



Spending Accounts

Spending accounts allow you to pay for certain health care, dependent day care, transportation and parking expenses with before-tax contributions from your pay:

- Health Care Spending Account (HCSA):** Use the HCSA to pay for certain health care expenses for you and your qualified dependents that are not paid by any medical, dental or vision plan. You are eligible to enroll in the HCSA if you are not enrolled in the High Deductible Plan with HSA (formerly known as the “High Deductible Health Plan”). If you enroll in the High Deductible Plan with HSA, you cannot enroll in the HCSA. If you elect the High Deductible Plan with HSA due to a qualified change in status and you were previously enrolled in the HCSA, you are allowed to retain the HCSA; however, you cannot continue to make contributions. The establishment of the HCSA precludes you from being eligible to establish a Health Savings Account (HSA) for the remainder of the plan year.
- Limited Purpose Health Care Spending Account (LPSA):** Use the LPSA if you are enrolled in the High Deductible Plan with HSA to pay for dental and vision and/or preventive care medical expenses for you and your qualified dependents that are not paid by any medical, dental or vision plan or your HSA.
- Dependent Day Care Spending Account (DCSA):** Use the DCSA to pay for certain dependent day care expenses so that you (and your spouse, if applicable) can work or look for work. **Note:** This account cannot be used to pay for health care expenses for your dependents.
- Transportation Reimbursement Incentive Program (TRIP):** Use TRIP to pay for the cost of public transportation and parking so you can commute to and from work. **Note:** TRIP is not part of Annual Enrollment. You can enroll at any time.

Optum Financial Website

The Optum Financial (formerly ConnectYourCare) website available through My Total Compensation and Benefits at www.totalcomponline.com makes it easy for you to manage your spending accounts. You can file claims, confirm which expenses are eligible, and check your account balance and more.

Note: For information about the HSA paired with the High Deductible Plan with HSA, see the “Health Savings Account” section in the *Medical* section.

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How the Spending Accounts

Need to File a Claim, Check Your Balance or Confirm if Expenses Are Eligible?

Access your spending account through My Total Compensation and Benefits. From the main page, click on "TRIP and Spending Accounts."

Work

Enrolling in the Spending Accounts

To have continued coverage in the Health Care Spending Account (HCSA), Limited Purpose Health Care Spending Account (LPSA) and/or Dependent Day Care Spending Account (DCSA), you *must* enroll each year. *Your election does not roll over from year to year.*

For the Transportation Reimbursement Incentive Program (TRIP), you can enroll at any time. Before-tax

and, if needed, after-tax payroll contributions will be deducted from your pay as soon as administratively possible to pay for your transit and/or parking pass, which must be purchased online.

Once enrolled, you can obtain information about your account on the Optum Financial website through My Total Compensation and Benefits at www.totalcomponline.com, available from the Citi intranet and the Internet. Contributions to the spending accounts from your pay will be available as follows.

If you enroll during the Annual Enrollment period or if you enroll as a new hire on or before November 1:

- **HCSA and LPSA:** The entire amount of the 2023 contributions you elect will be posted to your account on January 1. You can be reimbursed up to the entire amount of your annual contribution at any time during the plan year for incurred eligible expenses, even if the entire 2023 contribution amount has not yet been deducted from your pay.
- **DCSA:** Contributions will be posted to your account each pay period. You can be reimbursed up to the amount available in your account. The balance of any claim will be paid as additional contributions are deposited into your account.
- **TRIP:** Contributions will be deducted each pay period to purchase transit and/or parking passes you have selected online.

Spending Accounts

Changing Your Contribution Amounts

Generally, if you elect to change your goal amount as a result of a qualified change in status, there are some things you need to know:

- If you *increase* your spending account goal amount, you *cannot* use the additional money to reimburse yourself for your health care expenses incurred *prior* to the date of this qualified change in status. The additional funds will only be available to reimburse those claims with dates of service incurred *after* the effective date of your qualified change in status.
- If you *decrease* your spending account goal amount, it *will not* result in a refund of deductions withheld by payroll prior to the effective date of the qualified change in status.
- You are not permitted to decrease your goal amount if you have used all of the available funds in your spending account.
- All changes must be made within 31 days of the qualified change in status.

Legal Requirement: Save Your Receipts from Optum Financial Payment Card Use

Participants in the HCSA and LPSA will receive a Optum Financial payment card. You have the option of using your Optum Financial payment card to pay for eligible health care expenses, or you may pay for health care expenses out of pocket and be reimbursed by submitting claims forms (via mail or fax) or submitting your claims online.

If applicable, each time you “swipe” the Optum Financial payment card (described in “Health Care Spending Account (HCSA)” on page 248), be sure to save your receipt in case you are required at a later date to substantiate that your expense was eligible for reimbursement under the Plan. *Per IRS rules, unsubstantiated expenses will be considered taxable income.* If a receipt is needed, you will be notified by email within 90 days of your payment card swipe (with a follow-up reminder mailed to your home address). If there is not a valid email address on file for you, all notification will be sent to your mailing address. You can also review online if your claim requires receipts by visiting the Optum Financial website, available through My Total Compensation and Benefits at www.totalcomponline.com and selecting “Payment Card Transactions” from the home page.

You have until June 30, 2024, to resolve any 2023 transactions that require receipts. Resolution of a transaction includes providing any pertinent documentation to establish that a claim is eligible for reimbursement, which may include providing documentation that a service provided in connection with a claim was medically necessary. If you fail to resolve these transactions with Optum Financial by the June 30 deadline, the amount of the transaction in dispute that was paid by using your Optum Financial payment card will be considered an “overpayment” and will be added to the amount of your 2023 earnings. Applicable taxes will be withheld and reported on your Form W-2 Wage and Tax Statement.

Reimbursements

If you do not use your Optum Financial payment card, and submit your claims using claim forms (via mail or fax) or submit your claims online for reimbursements, your reimbursements for eligible HCSA/LPSA and DCSA expenses will be deposited directly into your bank account if you have a direct deposit account on file. If not, a check will be sent to your address of record. To add direct deposit account information, visit the Optum Financial website, available through My Total Compensation and Benefits at www.totalcomponline.com.

If your HCSA or LPSA claim is denied, see “Claims and Appeals for the Health Care Spending Account (HCSA)/Limited Purpose Health Care Spending Account (LPSA)” on page 266.



Overpayments

In the event that you use your Optum Financial payment card to pay for an expense that is determined to be an ineligible health care expense (due to lack of substantiation of the expense), you will be notified of the expense ineligibility within 90 days of the transaction date. You must agree to reimburse Citi within 75 days for any amount owed. In connection with amounts owed under the HCSA/LPSA that exceed \$50, your payment card will be suspended until acceptable documentation (showing that the expense is eligible) or repayment is received. Upon approval of documentation or repayment, the card will be reactivated within 48 hours. If repayment or acceptable documentation is never received, the funds paid for an ineligible expense will be deemed taxable income, and the suspension on the payment card will be lifted at the start of the new calendar year.

Tax Exemptions

Spending accounts are exempt from all federal income and employment taxes and most state and local taxes. If you live in a state that does not exempt spending contributions from state or local tax, you will be taxed on the benefit. As such, the amount reported as “state wages” on your Form W-2 Wage and Tax Statement for the year of the contribution will be higher than the amount reported for federal wages.

Spending Accounts at a Glance

	Health Care Spending Account (HCSA)	Limited Purpose Health Care Spending Account (LPSA)	Dependent Day Care Spending Account (DCSA)	Transportation Reimbursement Incentive Program (TRIP) ¹
Why enroll?	To reduce your taxes by paying for eligible expenses with before-tax dollars.			
What is reimbursed?	Health care expenses for you and your family that are not paid by any medical, dental or vision plan.	Vision and dental for you and your family that are not paid by any medical, dental or vision plan or your Health Savings Account (HSA).	Dependent day care expenses for your qualified dependents so that you (and your spouse, if you are married) can work or look for work.	Eligible transit and parking expenses. Note: Your contributions are used to purchase transit/parking passes online. There is no claim-filing process unless you elect to submit a claim for your out-of-pocket parking expenses.
Contribution limits	From \$120 to \$3,050 per year per employee; ² money is deducted in equal amounts each pay period.	From \$120 to \$3,050 per year per employee; ² money is deducted in equal amounts each pay period.	From \$120 to \$5,000 per year per family; money is deducted in equal amounts each pay period.	Transit: Up to \$300 per month before tax and up to \$1,000 in after-tax dollars. Parking: Up to \$300 per month before tax and up to \$1,000 in after-tax dollars.

Spending Accounts

	Health Care Spending Account (HCSA)	Limited Purpose Health Care Spending Account (LPSA)	Dependent Day Care Spending Account (DCSA)	Transportation Reimbursement Incentive Program (TRIP) ¹
Forfeiture provisions	You will forfeit any money you contribute but do not use, including disputed amounts, each calendar year.	You will forfeit any money you contribute but do not use, including disputed amounts, each calendar year.	If you were enrolled in the DCSA in 2020 and/or 2021, you will be able to carry over any unused amounts in your DCSA at year-end to be used through the 2023 plan year.	If your employment is terminated or if you transfer to an entity that is not eligible to participate in TRIP, your payroll deductions will stop and your account will be closed as of your termination or transfer date. You will forfeit the before-tax balance in your account.
Changing your election	You can change your election as the result of a qualified change in status; you cannot enroll in December for the current year.	You can change your election as the result of a qualified change in status; you cannot enroll in December for the current year.	You can change your election as the result of a qualified change in status; you cannot enroll in December for the current year.	You can change your online purchase at any time; the change will be effective as soon as administratively possible.
Filing a claim	You must file claims, including pertinent supporting documentation, for 2023 expenses so they are resolved no later than June 30, 2024.	You must file claims, including pertinent supporting documentation, for 2023 expenses so they are resolved no later than June 30, 2024.	You must file claims, including pertinent supporting documentation, for 2023 expenses so they are resolved no later than June 30, 2024.	You must file claims for Parking Cash Reimbursement, including pertinent supporting documentation, for 2023 expenses so they are resolved no later than June 30, 2024.

¹ TRIP is not part of Annual Enrollment. You can enroll in TRIP at any time.

² Each partner of a married couple working at Citi can contribute \$3,050 to the HCSA or LPSA account.

Health Savings Account (HSA) Information

For information about the HSA paired with the High Deductible Plan with HSA, see the “Health Savings Account” in the *Medical* section.

Health Care Spending Account (HCSA)

You can contribute between \$120 and \$3,050 per year on a before-tax basis to reimburse yourself for eligible out-of-pocket health care expenses. Contributions are deducted each pay period before federal and, in most locations, state and local taxes are withheld.

The \$3,050 limit applies to each employee electing to participate in the HCSA. If you and your spouse/partner are both Citi employees, you can each contribute up to \$3,050 to your own HCSA.

You must actively elect to participate in the HCSA during each Annual Enrollment or within 31 days of a qualified change in status during the 2023 plan year. You may enroll in the HCSA if you are *not* enrolled in the High Deductible Plan with HSA.

If you enroll in the High Deductible Plan with HSA, you cannot enroll in the HCSA. However, if you enrolled in the HCSA prior to a qualified change in status, then you are permitted to retain the HCSA, even if you elect a High Deductible Plan with HSA due to a qualified change in status. However, having enrolled in the HCSA precludes you from being eligible to establish or contribute to an HSA and/or enroll in the LPSA for the remainder of the plan year.

You can be reimbursed for expenses incurred only during the time you are enrolled. Generally, you can enroll as a new employee, during the Annual Enrollment period, or within 31 days of a qualified change in status.

HCSA claims, including any pertinent supporting documentation to establish that a claim is eligible to be reimbursed, must be filed and resolved by June 30 of the calendar year following the calendar year in which the expense was incurred. Generally, you may change or stop your contributions as a result of a qualified change in status.

The amount of your payroll contributions will appear on your Form W-2 Wage and Tax Statement for the year in which you were enrolled.

In accordance with IRS guidelines, the Plan Administrator may reduce the rate of contribution by certain participants to ensure that the HCSA is not deemed to discriminate in favor of highly compensated employees.

If you are a reservist called to active military duty for more than 179 days, you are entitled to receive a taxable distribution of your HCSA balance (contributions less the amount reimbursed) if you request a distribution by the last day of the calendar year in which you made the contributions.

Rules and Features

General Rules about Expenses

Most health care expenses that the IRS considers deductible on your federal income tax return are eligible for reimbursement from the HCSA, provided the expenses are not reimbursed from any other source.

You can be reimbursed for your expenses or those incurred by anyone you can claim as a dependent on your federal tax return, regardless of whether you or your dependent is covered under any Citi medical, dental or vision plan. Be sure to save your receipts in case you are required at a later date to substantiate that your expense was eligible for reimbursement under the Plan.

Estimate expenses conservatively. You cannot receive a refund for contributions intended to reimburse yourself for a surgery or procedure that is later canceled.

Spending Accounts

Examples of Eligible Health Care Expenses

- Your share of expenses that are not paid by your medical, dental and/or vision plan, such as deductibles, coinsurance and copays;
- Other charges that exceed what your medical, dental and/or vision plan will pay, such as charges above maximum allowed amounts or other plan limits;
- Vision care expenses, such as exams, prescription eyeglasses and sunglasses, prescription contact lenses, and laser surgery, that are not covered by your medical or vision plan;
- Hearing care expenses, such as exams, hearing aids and hearing aid batteries, that are not covered by your medical plan;
- Certain equipment and training for disabled individuals;
- Childbirth classes, such as Lamaze, for up to two people;
- Chiropractic care that is not covered by your medical plan;
- Physical therapy, psychiatric therapy and counseling that are not covered by your medical plan;
- Cholesterol tests, vaccines and immunizations that are not covered by your medical plan;
- Prescription contraceptives and infertility treatments that are not covered by your medical plan;
- Smoking cessation programs;
- Over-the-counter (OTC) drugs, medicines and biologicals for which you have a receipt ;
- Medicines prescribed by a physician that your medical plan or prescription drug program does not cover; and
- Transportation necessary to obtain certain health care services.

Examples of Ineligible Health Care Expenses

- Expenses for which you have been reimbursed from another source, such as Citi's or another employer's medical, dental and/or vision plan, Medicare or Medicaid;
- Elective cosmetic surgery or cosmetic dental work;
- Vitamins or minerals taken for general health purposes, including those recommended by your physician;
- Maternity clothes or diaper services;
- Nursing services to care for a healthy newborn;
- Household help or custodial care at home or in an institution, even if recommended by your physician;
- Health club fees, exercise classes or weight-loss programs for general health purposes, even if recommended by your physician;
- Cosmetics, toiletries or toothpaste;
- Amounts you pay for medical and dental insurance premiums; and
- Long-term care services, including insurance premiums for long-term care insurance.

Special Rule for Orthodontia Claims

Generally, a health care service must be provided during the plan year in order for a claim to be incurred and subject to reimbursement. Orthodontic work usually involves a course of treatment that occurs over a number of plan years. In connection with payments made for orthodontic work, IRS guidance provides that if the actual payment is made in advance of a course of orthodontic treatment, the claim is deemed to be incurred at the time of the advance payment and subject to reimbursement at the time the payment is made without regard to when the actual treatment is provided. If the actual payment is not made in advance, the claim is incurred when the services are provided.



For More Information

For more information about eligible expenses, see *IRS Publication 502: Medical and Dental Expenses* at www.irs.gov, or contact your tax adviser. You can also call the IRS at **1 (800) 829-1040**.

Note: The IRS publication is a guideline for use in preparing tax returns; it is not a description of the Citi Plan.

Health Plan Claims with Optum Financial

Each time a claim is submitted to your health plan from a health care provider, Optum Financial receives the claim electronically from the plan. (**Note:** Electronic submission is not provided from the HMOs.) If there is no Optum Financial payment card swipe with a matching dollar amount on record, Optum Financial will load the claim into your account to be taken into consideration for future payment card transactions.

Visit the Optum Financial website through My Total Compensation and Benefits at www.totalcomponline.com to review your claims information and process reimbursements.

Your Optum Financial Payment Card

If you participate in the HCSA or LPSA, you will automatically receive an Optum Financial payment card after you enroll. Your Optum Financial payment card offers the following advantages:

- If you have both an HSA (due to enrollment in the High Deductible Plan with HSA) and an LPSA, you'll have one Optum Financial payment card to pay for all eligible health care expenses, and funds will be automatically deducted from the right account.
- With your Optum Financial payment card, you can pay for eligible health care expenses and reduce the need to pay out of pocket.
- You can call the Optum Financial toll-free number 24 hours a day if you need assistance.

Paying for Your Expenses Out of Pocket

For eligible health care expenses that are not submitted from a health care provider to the health plan, you may choose to pay out of pocket, instead of using the Optum Financial payment card, and submit a claim:

- online on the Optum Financial website;
- through the Optum Financial mobile app: or
- you can submit a paper claim to Optum Financial using the Optum Financial Manual Claim Form.

The claim-filing instructions are on the Optum Financial website, as well as on the Manual Claim Form (available on the Optum Financial website). In order for your claim to be reimbursed, you must provide any pertinent documentation to establish that an expense is eligible to be reimbursed. If such information is not provided by the deadline noted below, the funds in your HCSA/LPSA that are in dispute are subject to forfeiture.

Spending Accounts

Reimbursements

At any time, up until June 30 of the following plan year, you may be reimbursed for eligible expenses up to the total amount you elected to contribute for the plan year. In order for a claim to be deemed an eligible expense to be reimbursed, you must provide any pertinent documentation to establish that a claim is eligible for reimbursement, which may include documentation that a service provided in connection with a claim was medically necessary.

Note: If your 2019 claims deadline falls within the National Emergency, your deadline will be recalculated to allow an additional four months to submit claims for reimbursement from the end of the National Emergency.

Regardless of whether a claim is paid or reimbursed, if you increase your contributions during the plan year because of a qualified change in status, you may pay for claims or be reimbursed for claims from the increased amount only for expenses incurred *after* the date of the qualified change in status.

Using HCSA during an Unpaid Leave or after Your Termination of Employment

You can continue your HCSA coverage under COBRA through the end of the calendar year in which you take an unpaid leave of absence or your employment is terminated. If you do not continue coverage under COBRA, you cannot use the account for expenses incurred beyond the start date of your leave or your termination date, respectively. However, you will have until the following June 30 to submit your claims, including any pertinent supporting documentation to establish that a claim is eligible to be reimbursed, for services incurred before the start date of your leave or your termination date.

To continue your HCSA coverage under COBRA, contact the Citi Benefits Center through ConnectOne at **1 (800) 881-3938**. See the *For More Information* section for detailed instructions, including TDD and international assistance.

Effect on Other Benefits

Even though you reduce your taxable income by using the spending account(s), you are not reducing your pay for determining any Citi pay-related benefits, such as disability or life insurance. Benefits under these plans are based on your benefits eligible pay *before* your spending account contributions are deducted.

Effect on Taxes

You receive a tax advantage by paying for eligible health care expenses through the HCSA *or* by claiming a federal income tax deduction for eligible expenses that exceed 10% of your adjusted gross income. However, you cannot claim a deduction for an expense on your federal tax return if you have been reimbursed for the same expense through the HCSA.

Social Security

Your spending account contributions will reduce the amount of your Social Security taxes. If your taxable pay is below the Social Security taxable wage base, your future Social Security benefits may also be reduced.

Filing a Claim

See “How to File a Claim” in the *Eligibility and Participation* section.

Generally, you will have until June 30 following the year in which you incur the eligible expense to file a claim for reimbursement. If you are required to substantiate a claim, either in connection with the Optum Financial payment card or a submitted claim (paper or online), in order for a claim to be deemed an eligible expense to be reimbursed, you must provide any pertinent documentation to establish that a claim is eligible for reimbursement. This may include documentation that a service provided in connection with a claim was medically necessary. **All such documentation must be submitted and resolved by the June 30 deadline to avoid the amount being subject to forfeiture or included in taxable income in connection with the Optum Financial payment card.** For example, you will have until June 30, 2024, to file claims for reimbursement of expenses incurred in 2023. **Note:** If your 2019 claims deadline falls within the National Emergency, your deadline will be recalculated to allow an additional four months to submit claims for reimbursement from the end of the National Emergency.

For the fastest results, use your Optum Financial payment card to directly pay for services at eligible health care locations. You can also submit claims as follows.

Online

- Log on to the Optum Financial website through My Total Compensation and Benefits at www.totalcomponline.com.
- To request reimbursement for an out-of-pocket expense, click on “I want to...reimburse myself.”
- Complete the online form.
- Follow the screen prompts to submit documentation, choosing either “upload documentation” or “fax documentation.” If you are faxing documentation, follow the screen prompts to print out the fax cover form to use when submitting the documentation.

Mobile App

- Download the **Optum Financial** mobile app from your app store.
- Log in using your online username and password. If you have never logged in before, click “New User Registration” to set your username and password.
- Tap the option to submit a new payment request.
- Follow the screen prompts to submit information.
- Follow the screen prompts to submit documentation using your camera or select an image from your mobile device.

Paper Claim Submission

- If you did not use your Optum Financial payment card and are unable to access the Internet, complete the Manual Claim Form.
- Fax the Manual Claim Form with itemized receipts or other documentation to **1 (443) 681-4602**. Remember to keep the original claim form and supporting documents for your records.

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- If you choose to mail your claim form and documentation instead of faxing, the address is:
Optum Financial Claims Department
PO Box 622317
Orlando, FL 32862-2317

If your HCSA claim is denied, see “Claims and Appeals for the Health Care Spending Account (HCSA)/Limited Purpose Health Care Spending Account (LPSA)” on page 266.

For More Information

Call the Citi Benefits Center via ConnectOne at **1 (800) 881-3938**. See the *For More Information* section for detailed instructions, including TDD and international assistance.

You also can visit the Social Security Administration website at www.socialsecurity.gov for information about the taxable wage base for a given year and Social Security plans and provisions.

Limited Purpose Health Care Spending Account (LPSA)

You must be enrolled in the Citi High Deductible Plan with HSA to enroll in the LPSA. You can enroll as a new employee, during the Annual Enrollment period, or within 31 days of a qualified change in status.

Rules and Features

You can contribute between \$120 and \$3,050 per year on a before-tax basis to reimburse yourself for eligible out-of-pocket dental, vision and preventive care medical expenses. Contributions are deducted each pay period before federal and, in most locations, state and local taxes are withheld.

The \$3,050 limit applies to each employee electing to participate in the LPSA. If you and your spouse/partner are both Citi employees, you can each contribute up to \$3,050 to your LPSA.

Because the LPSA is intended to be used in conjunction with a High Deductible Plan with HSA, eligible expenses are limited to dental, vision and preventive care medical expenses that are not already covered. Other medical care expenses should be paid from your Health Savings Account (HSA). Be sure to save your receipts in case you are required at a later date to substantiate that your expense was eligible for reimbursement under the Plan.

OTC Drugs, Medicines and Biologicals

Expenses for over-the-counter drugs and medicine without a prescription are permitted to be reimbursed under the HCSA and LPSA.

Examples of Eligible Health Care Expenses

- Your share of expenses that are not paid by your dental and/or vision plan, such as deductibles, coinsurance and copays, and charges that exceed maximum allowed amounts or other plan limits;
- Vision care expenses, such as exams, prescription eyeglasses and sunglasses, prescription contact lenses, and laser surgery, that are not covered by your medical or vision plan;

- Preventive care medical expenses not already covered by the Plan; and
- Screening services, including routine cancer, heart disease and infectious disease screening.

Because network preventive care is covered at 100% in the High Deductible Plan with HSA, you will not need this account to reimburse yourself for network preventive medical care expenses. However, if you obtain preventive care from an out-of-network doctor, the High Deductible Plan with HSA will cover 100% of the maximum allowed amount only. As a result, not all preventive care charges may be covered.

Examples of Ineligible Health Care Expenses

- Expenses for which you have been reimbursed from another source, such as Citi's or another employer's medical, dental and/or vision plan, Medicare, Medicaid or your HSA;
- Non-preventive care medical expenses;
- Elective cosmetic surgery or cosmetic dental work;
- Vitamins or minerals taken for general health purposes, including those recommended by your physician;
- Maternity clothes or diaper services;
- Nursing services to care for a healthy newborn;
- Household help or custodial care at home or in an institution, even if recommended by your physician;
- Health club fees, exercise classes or weight-loss programs for general health purposes, even if recommended by your physician;
- Cosmetics, toiletries or toothpaste;
- Amounts you pay for medical and dental insurance premiums; and
- Long-term care services, including insurance premiums for long-term care insurance.

For More Information

For more information about eligible expenses, see *IRS Publication 502: Medical and Dental Expenses* at www.irs.gov, or contact your tax adviser. You also can call the IRS at **1 (800) 829-1040**.

Note: The IRS publication is a guideline for use in preparing tax returns; it is not a description of the Citi Plan.

Is the LPSA for You?

The LPSA is for employees who enroll in the High Deductible Plan with HSA.

Generally, employees who enroll in the High Deductible Plan with HSA and establish an HSA can also enroll in an LPSA to pay for eligible health care expenses with before-tax dollars. ("Establish" an account means you apply for an account, which is approved because you meet certain credit and customer identity validation requirements. If your account is not established, you cannot receive the employer contribution.) However, you may enroll in an LPSA even if you are not enrolled in an HSA (as long as you are enrolled in the High Deductible Plan with HSA).

Note: Employees who enroll in the High Deductible Plan with HSA generally are *not* eligible to enroll in an HCSA.

Spending Accounts

Plan Your LPSA Contributions Accordingly

Because network preventive care is covered at 100% in the High Deductible Plan with HSA, you will not need this account to reimburse yourself for network preventive medical care expenses. However, if you obtain preventive care from an out-of-network physician, the High Deductible Plan with HSA will cover 100% of the maximum allowed amount only. As a result, not all preventive care charges may be covered.

To participate in the LPSA each plan year, you must actively enroll. Your enrollment does not carry over from year to year.

You can be reimbursed for expenses incurred only during the time you are enrolled. The amount of your payroll contributions will appear on your Form W-2 Wage and Tax Statement for the year in which you were enrolled. Be sure to save your receipts in case you are required at a later date to substantiate that your expenses were eligible for reimbursement under the Plan.

In accordance with IRS guidelines, the Plan Administrator, in its discretion, may reduce the rate of contribution by certain participants to ensure that the LPSA is not deemed to discriminate in favor of highly compensated employees.

Paying for Your Expenses Out of Pocket

You can submit claims for certain expenses under the following plans:

- High Deductible Plan with HSA (preventive care only);
- Dental; and
- Vision.

You can use the Optum Financial payment card to pay for eligible expenses. Alternatively, you may pay for eligible expenses out of pocket and submit qualified expenses for reimbursement using the HCSA/LPSA Claim Form. You can submit a claim: (i) online on the Optum Financial website, available through My Total Compensation and Benefits at www.totalcomponline.com; (ii) through the Optum Financial mobile app, or: (iii) you can submit a paper claim to Optum Financial using the Optum Financial Manual Claim Form. The claim-filing instructions are on the Optum Financial website, as well as on the Manual Claim Form (available on the Optum Financial website).

Reimbursements

At any time, up until June 30 of the following plan year, you may be reimbursed for eligible expenses up to the total amount you elected to contribute for the plan year. In order for a claim to be deemed an eligible expense to be reimbursed, you must provide any pertinent documentation to establish that a claim is eligible for reimbursement, which may include documentation that a service provided in connection with a claim was medically necessary. If you increase your contributions during the year because of a qualified change in status, you may be reimbursed from the increased amount only for expenses incurred *after* the date of the qualified change in status.

Using LPSA after Your Termination of Employment

You can continue your LPSA coverage under COBRA through the end of the calendar year in which you take an unpaid leave of absence or your employment is terminated. If you do not continue coverage under COBRA, you cannot use the account for expenses incurred beyond the start date of your leave or your termination date, respectively. However, you will have until the following June 30 to submit and resolve your claims, including pertinent supporting documentation, for services incurred before the start date of your leave or your termination date. **Note:** If your 2019 claims deadline falls within the National Emergency, your deadline will be recalculated to allow an additional four months to submit claims for reimbursement from the end of the National Emergency.

Effect on Other Benefits

Even though you reduce your taxable income by using the spending account(s), you are not reducing your pay for determining any Citi pay-related benefits, such as disability or life insurance. Benefits under these plans are based on your benefits eligible pay *before* your spending account contributions are deducted.

Effect on Taxes

You receive a tax advantage by paying for eligible health care expenses through your LPSA *or* by claiming a federal income tax deduction for eligible expenses that exceed 10% of your adjusted gross income. However, you cannot claim a deduction for an expense on your federal tax return if you have been reimbursed for the same expense through the LPSA.

Social Security

Your spending account contributions will reduce the amount of your Social Security taxes. If your taxable pay is below the Social Security taxable wage base, your future Social Security benefits may also be reduced.

Filing a Claim

See “How to File a Claim” in the *Eligibility and Participation* section.

Generally, you will have until June 30 following the year in which you incur the eligible expense to file and resolve a claim for reimbursement. In order for a claim to be deemed an eligible expense to be reimbursed, you must provide any pertinent documentation to establish that a claim is eligible for reimbursement, which may include documentation that a service provided in connection with a claim was medically necessary. **All such documentation must be submitted and resolved by the June 30 deadline to avoid the amount being subject to forfeiture or included in taxable income in connection with the Optum Financial payment card.** For example, you will have until June 30, 2023, to file claims for reimbursement of expenses incurred in 2022.

Note: If your 2019 claims deadline falls within the National Emergency, your deadline will be recalculated to allow an additional four months to submit claims for reimbursement from the end of the National Emergency.

For the fastest results, use your Optum Financial payment card to directly pay for eligible health care expenses. You can also submit claims as follows.

Online

- Log on to the Optum Financial website through My Total Compensation and Benefits at **www.totalcomponline.com**.
- To request reimbursement for an out-of-pocket expense, click on the “Reimburse Myself” button at the top of the page.
- Complete the online form.
- Follow the screen prompts to submit documentation, choosing either “upload documentation” or “fax documentation.” If you are faxing documentation, follow the screen prompts to print out the fax cover form to use when submitting the documentation.

Spending Accounts

Mobile App

- Download the **Optum Financial** mobile app from your app store.
- Log in using your online username and password. If you have never logged in before, click “New User Registration” to set your username and password.
- Tap the option to submit a new payment request.
- Follow the screen prompts to submit information.
- Follow the screen prompts to submit documentation using your camera or select an image from your mobile device.

Paper Claim Submission

- To submit a paper claim, complete the Manual Claim Form.
- Fax the Manual Claim Form with itemized receipts or other documentation to **1 (443) 681-4602**. Remember to keep the original claim form and supporting documents for your records.
- If you choose to mail your claim form and required documentation for reimbursement (instead of faxing), the address is:

Claims Department
PO Box 622317
Orlando, FL 32862-2317

If your LPSA claim is denied, see “Claims and Appeals for the Health Care Spending Account (HCSA)/Limited Purpose Health Care Spending Account (LPSA)” on page 266.

For More Information

Call the Citi Benefits Center through ConnectOne at **1 (800) 881-3938**. See the *For More Information* section for detailed instructions, including TDD and international assistance.

You can also visit the Social Security Administration website at www.socialsecurity.gov for information about the taxable wage base for a given year and Social Security plans and provisions.

Dependent Day Care Spending Account (DCSA)

You can contribute between \$120 and \$5,000 per year on a before-tax basis to reimburse yourself for day care expenses for qualified dependents so that you (and your spouse, if you are married) can work or look for work. See “Qualifying Individuals” on page 259.

You can be reimbursed for expenses incurred through the end of the plan year in which you are enrolled. You can enroll as a new employee, during the Annual Enrollment period, or within 31 days of a qualified change in status.

The amount of your payroll contributions will appear on your Form W-2 Wage and Tax Statement for the year in which you were enrolled.

In accordance with IRS guidelines:

- The Plan Administrator, in its discretion, may reduce the rate of contribution by certain participants during the year to ensure that the DCSA is not deemed to discriminate in favor of highly compensated employees.
- Eligible expenses submitted via paper claim with future dates of service will not be reimbursed prior to the last day of the billing period.

Quick tip: You cannot use the DCSA to reimburse yourself for your dependent children's health care expenses; use the HCSA or LPSA for that purpose.

Rules and Features

Examples of Eligible Dependent Day Care Expenses

- Care at a licensed nursery school, day camp (including specialty camps) or day care center; the facility must comply with state and local regulations, serve more than six individuals, and receive fees for services;
- Services from individuals who provide dependent day care inside or outside your home, unless the provider is your spouse, your own child under age 19 or any other dependent (these individuals must provide their Social Security numbers to you);
- After-school care for children under age 13;
- Household services related to the care of an elderly or disabled adult who lives with you;
- A care provider's expenses for the transportation between your house and the place that provides day care services;
- Your portion of FICA and other taxes that you pay for a care provider; and
- Any other services that qualify as dependent day care under IRS rules.

Examples of Ineligible Dependent Day Care Expenses

- Expenses for food, clothing or education;
- Your expenses for transportation between your house and the place that provides day care services;
- Expenses for dependent day care when either you or your spouse is not working;
- Charges for convalescent or nursing home care for a parent or disabled spouse;
- Overnight camp expenses;
- Expenses for dependent day care that enables you or your spouse to do volunteer work;
- Payments made to your spouse, your own child under age 19 or any other dependent; and
- Expenses for which you take the federal child care tax credit.

For More Information

For more information about eligible dependents and expenses, see *IRS Publication 503: Child and Dependent Care Expenses* at www.irs.gov, or contact your tax adviser. You also can call the IRS at **1 (800) 829-1040**.

Note: The IRS publication is a guideline for use in preparing tax returns; it is not a description of the Citi Plan.

Spending Accounts

Qualifying Individuals

According to IRS rules, you may be reimbursed only for expenses incurred in caring for a qualifying individual. Generally, a qualifying individual includes:

- Your child under age 13 who must share your residence for more than half the year and who must not provide more than half of his or her own support;
- Your spouse who is physically or mentally unable to care for himself or herself and resides with you for more than half the year; and
- A dependent who is mentally or physically unable to care for himself or herself and resides with you for more than half the year.

Marital Status and Your DCSA Contribution

If you file a joint tax return: You and your spouse together may contribute up to \$5,000 per year before taxes to the DCSAs. For example, if your spouse contributes \$2,000 to his or her employer's DCSA, you can contribute up to \$3,000 to your DCSA. If either you or your spouse earns less than \$5,000 annually, the combined amount you and your spouse contribute cannot exceed the lower salary.

If you file separate tax returns: You and your spouse each may contribute up to \$2,500 per year before taxes to your respective DCSA.

If your spouse does not work: In general, you cannot use the DCSA if your spouse does not work, unless he or she is a full-time student for at least five months during the calendar year, is looking for work, or is disabled. In such a case, for purposes of determining the maximum contribution, your spouse is considered to earn \$250 a month if you have one qualified dependent or \$500 a month if you have two or more qualified dependents. For Plan purposes, count only the months that your spouse is either in school or disabled.

These limits are subject to change.

Paying for Your Expenses Out of Pocket

You can submit a claim for eligible expenses online on the Optum Financial website, available through My Total Compensation and Benefits at www.totalcomponline.com, available from the Citi intranet and the Internet, or through the Optum Financial mobile app, or you can submit a paper claim to Optum Financial using the Dependent Day Care Account Claim and Provider Documentation Form. The claim-filing instructions are on the Optum Financial website and the Dependent Day Care Account Claim and Provider Documentation Form.

Reimbursements

You cannot be reimbursed for expenses that exceed the amount of your contributions.

If your claim exceeds your current account balance, you will be reimbursed up to your account balance. Any outstanding amount of your claim will be paid to you automatically after the next pay period, when new contributions are added to your account, until the total amount is paid or the money in your account is depleted.

The maximum you can receive tax-free from your DCSA is reduced by the Citi day care subsidy available to you, if applicable. See "DCSA/Bright Horizons Day Care Center Use" on page 261 for more information related to the potential tax liability associated with using child day care facilities that charge below the fair market value for such services, like the Bright Horizons Day Care Center if the DCSA benefit and the discount on child care exceeds \$5,000 annually.

For example, if you receive a DCSA subsidy of \$1,000, then you can receive up to \$4,000 tax-free from your DCSA. If you contribute more than \$4,000, any amount reimbursed above \$4,000 will be included as taxable income on your Form W-2 Wage and Tax Statement for that year.



Effect on Other Citi Benefits

Even though you reduce your taxable income by using the spending account(s), you are not reducing your pay for determining any Citi pay-related benefits, such as disability or life insurance. Benefits under these plans are based on your benefits eligible pay before your spending account contributions are deducted.

Effect of DCSA Participation on Social Security

Your spending account contributions will reduce the amount of your Social Security taxes. If your taxable pay is below the Social Security taxable wage base, your future Social Security benefits may also be reduced.

Using DCSA after Your Termination of Employment

You may submit claims for eligible expenses incurred after your termination date but incurred within the 2022 plan year. You must submit any eligible 2022 claims, including any pertinent supporting documentation, to establish that the claim is eligible to be reimbursed, no later than June 30, 2023. **Note:** If your 2019 claims deadline falls within the National Emergency, your deadline will be recalculated to allow an additional four months to submit claims for reimbursement from the end of the National Emergency.

DCSA Subsidy

If you are eligible *and* you elect the DCSA subsidy during enrollment (either as a new hire or during Annual Enrollment), Citi will pay up to 30% of your DCSA contribution. The percentage will depend on the amount of your benefits eligible pay and whether you work part time or full time.

Note: To obtain the DCSA subsidy, you must elect it; it is not automatic.

- **If you are a sole financial provider or in a dual income household:** Your benefits eligible pay *and* your total annual household income together do not exceed \$90,000.

You must enroll for the subsidy during your Annual Enrollment period (or if you are enrolling as a new hire or newly eligible for benefits). You cannot receive the subsidy through any other process. You must elect the full amount that you want to use to reimburse yourself for eligible expenses. The deductions from your pay will be the amount of the election minus the amount of the subsidy.

The amount of your subsidy will not change during the plan year even if you change your DCSA contribution amount as a result of a qualified change in status. Your subsidy will be credited to you during the first quarter if you enroll during Annual Enrollment or within 31 days if you enroll as a new hire or are newly eligible for benefits.

You cannot become eligible for the DCSA subsidy midyear as a result of a qualified change in status, such as a divorce or death of your spouse.

If Your Benefits Eligible Pay Is: ¹	Your DCSA Subsidy Will Be:	
	For full-time employees	For part-time employees
<i>Up to \$25,000</i>	30% of your DCSA contribution; maximum subsidy is \$1,500	22-1/2% of your DCSA contribution; maximum subsidy is \$1,125
<i>\$25,001-\$35,000</i>	20% of your DCSA contribution	15% of your DCSA contribution
<i>\$35,001-\$45,000</i>	15% of your DCSA contribution	11-1/4% of your DCSA contribution
<i>\$45,001-\$90,000</i> if you are the sole financial provider for your dependents	15% of your DCSA contribution	11-1/4% of your DCSA contribution

¹ Your total household income and benefits eligible pay cannot exceed \$90,000 at the time you enroll.

Spending Accounts

If You Are Rehired

If you terminate employment with Citi and are rehired in the same plan year, you must re-enroll to have DCSA coverage. If you re-enroll in the DCSA, you are not eligible for the subsidy, because your subsidy was credited during your employment earlier in the same plan year. (Subsidies are credited during the first quarter if you enroll during Annual Enrollment or within 31 days if you enroll as a new hire or are newly eligible for benefits.)

DCSA/Bright Horizons Day Care Center Use

At certain locations, Bright Horizons day care centers are available to provide regular and emergency/unplanned need child care services for Citi employees. Typically, this child care service is provided at a discount from the market rate of child care. For example, if the market rate for child care is \$20/hour, Bright Horizons will charge \$10/hour. The \$10/hour discount may constitute taxable income if the discount in combination with the amount you contribute and utilize under the DCSA exceeds \$5,000, the before-tax deferral maximum permitted under the Code for the plan year. If you incur child care expenses that are reimbursed or paid up to the DCSA limit of \$5,000 (including the Citi DCSA subsidy) and you receive a discount in using the Bright Horizons day care center, you will incur taxable income in the amount of the discount that you received because the difference (from the market rate) is deemed to exceed the pre-tax benefit amount (\$5,000) permitted under the Code. As such, it is taxable income to you, subject to imputed income tax. If possible, you may want to consider your use of the Bright Horizons day care center in determining how much to contribute to your DCSA to avoid incurring taxable income.

Filing a Claim

Generally, you will have until June 30 following the year in which you incur an eligible expense to file and resolve a claim for reimbursement. In order for a claim to be deemed an eligible expense to be reimbursed, you must provide any pertinent documentation to establish that a claim is eligible for reimbursement. **All such documentation must be submitted and the claim must be resolved by the deadline to avoid forfeiture of the funds in your DCSA.**

Follow the instructions below to submit a claim based on the option you choose.

Online

- Log on to the Optum Financial website through My Total Compensation and Benefits at www.totalcomponline.com.
- To request reimbursement for an out-of-pocket expense, click on “Reimburse Myself.”
- Complete the online form.
- Follow the screen prompts to submit documentation, choosing either “upload documentation” or “fax documentation.” If you are faxing documentation, follow the screen prompts to print out the fax cover form to use when submitting the documentation.

Mobile App

- Download the **Optum Financial** mobile app from your app store.
- Log in using your online username and password. If you have never logged in before, click “New User Registration” to set your username and password.
- Tap the option to submit a new payment request.
- Follow the screen prompts to submit information.
- Follow the screen prompts to submit documentation using your camera or select an image from your mobile device.

Paper Claim Submission

- Obtain an itemized statement from your dependent care provider containing the required information (provider's name, dependent's name, service period, payment amount and type of care provided). Alternatively, ask your provider to complete the Provider Information section on the Dependent Care Account Claim and Provider Documentation Form.
- Fax the form with receipts and required documentation to **1 (443) 681-4602**. Remember to keep the original claim form and supporting documents for your records.
- If you choose to mail your form and required documentation (instead of faxing), the address is:
Claims Department
PO Box 622337
Orlando, FL 32862-2337

If your DCSA claim is denied, see "DCSA and TRIP Denials" on page 268.

Note: You cannot submit claims for services that have not yet been rendered. Claims submitted in advance will be denied as ineligible, and you will need to resubmit them to be reimbursed after the services have been provided.

For More Information

Call the Citi Benefits Center through ConnectOne at **1 (800) 881-3938**. See the *For More Information* section for detailed instructions, including TDD and international assistance.

Transportation Reimbursement Incentive Program (TRIP)

TRIP allows you to purchase transit and parking passes online so you can commute to and from work. TRIP is not for business travel (for example, to use public transportation to attend a business meeting).

The first \$300 of your transit and/or parking pass will be deducted from your pay before taxes are withheld. Any amount of your transit pass or parking pass that exceeds \$300 will be deducted from your pay after taxes are withheld. By enrolling in TRIP and paying transit and parking pass expenses with before-tax dollars, you lower your taxable income and, as a result, pay less in federal and FICA taxes and, in most locations, state and local taxes.

Note: The State of Massachusetts does not recognize the federal limits to the monthly before-tax TRIP contribution. As such, the maximum employees in Massachusetts can contribute on a before-tax basis is \$150 per month for TRIP Transit, and \$285 per month for TRIP Parking benefits. If you elect a TRIP Transit amount greater than \$150, the additional election is taxable under the Massachusetts tax code and will be added to your taxable wage.

You can set up or change your online purchase at any time. Your enrollment or change will be effective as soon as administratively possible.

Spending Accounts

Are You Eligible to Enroll in TRIP?

You are eligible to enroll in TRIP if:

- You commute to work by public transportation (bus, subway, train, ferry or van pool) or you commute to work by car and have out-of-pocket parking expenses; and
- You do *not* participate in another Company-sponsored parking or mass transit program.

If you enroll in TRIP and later begin participating in another Company-sponsored parking or mass transportation program, you must cancel the purchase of your online transit or parking pass.

Quick Tip

You do not need to wait until Annual Enrollment to enroll in TRIP. The deadline to enroll or change your TRIP participation is generally the 10th of every month for participation that begins the 1st of the following month. If you miss the deadline, your enrollment/change will be effective the following month.

Note: For some transportation authorities, such as the Long Island Rail Road and Metro-North Railroad, the deadline to enroll or change your TRIP participation is the 4th of every month (rather than the 10th of every month).

How the Program Works

TRIP is made up of two accounts:

- A *Transit Account* to pay for eligible transit expenses. The Internal Revenue Code defines transit expenses as those for bus, subway, train, ferry and Metro passes, as well as vanpooling. A van must be a “licensed commuter highway vehicle” with seating capacity for six or more adults, excluding the driver.
- A *Parking Account* to pay for parking on or near Citi’s business premises or near a location from which you commute to work by mass transit, vanpool or carpool.

You can enroll to purchase both a transit and parking products in the same benefit month, online, depending on what is required for your commute to and from work. Note that funds for Transit and Parking are not interchangeable once purchased. For transit, you can select to receive a transit pass or a commuter check voucher redeemable for transit passes, tickets, cards, tokens and other fare media. For parking, you can elect to receive a voucher or direct pay to a parking provider. When you enroll, you can set up a recurring purchase, or you can arrange to purchase your pass/voucher each month. The pass or voucher will be mailed to your address of record with the TRIP provider in time for use beginning the 1st of the following month.

When you enroll, you also have the option to elect a prepaid Mastercard debit card (Prepaid Transit Card or Prepaid Parking Card) for added convenience. Your prepaid debit card is a reloadable card that will be automatically updated with your monthly commuter election prior to the beginning of each month. The prepaid debit card can be used for qualified transit and parking expenses where Debit MasterCard®, Maestro® cards and NYCE® cards are accepted. In addition, you can elect to have funds electronically loaded onto your existing Optum financial payment card (the same card you use for the HCSA/ LPSA and/or HSA).

The deadline to enroll or change your TRIP participation is the 10th of every month for participation the 1st of the following month. If you miss the deadline, your enrollment/change will be effective the following month.

Once enrolled, you can cancel or suspend your online purchase at any time. If you cancel or suspend your purchase by the 10th of any month (the monthly purchase deadline), a pass will not be purchased for you for the following month.



Note for rail commuters using the Long Island Rail Road (LIRR) and Metro-North Railroad (MNR): An earlier deadline applies to you. Your orders and cancellations must be placed by the 4th of the month.

If You:	Order:	Receive:
Enroll to purchase a transit and/or parking pass on the Optum Financial website, available as a link from My Total Compensation and Benefits at www.totalcomponline.com	No later than the 10 th of any month; for LIRR and MNR commuters, no later than the 4 th of any month	Your pass will be purchased and mailed to your address of record so you have it before the 1 st of the following month

Keep in mind, if your transit pass is lost in the mail, or if you received an incorrect transit product, you are eligible to submit a Refund Claim Form to receive reimbursement for the missing or incorrect product. The Refund Claim Form must be received by the 10th of the benefit month and a refund will only be approved once per calendar year.

Please note: Some transit authorities and products have their own unique refund or replacement policies and thus are not covered by the Refund Claim Policy. For additional detail, please review the Refund Claim Form.

Cash Reimbursement Option

The cash reimbursement option for parking expenses is a solution intended to cover situations when you are unable to participate in the TRIP Parking Account using the parking voucher, the parking debit card or the pay-the-provider-directly option. This may work for you if you pay for your parking on a quarterly basis or a year in advance. To be reimbursed in cash, you must submit a claim for eligible expenses online on the Optum Financial website, or you can submit a paper claim to Optum Financial. Be sure to include your itemized receipts with the claim. Receipts must include the company name, dates of service and the amount paid. If using a check for documentation, you must include the front and back of the bank-cleared check, the check must be payable to a valid parking company, and the memo line should include the dates covered by the payment. Valid parking companies will include municipal parking.

Generally, you will have until June 30 following the year in which you incur an eligible expense to file and resolve a claim for reimbursement. In order for a claim to be deemed an eligible expense to be reimbursed, you must provide any pertinent documentation to establish that a claim is eligible for reimbursement.

For more information about the cash reimbursement option, see the Transportation Reimbursement Incentive Program claim form or visit the Optum Financial website through My Total Compensation and Benefits at www.totalcomponline.com, available from the Citi intranet and the Internet.

Examples of Eligible Expenses	
<p>Parking Account</p> <ul style="list-style-type: none"> • Parking at or near your work location; and • Parking at or near a location from which you commute to work by mass transportation, carpool or other means. 	<p>Transit Account</p> <ul style="list-style-type: none"> • Transportation passes; • Any pass, token, fare card, ticket or similar item that entitles you to ride public transportation to and from work; and • Transportation between work and your residence in a “commuter highway vehicle” that: <ul style="list-style-type: none"> – Seats six or more adults excluding the driver; – Is used 80% or more (based on mileage) for transporting employees between work and home; and – Includes at least three commuters, excluding the driver, on each trip.

Spending Accounts

Examples of Ineligible Expenses	
<p>Parking Account</p> <ul style="list-style-type: none"> • Non-work-related parking expenses; • Parking at or near your residence; • Parking for which you receive a before-tax benefit; • Parking paid for by your employer; • Parking expenses incurred by family members; and • Expenses eligible to be reimbursed from the Transit Account. 	<p>Transit Account</p> <ul style="list-style-type: none"> • Carpooling and/or vanpooling in a vehicle seating fewer than six passengers, excluding the driver; • Taxi fares; • Highway, bridge or tunnel tolls; • Expenses incurred for business travel (such as traveling from the office to a business or client meeting); • Gas or mileage expenses; • Transit expenses incurred by family members; and • Expenses eligible to be reimbursed from the Parking Account.

Changing Your TRIP Pass Election

Once enrolled, you can change your online purchase at any time; the change will be effective as soon as administratively possible. For example, you are enrolled to purchase a parking pass and a train pass, but you plan to relocate in June of the plan year so that you require a bus pass only. If, by May 10, you cancel the train and parking pass purchase and purchase a bus pass, only your new bus pass will be mailed to your address of record for use as of June 1.

To enroll in TRIP or to change your election once enrolled, visit the Optum Financial website through My Total Compensation and Benefits at www.totalcomponline.com, available from the Citi intranet and the Internet.

If Your Employment Is Terminated/Transferred

If your employment is terminated or if you transfer to an entity that is not eligible to participate in TRIP, your payroll deductions will stop and your account will be closed as of your termination or transfer date. You will forfeit the before-tax balance in your account.

For More Information

Call the Citi Benefits Center through ConnectOne at **1 (800) 881-3938**. From the ConnectOne main menu, choose the “health and welfare benefits” option and then the option for “spending accounts.” For TDD and international assistance, please see the *For More Information* section.

Claims and Appeals for the Health Care Spending Account (HCSA)/Limited Purpose Health Care Spending Account (LPSA)

Generally, an HCSA/LPSA claim must be filed by June 30 of the plan year following the year in which the claim was incurred. For the 2023 plan year, claims must be substantiated by June 30, 2024. To submit a claim for a benefit denied under the HCSA/LPSA, you must complete a claim form authorized by the Plans Administration Committee of Citigroup Inc. (the Committee), the Plan Administrator. To obtain a copy of the claims form, contact the Citi Benefits Center through ConnectOne at **1 (800) 881-3938**.

Important COVID-19-Related Changes that Extend Claims and Appeals Deadlines

On May 4, 2020, the U.S. Departments of Labor and the Treasury (the Agencies) issue guidance that temporarily extends the deadlines in place for certain benefit changes and processes associated with election, notification, payment and claims/appeals in connection with COVID-19, which was deemed a national emergency on March 1, 2020 (the National Emergency). To protect individuals from losing benefits, the Agencies extended deadlines that might have been missed during the National Emergency, which ended on May 11, 2023. The temporary extension of the deadlines expired on July 10, 2023, 60 days after the end of the National Emergency.

If your deadline to file a claim or appeal occurred during the National Emergency (March 1, 2020 - May 11, 2023) and you have exceeded the deadlines outlined in your plan documents or denial notification, you may have additional time to submit your claim or appeal.

To submit a claim, you must complete a claim form authorized by the Plans Administration Committee of Citigroup Inc., the Plan Administrator. To obtain a copy of the claims form, contact the Citi Benefits Center through ConnectOne at **1 (800) 881-3938**.

If an HCSA/LPSA benefit is denied, in whole or in part, under the Employee Retirement Income Security Act of 1974, as amended (ERISA), you are entitled to appeal the denial of your claim by following the steps below.

Step 1: If your claim is denied, you will receive written notice from the Citi Benefits Center as soon as reasonably possible, but no later than 30 days after receipt of the claim. However, for reasons beyond the control of the Citi Benefits Center, it may take up to an additional 15 days to review your claim. You will be provided written notice of the need for additional time prior to the end of the initial 30-day period, if applicable. If the reason for the additional time is that you need to provide additional information, you will receive written notice of the requested information, and you will have 45 days from the notice of the extension to provide that information to the Citi Benefits Center.

Spending Accounts

The time period during which the Citi Benefits Center must make a decision will be suspended until the earlier of the date that you provide the information or the end of the 45-day period. If the requested information is not received within the 45-day period noted, a determination with respect to your claim will be made without the requested information.

Step 2: Once you have received your notice from the Citi Benefits Center, review it carefully. The notice will contain the following information:

- The reason(s) for the denial and the Plan provisions on which the denial is based;
- A description of any additional information necessary for you to perfect your claim, why the information is necessary, and your time limit for submitting the information;
- A description of the Plan's appeal procedures and the time limits applicable to such procedures;
- A statement explaining your rights to bring civil action under Section 502(a) of ERISA after an Adverse Benefit Determination upon review;
- If an internal rule or guideline was relied on in making the adverse determination, either the specific rule or guideline, or a statement that such a rule or guideline was relied on in making the adverse determination and that a copy of such rule or guideline will be provided free of charge on request; and
- If the adverse determination is based on a medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the scientific or clinical judgment for the determination, applying the terms of the Plan to your medical circumstances, or a statement that such explanation will be provided free of charge upon request.

Step 3: If you disagree with the determination with respect to your claim, contact the Citi Benefits Center through ConnectOne at **1 (800) 881-3938** for assistance. If you are still unable to resolve your issue and have your claim approved, you may file an appeal. You may obtain an appeal form from the Citi Benefits Center spending account team by contacting them through ConnectOne at **1 (800) 881-3938**. You should file your appeal **no later than 180 days** after receipt of the notice described in Step 1. Complete and return the appeal form along with any additional supporting documentation with respect to why you believe your claim should be approved, along with all the information identified in the notice of denial as necessary to perfect your claim and any additional information that you believe would support your claim to the address or fax number noted below for a determination on your appeal.

Citigroup Inc.
 Plans Administration Committee of Citigroup Inc.
 c/o Claims and Appeal Management Team
 PO Box 1407
 Lincolnshire, IL 60069-1407
 Fax: **1 (847) 554-1653**

Step 4: The Committee or a designee of the Committee will conduct a full and fair review of your appeal. You and/or your representative may review the Plan Documents and submit written comments or a statement with your appeal. A determination with respect to the appeal of your denied HCSA/LPSA claim shall be reached within a reasonable period of time, but no later than 60 days after the receipt of appeal. If the HCSA/LPSA claim is denied, you will be notified in writing of the benefit determination upon review. The notice will be sent no later than 60 days after receipt of the appeal by the Citi Benefits Center.

Step 5: Once you have received your notice of the benefit denial upon appeal from the Citi Benefits Center, review it carefully. The notice will contain the following information:

- The reason(s) for the denial and the Plan provisions on which the denial is based;
- A statement that you are entitled to receive, upon request and free of charge, or have reasonable access to, and copies of, all documents, records and other information relevant to your claim for benefits;
- A statement explaining your rights to bring civil action under Section 502(a) of ERISA;



- If an internal rule or guideline was relied on in making the adverse determination, either the specific rule or guideline, or a statement that such a rule or guideline was relied on in making the adverse determination and that a copy of such rule or guideline will be provided free of charge on request; and
- If the adverse determination is based on a medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the scientific or clinical judgment for the determination, applying the terms of the Plan to your medical circumstances, or a statement that such explanation will be provided free of charge upon request.

You and the HCSA/LPSA may have other voluntary alternate 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 or your state insurance regulatory agency.

Legal Action

No suit or action for benefits under the Plan shall be sustainable in any court of law or equity, unless you complete the appeals procedure, and unless your suit or action is commenced within 12 consecutive months after the Committee's final decision on appeal, or if earlier, within two years from the date on which the claimant was aware, or should have been aware, of the claim at issue in the proceeding. The two-year limitation shall be increased by any time a claim or appeal on the issue is under consideration by the appropriate fiduciary.

DCSA and TRIP Denials

The Dependent Day Care Spending Account (DCSA) and Transportation Reimbursement Program (TRIP) are not subject to the Employee Retirement Income Security Act of 1974 (ERISA), as amended, and as such, benefit determinations are not subject to the claims and appeals procedures set forth under ERISA.

If you would like to dispute a denied benefit under the DCSA or TRIP, write a letter (including any supporting documentation) and mail it to Citi Global Benefits at the address below. Citi will review the appeal and alert Optum Financial of the outcome.

Citi Global Benefits
388 Greenwich Street, 15th Floor
New York, NY 10013