.

Other Important Information

Benefits if You Die

If you die during the calendar year, your estate or dependents may be reimbursed from your Health Care FSA or Limited Purpose Health Care FSA for eligible health care expenses you incurred prior to your death, up to the total amount you elected to contribute for the year (less previous reimbursements). Your eligible dependents also may elect to continue participation in a Health Care FSA or Limited Purpose Health Care FSA through COBRA. Your estate or dependents may be reimbursed from your Dependent Care FSA for eligible dependent care expenses incurred prior to your death, up to the balance in your Dependent Care FSA at the time of your death.

Requests for reimbursement of expenses from your Health Care FSA, Limited Purpose Health Care FSA and/or Dependent Care FSA must be made within 90 days after your death.

If You Leave the Company

If your employment with the Company and its affiliates terminates, your coverage under the Health Care FSA and Limited Purpose Health Care FSA will end on the last day of the month in which your employment terminates, unless you elect to continue coverage under COBRA. Your coverage under the Dependent Care FSA will end on the date that your employment terminates.

You will have 90 days after the date of your termination with the Company and its affiliates to submit claims for reimbursement under the Spending Accounts. **Claims must be received by WEX no later than 90 days after you terminate from employment.**

Plan Administrator

The Plan Administrator for the Spending Accounts is the Exact Sciences Benefits Committee (Benefits Committee). The Benefits Committee has responsibility and authority to control and manage the operation and administration of the Spending Accounts, except to the extent delegated

or assigned to others.

The Benefits Committee reviews claims as to whether an individual is eligible to participate in or obtain coverage under, or whether an eligible individual is enrolled for participation in or coverage under, the Spending Accounts. The Benefits Committee has engaged WEX to provide certain administration and recordkeeping services to the Spending Accounts, including the processing of initial claims for benefits and reviewing denied claims for benefits on appeal. The Company has no discretionary authority with respect to determinations regarding claims for benefits under the Spending Accounts or related appeals.

The Benefits Committee and WEX, and/or any delegate thereof, each within its area of authority and responsibility, have the power and discretion to construe and interpret the Spending Accounts and to make factual determinations.

Claim Determination Procedures

The following are the two different types of claims that may be made under the Spending Accounts: Claims for Spending Account Benefits and Eligibility or Enrollment Claims. See the Wrap SPD for more information regarding the claims determination procedures applicable to Eligibility or Enrollment Claims.

Claims for Spending Account Benefits are claims made in accordance with the Spending Accounts' procedures for filing benefit claims.

Claims for Benefits

The Benefits Committee has appointed WEX to process initial Claims for Spending Account Benefits and to perform the fair and impartial review of denied Claims for Spending Account Benefits on appeal. The Company has no discretionary authority with respect to final determinations regarding Claims for Spending Account Benefits on appeal. To file a valid Claim for Spending Account Benefits, you (or your authorized representative) must follow the claims submission procedures for the Spending Accounts set forth in this summary and any updating materials.

Health Care FSA and Limited Purpose Health Care FSA Claims

Initial Health Care FSA and Limited Purpose Health Care FSA Claims

Requests for reimbursement of eligible health care expenses not made through the debit card option described above must be submitted through the online account, through the Mobile app or by a paper claim form. Claims for reimbursement must be accompanied by the information specified in *Reimbursement of Health Care FSA and Limited Purpose Health Care FSA Expenses* above.

If you do not use the debit card option described above, you will receive a confirmation message that verifies the claim was successfully submitted. Your documentation will generally process within two business days.

You or your representative will be notified of the determination on the claim within 30 days after the request for reimbursement is received. However, if more time is needed to make a determination due to matters beyond the Health Care FSA's or Limited Purpose Health Care FSA's control, you or your representative will be notified within 15 days after the request for reimbursement is received. The extension notice will include the date a determination can be expected, which will be no more than 30 days after receipt of the request.

If more time is needed because necessary information is missing from the request, the notice will also specify what information is needed. The determination period will be suspended on the date the Health Care FSA or Limited Purpose Health Care FSA sends such a notice of missing information, and the determination period will resume on the date you or your representative responds to the notice. You will have at least 45 days to respond to the request for information.

In the event of an adverse benefit determination, in whole or in part, you (or your authorized representative) will be notified of the adverse determination in writing.

An adverse benefit determination notification for a Health Care FSA or Limited Purpose Health Care FSA claim will contain:

- the specific reason or reasons for the adverse determination;
- specific references to the pertinent provisions on which the adverse determination is based;
- a description of any additional information or material necessary to perfect the claim and an explanation of why such information or material is necessary;
- an explanation of the Health Care FSA's or Limited Purpose Health Care FSA's claims review process and the time limits applicable to such process, including a statement of your right to bring a civil action under Section 502(a) of ERISA following an adverse determination on review;
- if an internal rule, guideline, protocol or other similar criterion was relied upon in making the adverse determination, a statement that such a rule, guideline, protocol or other similar criterion was relied upon in making the adverse determination and that a copy of such rule, guideline, protocol or other similar criterion is available free of charge upon request; and
- if denial of the claim is based on a medical necessity or experimental or investigative treatment, or a similar exclusion or limitation, a statement that you will be provided, upon request and free of charge, an explanation of the scientific or clinical judgment, applying the terms of the Health Care FSA or the Limited Purpose Health Care FSA to your medical circumstances.

Appeals of Health Care FSA and Limited Purpose Health Care FSA Claims

If you disagree with an adverse benefit determination with respect to the Health Care FSA or the Limited Purpose Health Care FSA, you (or your authorized representative) can request a review of the initial benefit determination by submitting a written request to WEX within 180 calendar days after receipt of the adverse benefit determination. To do so, you must provide the required documentation for the denied claim either through your online account or by sending the required documentation with the denial notification to customerservice@wexhealthinc.com for processing. If your appeal is not filed within this period, your claim will be deemed permanently waived and abandoned, and you will be precluded from reasserting it.

When reviewing an adverse benefit determination that has been appealed, any new information that you provide that was not available or utilized when the initial determination was made will be considered. Someone other than an individual involved in the initial determination, or a subordinate of such individual, will make the determination on appeal.

You will be notified regarding the decision on your claim within 60 days. The determination of your appeal will be in writing and, if adverse, will contain the following:

- the specific reason or reasons for the adverse determination;
- specific references to the pertinent provisions on which the adverse determination is based;
- a statement that you are entitled to receive, upon request and free of charge, reasonable access to and copies of, all documents, records and other information relevant to the Claim for Spending Account Benefits;
- a statement about your right to bring a civil action under Section 502(a) of ERISA following an adverse determination on your appeal, any time limits for filing such a civil action and any available voluntary alternative dispute resolution options;
- if an internal rule, guideline, protocol or other similar criterion was relied upon in making the adverse determination, a statement that such a rule, guideline, protocol or other similar criterion was relied upon in making the adverse determination and that a copy of such rule, guideline, protocol or other similar criterion is available free of charge upon request;
- if the adverse determination is based on a medical necessity or experimental treatment, or a similar exclusion or limitation, a statement that you will be provided, upon request and free of charge, an explanation of the scientific or clinical judgment, applying the terms of the Health Care FSA or the Limited Purpose Health Care FSA to your medical circumstances; and
- the following statement: “You and your plan may have other voluntary dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor Office and your state insurance regulatory agency.”

After completing all mandatory appeal levels, you have the right to further appeal adverse benefit determinations by bringing a civil action under ERISA. Please refer to the *Statement of ERISA Rights* section in the Wrap SPD.

Dependent Care FSA Claims

When you want to be reimbursed for an eligible dependent care expense, you must file a claim for reimbursement for dependent care expenses. Requests for reimbursement of eligible dependent care expenses not made through the debit card option described above must be submitted through the online account, through the Mobile app or by submitting a paper Claim Form. If a Claim Form or Recurring Dependent Care Reimbursement Form with provider signature is submitted, no additional documentation will be required. Receipts or invoices should contain the following information:

- the name of the dependent receiving the service;
- the caregiver’s name and Social Security number or tax identification number;
- the date expenses were incurred;
- the amount paid for the service; and
- a description of the service.

You will be reimbursed for the expenses up to the amount that has been deducted from your pay and credited into your account. For example, if you contribute \$200 each month, after two months you will have \$400 available for use. If your claims during that period exceed the amount available in your account, your claim for the excess amount will be denied and then reprocessed when sufficient funds are credited. You will not need to re-submit your claim. You will be reimbursed for the excess amount as more contributions are made.

You generally have until March 31 after the end of the calendar year to submit claims for reimbursement. If you submit claims for reimbursement during the grace period, the claims must be for expenses you incurred during the previous calendar year (and after you became a participant in the Dependent Care FSA). Claims must be received by WEX no later than March 31 of the following year.

Reimbursements are made directly to you by check or deposited into a bank account of your choosing if that payment option is selected.

Neither Exact nor WEX takes responsibility for any claims submitted and paid that later may be determined not to meet IRS guidelines.

Appeals of Dependent Care FSA Claims

If you disagree with an adverse benefit determination with respect to the Dependent Care FSA, you (or your authorized representative) can request a review of the initial benefit determination by submitting a written request to WEX within 180 calendar days after receipt of the adverse benefit determination. To do so, you must provide the required documentation for the denied claim either through your online account or by sending it with the denial notification to customerservice@wexhealthinc.com for processing. If your appeal is not filed within this period, your claim will be deemed permanently waived and abandoned, and you will be precluded from reasserting it.

When reviewing an adverse benefit determination that has been appealed, any new information that you provide that was not available or utilized when the initial determination was made will be considered.

You will be notified regarding the decision on your claim within 60 days.

Legal Action

You have the right to bring a civil action under Section 502(a) of ERISA if you are not satisfied with the outcome of the appeals procedure with respect to your Health Care FSA or Limited Purpose Health Care FSA claim. You may not initiate a legal action with respect to your Health Care FSA or Limited Purpose Health Care FSA claim against WEX, the Health Care FSA, the

Limited Purpose Health Care FSA, the Company or the Plan Administrator until you have completed the appeal process. No legal action may be brought more than one year following a final decision on the claim under the appeal process. If a civil action is not filed within this period, your claim will be deemed permanently waived and abandoned, and you will be precluded from reasserting it.

Discretionary Authority

Authority to decide initial claims (including claims for Spending Account benefits) under the Spending Accounts and denied claims on review (including denied claims for Spending Account benefits) under the Spending Accounts includes the full power and discretion to interpret Spending Account provisions and to make factual determinations, with the claim administrators' and denied claim reviewers' decisions, interpretations and factual determinations controlling. Requests for information regarding individual claims, or a review of a denied claim, are to be directed in writing and properly addressed to the particular entity identified as having the authority to decide the initial claim, or to decide the denied claim on review, as applicable.

Right to Change or Terminate the Spending Accounts

Exact reserves the right to amend or terminate the Spending Accounts in any respect and at any time. For example, the Spending Accounts may be discontinued in part or in their entirety, or what the Spending Accounts cover or what benefits they provide may be changed.

The amendment or termination of the Spending Accounts may affect the benefits or benefit coverage not only of active employees (and their dependents), but also of former active employees who retired, became disabled, died or whose employment with the Company and its affiliates has otherwise terminated (and their dependents), and also of any covered person who began receiving benefit coverage or payments prior to the amendment or termination. If such a termination or amendment occurs, affected participants will be notified. The right to amend or terminate the Spending Accounts may be exercised by Exact or its delegates and any amendment shall be in writing.