

NDPERS

Flexible Spending Accounts

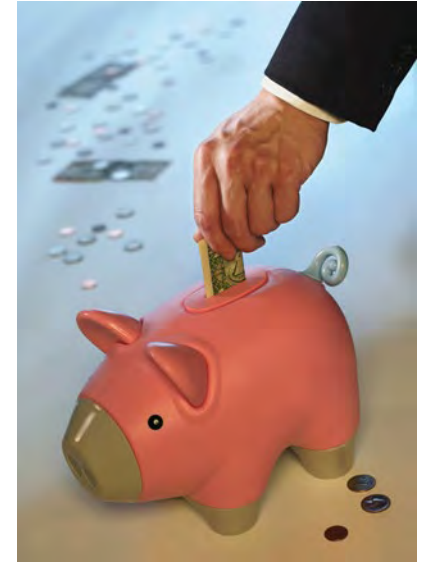
January 1, 2026



What are FSAs?

Flexible Spending Accounts

- Year-to-year account
- Set aside pretax dollars
- Pay for current year expected expenses
- May enroll in any health insurance plan
- Two Accounts:
 - General-Purpose Health Care FSA
 - Deductibles, Co-Pays, Office Visits, Medical, Dental, Vision
 - Dependent Care FSA
 - Daycare, after-school care, pre-school, nursery school



What’s in it for me? FSAs give you a pay raise! Don’t lose out!

You pay less in taxes and the extra money is like a “raise”.

EXAMPLE Expenses: \$4,000 daycare \$2,000 health care	Without FSA	With FSA
Annual Income	\$50,000	\$50,000
Pre-Tax FSA Contribution	\$0	\$6,000
Taxable Income	\$50,000	\$44,000
Estimated 30% Taxes	\$15,000	\$13,200
EXTRA MONEY	\$0	\$1,800

DEBBIE SAVED \$1,800

“With two children, ages 4 and 7, my health care and daycare expenses can add up very quickly. Since I started contributing to my FSA, I’ve saved over a thousand dollars on everything from prescriptions and doctors’ visits, to dental work and contact lenses. This year the family is going to Orlando!”



Things you need to know – IRS rules



- **Enroll every year** with a new election
- **Spend** all funds during the year
- Expenses must be **incurred** during your period of coverage, or plan year
- Do **not have to be covered** under employer health insurance
- Use to pay expense for **spouse and dependent children**
- Election **remains in effect** for the plan year unless you experience a qualified status change
- Can **access all health care funds anytime** during the year
- Funds remaining at year end are **forfeited**
- Grace Period 2 ½ months through March 15

How to avoid forfeitures

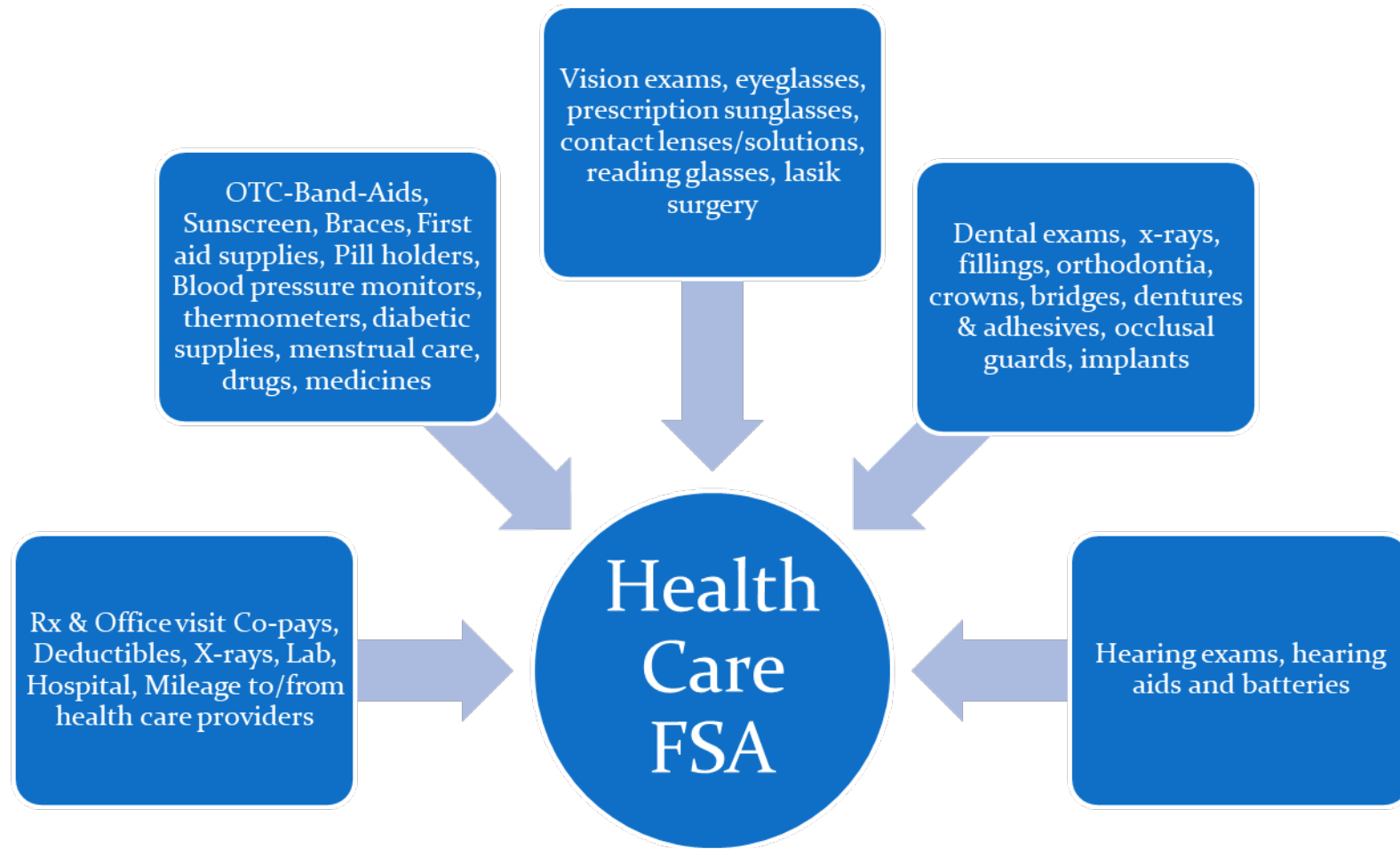
It's easy!

- Plan for predictable and recurring expenses
- Expenses you know you will have during the year
- Review prior year expenses as a guide
- Be conservative
- Use online tools at www.asiflex.com
 - Expense estimator
 - Eligible expense listing
 - FSASStore.com resource for OTC products
 - And remember, you have an additional 2 ½ months to spend!

Health Care Expenses



General-Purpose Health Care FSA - \$3,300



General OTC Health Care Products	OTC Drugs and Medicines
Athletic Braces & Supports	Acne Treatments
Baby Monitors, Thermometers, Nasal Aspirators	Allergy Medicine
Bandages, Tape, Gauze & Pads	Antacids & Acid Controllers
Birth Control, Pregnancy & Fertility Kits	Anti-Fungal Treatments
Breast Pumps & Accessories	Anti-Itch Treatments
Blood Pressure Monitors	Antiparasitic & Lice Treatment
Contact Lens Solutions, Cases & Rewetting Eye Drops	Aspirin & Baby Aspirin
Denture Adhesives & Cleansers	Callus & Corn Removers
Diabetic Supplies, Monitors, Test Strips, Insulin	Chest Rubs
Eye Glass & Lens Cleaners, Reading Glasses	Children's Cold & Allergy Medicines
First Aid Kits, First Aid Treatments & Supplies	Cold Sore Treatments
Glucosamine Supplements, Glucose Tablets	Cough Drops & Spray
Hearing Aid Batteries	Cough, Cold & Flu Medicine
Home Medical Equipment	Diaper Rash Cream
Heating Pads, Hot & Cold Packs	Ear Drops & Wax Removers
Home Diagnostic Kits, Tests & Devices (includes COVID-19 home testing kits)	External Pain Relievers
Incontinence Products, Catheters, Ostomy Supplies	Eye Drops
Lip Balm SPF 15+ and broad spectrum	Fever and Pain Relievers
Medical Monitors & Testing Devices	Hemorrhoidal Treatments
Menstrual Care Products	Laxatives
Motion Sickness Aids & Wristbands	Nasal Spray
Orthopedic & Surgical Supports	Nicotine Gum & Patches
Personal Protective Equipment-Masks, Hand Sanitizers, Sanitizing Wipes for COVID-19 prevention	Oral Pain Relievers
Pill Boxes, Cutters, Sorters & Organizers	Pain Relieving Creams & Pads
Prenatal Vitamins	Sleep Aids
Shoe Insoles & Inserts	Stomach & Digestive Aids
Sunscreen & Lip Balm SPF 15+ and broad spectrum	Topical Skin Treatment
Thermometers, Vaporizers & Inhalers	Wart Removers
Walking Aids, Canes, Crutches & Wheelchairs	

Over-the-Counter Health Care Products

No prescription required!



Health Care Funds Available Anytime

Plan pays up to plan year election amount, minus paid claims

Example:

- Contribute \$100 per month = \$1,200 plan year
- March 15 you incur \$500 expense
- Year-to-date contributions = \$300
- Plan pays \$500

Sample planning worksheet

My expected expenses for my family	Annual dollar amount
Monthly prescription copays – 2 at \$30 each	\$720
Office visit copays – 2 at \$50 each	\$100
Dental – crown	\$500
Vision – eyeglasses	\$350
Vision – prescription sunglasses	\$400
Vision – contact lenses	\$300
Over-the-counter items – sunscreen, bandages, contact lens solutions	\$100
Mileage for driving to and from health care provider locations – 300 miles @ \$0.21* per mile	\$63
MY TOTAL EXPECTED EXPENSES	\$2,533

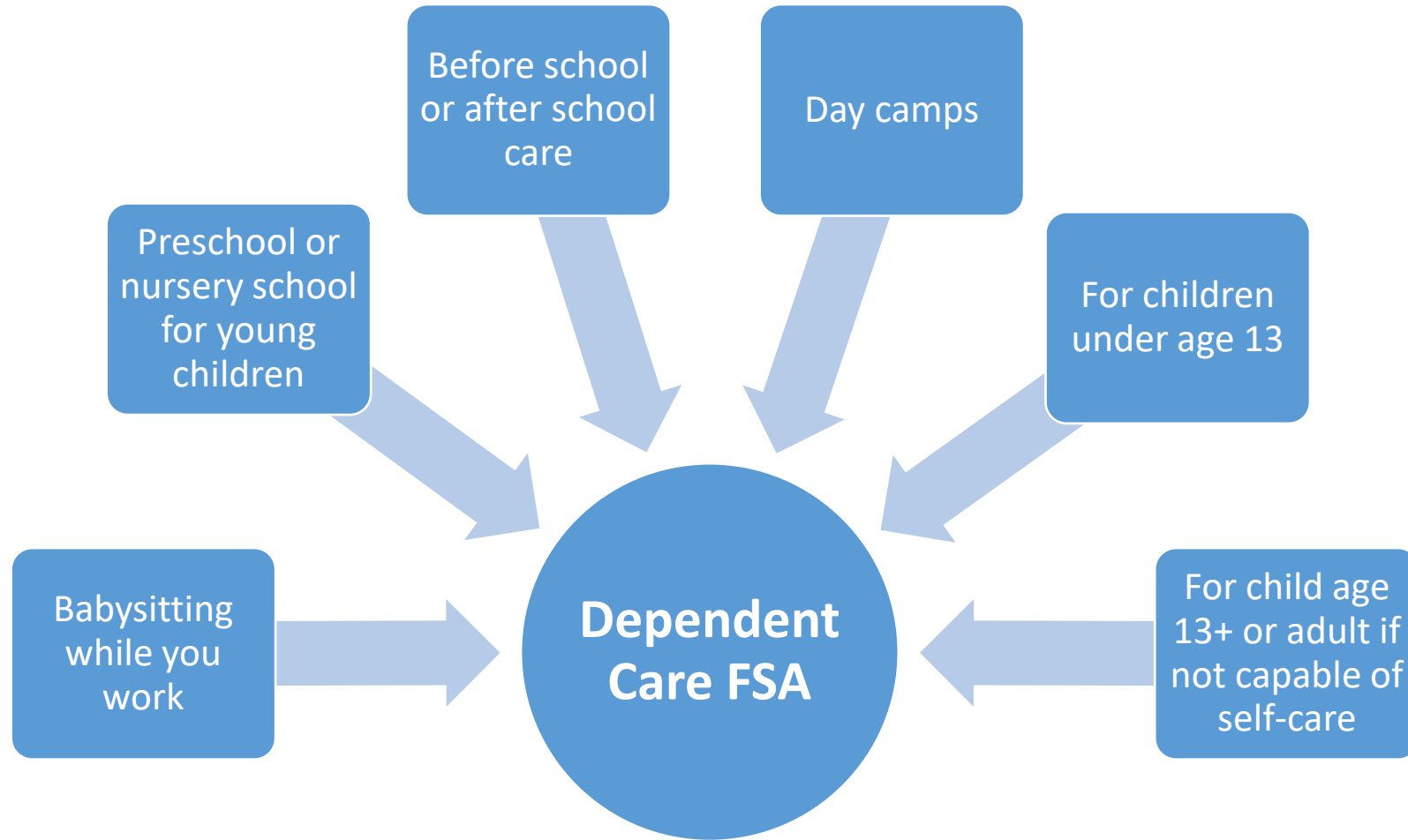
*Mileage reimbursement rate for 2025 is currently \$0.21 per mile.



Dependent Care Expenses



Dependent Care - \$7,500*



*\$3,750 if married and filing separate income tax returns

Plan Pays up to Cash Balance

- Example for calendar year plan
 - Contribute \$300 per month = \$3,600 plan year
 - January 31 you incur \$500 expense
 - Year-to-date contributions = \$300
 - Plan pays \$300
 - Plan pays \$200 balance after next contribution is made

Sample planning worksheet

Month	Type of expense	Monthly amount
January	After school care	\$200
February	After school care	\$200
March	After school care	\$200
April	After school care	\$200
May	After school care	\$200
June	Child going to grandparents	\$0
July	Summer day camp	\$500
August	Child going to grandparents and family going on vacation	\$0
September	After school care	\$200
October	After school care	\$200
November	After school care plus daycare for new baby	\$800
December	After school care plus daycare for new baby for partial month due to Christmas vacation	\$500
TOTAL		\$3,200

Multiple Claim Filing Options

Option	Description
Mobile App	Snap picture of documentation and submit via the app
Online	Scan image of documentation and submit online
ASIFlex Card	Pay health care provider at point of service/sale; keep documentation and submit upon request
FSA Store Cardless Pay	Sign into ASIFlex account, and shop FSA Store. No credit or debit card needed; ASIFlex pays FSASore from your account
Recurring Direct Pay	Sign up online to set up recurring payments to daycare provider
Automatic Reimbursement	Complete claim form to request automatic reimbursements for dependent care
Toll-free Fax	Complete claim form and fax to ASIFlex
USPS Mail	Complete claim form and mail to ASIFlex



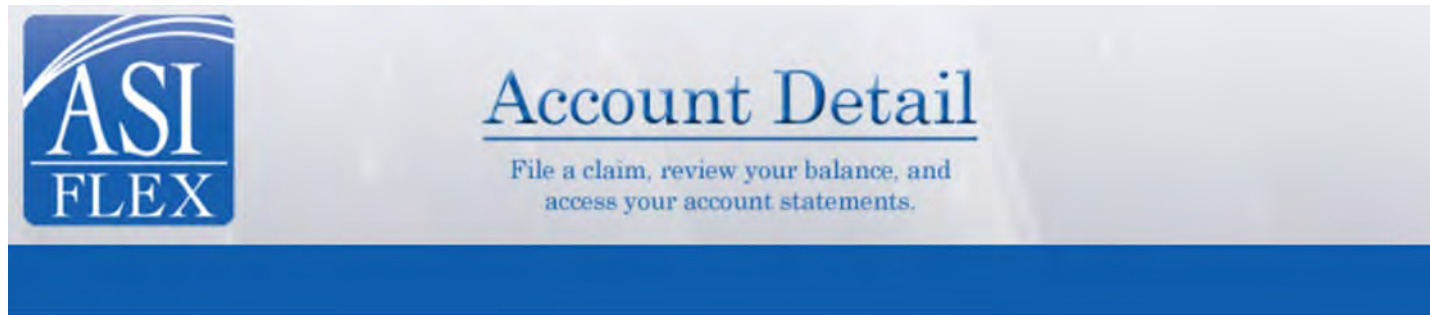
ASIFlex Mobile App

- Free!
- Video tutorial on asiflex.com
- Use on smart phone or tablet
- Snap a picture of documentation
- Submit right from the pharmacy or doctor's office
- Check your balance 24/7!
- New barcode scanner for OTC items!



ASIFlex Online

- Register to set up your online account
 - Submit claims securely



Username [Forgot your username?](#)

Password [Forgot your password?](#)

Sign in

Need to set up a new online account?

Create an account

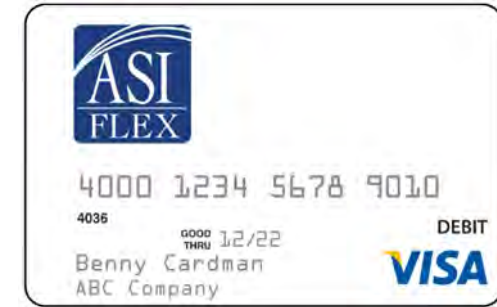
If you want to learn more about our mobile app, click [here](#)



How to use the ASIFlex Card

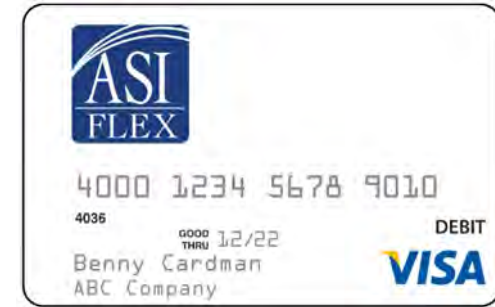
Its easy! SWIPE – ASK – GO!

1. Present card for payment – swipe the card
2. Ask for an itemized statement of the service or supply provided to you
3. Then, go! Be sure to save the itemized statement and if requested, provide to ASIFlex upon request.



Use of the card is not paperless. IRS regulations require backup documentation for certain transactions.

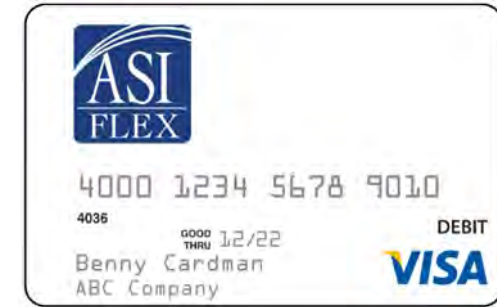
How does ASIFlex notify me?



- Up to three requests are sent by email/text alert and posted to secure messages in your online account
 1. Initial notice – Sent approximately 5 days following transaction
 2. Reminder notice – Reminder is sent 21 days after the initial notice, and advises card may be inactivated
 3. Final notice – Final notice is sent 21 days after the reminder notice, and advised the card is temporarily deactivated
- If documentation not provided, IRS requires the card be temporarily deactivated
- To remedy, simply provide documentation and card will be activated
- If documentation lost, you can write a check back to the plan or submit a substitute claim

How to Submit Documentation

- ASIFlex will notify you if additional information is required
 - Submit online, via mobile app, fax or mail
- IRS requires documentation for all transactions except if the transaction is for:
 1. Copays that match the employer plan you are enrolled in
 2. Identified recurring expenses at the same provider, same amount each month (e.g. orthodontia)
 3. Transactions at certified merchants who maintain an inventory system of eligible items (retail stores, drugstores, pharmacy)
- All other expenses for copays under other plans, and any medical, dental, vision require documentation



FSA Store Cardless Pay



Go to FSA Store

Payment to FSA Store can be made directly from your health care FSA!

How? It's easy!

1. Sign into your ASIFlex account at asiflex.com
2. Click on the FSA Store link to shop
3. Select your products and proceed to checkout
4. Choose the ASIFlex payment option
5. That's it! ASIFlex will pay FSA Store from your account and your products will be shipped to you.

Recurring Direct Pay



Schedule a Recurring Direct Payment

Convenient recurring payment to dependent care providers!

1. Sign into your online account at asiflex.com
2. Under Participant Services, click on *Schedule a Recurring Direct Payment*
3. Select the plan year
4. Select *Dependent Care* as the provider type
5. Select the participating provider that you wish to authorize for direct payment from your FSA
6. Schedule your recurring direct payment and *Submit*

ASIFlex will reach out to the provider for approval on the selected payment schedule.

Automatic Reimbursement of Dependent Care Expenses

Convenient recurring reimbursement to your bank account

- Complete claim form
- Have your dependent daycare provider sign to certify services and cost
- Submit form to ASIFlex each new plan year
- Report changes to ASIFlex as needed



Claim and Debit Card Documentation

Documentation must include:

1. Who – for whom the service or supply is provided
2. What – a description of the service or supply
3. Where – name and address of the provider of service or supplier
4. When – the date the service was provided, regardless when paid or billed
5. Dollar amount – how much you owe

Type of Expense	Documentation Needed
If covered by medical, dental, vision insurance	Insurance payer explanation of benefits (EOB) or an itemized statement
If not covered by insurance	Itemized statement
Prescriptions	Pharmacy receipt, printout from pharmacy, itemized mail-order receipt
Over-the-counter products	Itemized merchant receipt

NOTE: Do not submit credit card receipts, paid on account or balance forward statements, cancelled checks or pretreatment estimates.



GO GREEN!

Get your information! Instantly!



- Sign up for email and text alerts – avoid paper and delayed mail
- Sign up for reimbursements made directly to your bank account – avoid paper checks, delayed mail and trips to the bank
- Submit claims via mobile app or online – it's easy, quick and results in rapid payments
- Dependent Care participants – utilize “Recurring Direct Pay” to automatically pay your day care providers

ASIFlex Online Resources

- Access your FSA account detail
 - Review messages sent to you
 - Manage your personal settings
 - Submit claims
 - Schedule a recurring direct payment
 - Shop FSA Store
- From the main site, you can:
 - View ASIFlex Card information
 - View extensive eligible/ineligible expense listing
 - Access FSA Store with thousands of eligible FSA products
 - Read Frequently Asked Questions
 - Use the Expense Estimator & Tax Savings Calculator
 - View Educational videos
 - Access IRS Forms & Publications



Important Dates

Plan Year

- 01/01/2026 through 12/31/2026

Open Enrollment

- 10/20/2025 through 11/07/2025

Claims must be incurred:

- 01/01/2026 through 03/15/2027

Deadline to submit claims:

- 04/30/2027
- Don't wait until the last minute as you may miss the date!

ASIFlex Customer Service

Online: www.asiflex.com

Email: asi@asiflex.com

Phone: 800.659.3035

TTY Users: Dial 711

Live chat: Sign into your online account

Address: PO Box 6044
Columbia, MO 65203

Hours: 7 a.m. to 7 p.m. Central Time Monday through Friday
9 a.m. to 1 p.m. Central Time on Saturday

