

# NDPERS FlexComp Program

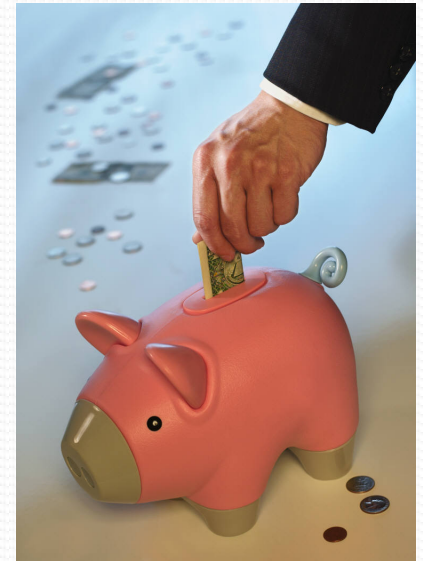
## January 1, 2020 Plan Year

*Presented by:*

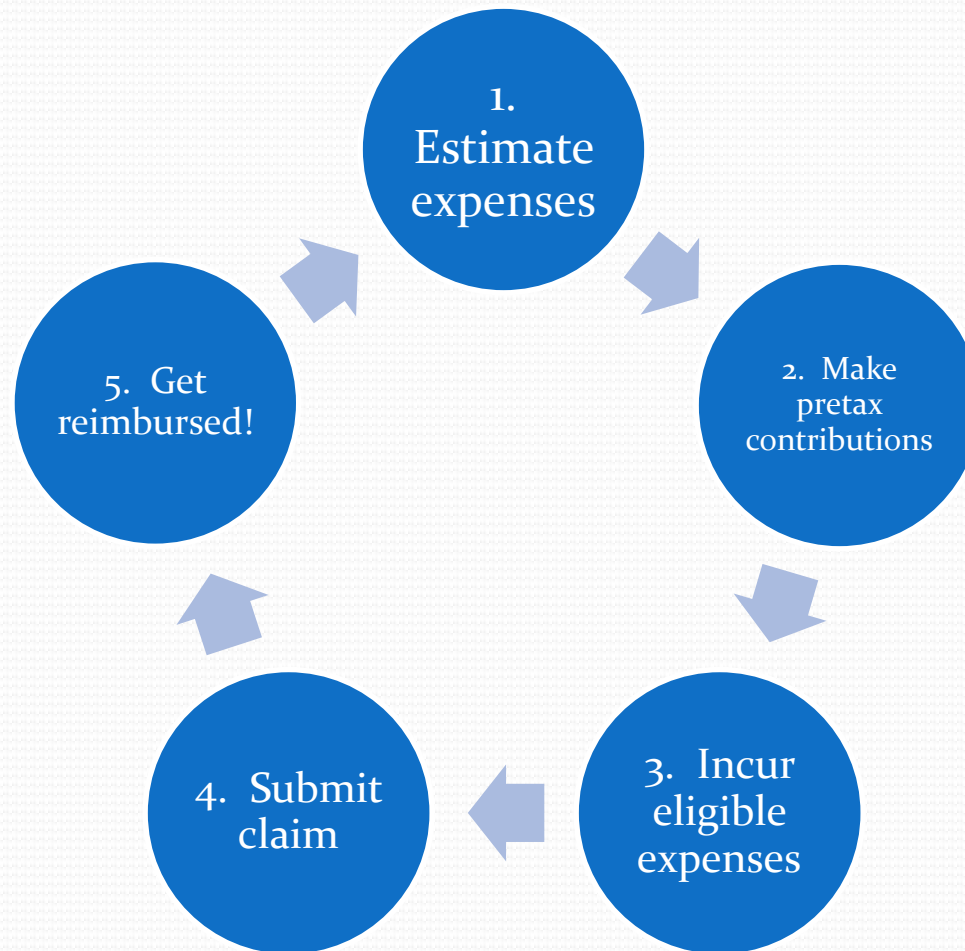


# What are FSAs?

- Flexible Spending Accounts
  - Year-to-year account
  - Set aside pretax dollars
  - Pay for expenses not covered by insurance
  - Two Accounts:
    - Health Care FSA
      - Deductibles, Co-Pays, over-the-counter items, Dental, Vision
    - Dependent Care FSA
      - Daycare, after-school care, pre-school, nursery school



# How does it work?



# IRS Regulated FSA 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 NDPERS 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](http://www.asiflex.com)**
    - Expense estimator
    - Eligible expense listing
    - FSASore.com resource for OTC products
    - Remember, you have an additional 2 ½ months to spend!



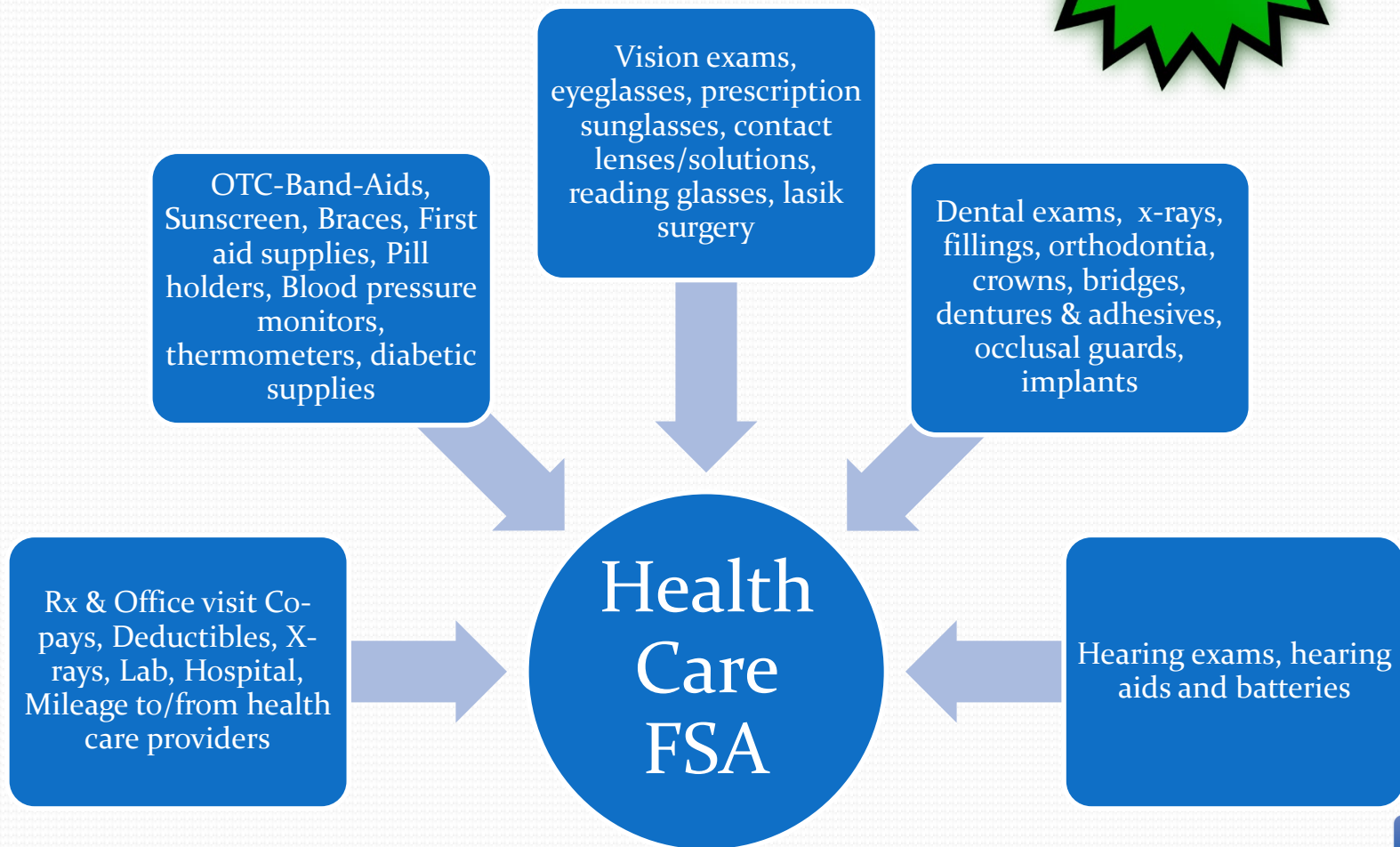
# Health Care Expenses





# Health Care - \$2,700

**NEW**



# Over-the-Counter Items



Qualifies for most FSAs without a prescription  
(can usually be purchased with an FSA card):

**Athletic Braces & Supports**

**Baby Monitors, Thermometers, Nasal Aspirators**

**Bandages, Tape, Gauze & Pads**

**Birth Control, Pregnancy & Fertility Kits, Prenatal Vitamins**

**Breast Pumps & Accessories**

**Blood Pressure Monitors**

**Contact Lens Solutions, Lens Cases, Rewetting Eye Drops for Contacts**

**Denture Adhesive Cream & Cleansers**

**Diabetes Care Accessories, Insulin, Blood Glucose Monitors & Test Strips**

**Eye Glass & Lens Cleaners, Reading Glasses**

**First Aid Kits, First Aid Treatments & Supplies**

**Glucosamine Supplements, Glucose Tablets**

**Hearing Aid Batteries**

**Home Medical Equipment**

**Heating Pads & Wraps, Hot & Cold Packs**

**Incontinence Products, Catheters & Ostomy Supplies**

**Medical Monitoring & Testing Devices**

**Motion Sickness Aids**

**Orthopedic & Surgical Supports**

**Pill Holders, Pill Splitters**

**Shoe Insoles & Inserts**

**Sunscreen & Lip Balm (15+ SPF and Broad Spectrum)**

**Thermometers, Vaporizers & Inhalers**

**Walking Aids, Canes, Crutches, Wheelchairs & Accessories**

**No Prescription Required**  
Go to [asiflex.com](http://asiflex.com) and click on FSASore



Only qualifies for reimbursement if you have a  
prescription (claims must be submitted manually):

**Acne Treatments**

**Allergy Medicine**

**Antacids & Acid Controllers**

**Anti-Fungal Treatments**

**Anti-Itch Treatments**

**Antiparasitic & Lice Treatments**

**Aspirin & Baby Aspirin**

**Chest Rubs**

**Cold Sore Treatments**

**Corn & Callus Removers**

**Cough Drops & Spray**

**Cough, Cold & Flu Medicine**

**Diaper Rash Cream**

**Ear Drops & Wax Removers**

**External Pain Relievers**

**Eye Drops**

**Fever & Pain Relievers**

**Hemorrhoidal Treatments**

**Laxatives**

**Nasal Spray**

**Nicotine Gum & Patches**

**Oral Pain Remedies**

**Pain Relieving Creams & Pads**

**Pain Relievers**

**Skin Treatments**

**Sleep Aids**

**Stomach & Digestive Aids**

**Topical Skin Treatments**

**Wart Removers**

Go to [asiflex.com](http://asiflex.com) and click on FSASore

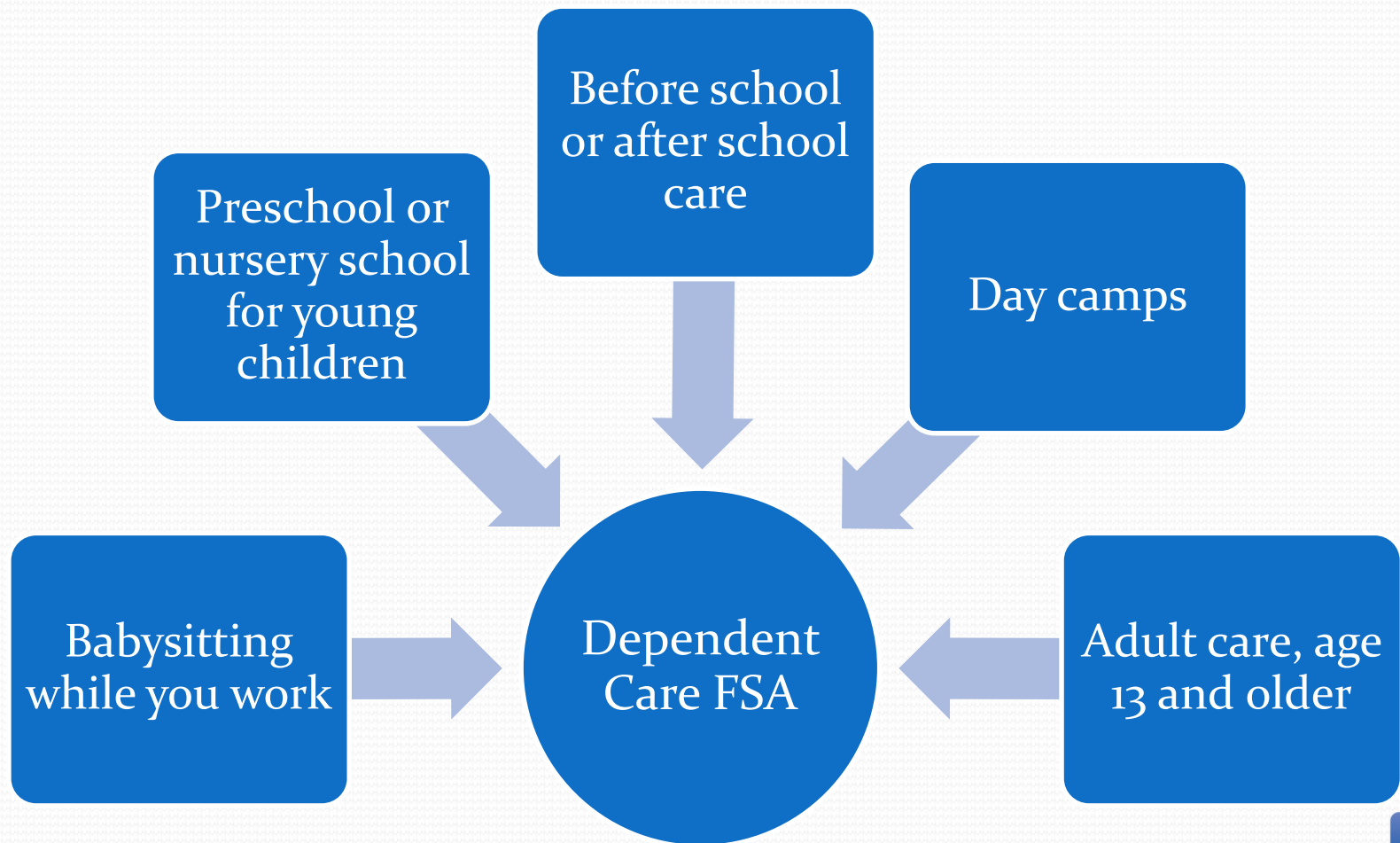




# Dependent Care Expenses

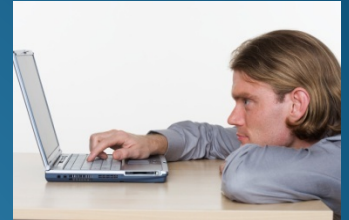


# Dependent Care \$5,000\*



\*\$2,500 if married and filing separate income tax returns

# Claim Filing Options

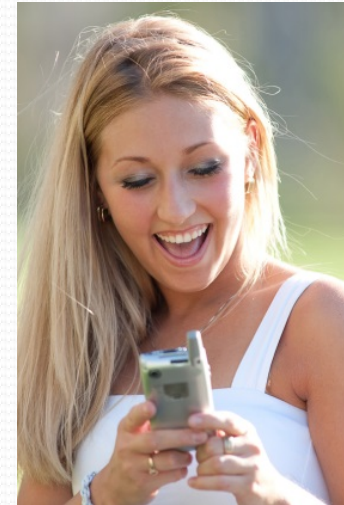


# Multiple Claim Filing Options



# ASIFlex Mobile App

- Free! Google Play or the App Store
- Video tutorial on [asiflex.com](http://asiflex.com)
- Use on smart phone or tablet
- Snap a picture of documentation
- Submit right from the
  - pharmacy
  - doctor's office
  - dental or vision office
- Check your balance 24/7!





# ASIFlex Online Account Detail

- Register to view your online account statement
- Read secure messages
- Submit claims



## Account Detail

File a claim, review your balance, and  
access your account statements.

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 do I use the card?

- It's 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!*



# What type of documentation is required?



Type of Expense	Documentation Needed
If covered by insurance Medical, Dental, Vision	Insurance payer explanation of benefits (EOB) or Itemized statement <b>NOTE: Submit to insurance first</b>
If not covered by insurance	Itemized Statement
Prescriptions	Pharmacy receipt , printout from pharmacy, or itemized mail-order receipt
OTC Drugs/Medicines	Physician prescription <b>and</b> itemized merchant receipt <b>NOTE: Rx must be dated prior to or on the date of purchase.</b>
OTC Medical Supplies/Items	Itemized merchant receipt
<b>NOTE: Do not submit credit card receipts, paid on account or balance forward statements, cancelled checks, etc. <i>Use of the card is not paperless!</i></b>	



# Account Detail

File a claim, review your balance, and  
access your account statements.

Follow-up documentation is required for one or more entries below. To provide documentation, please click the link in the Follow-Up Documentation Required column for that entry.

## Section 125 Account Detail

S0444906

Plan Year: Jan 1, 2015 thru Dec 31, 2015

Account Detail: Health Care Reimbursement Account

Last day to file claims is 4/15/2016

[Log Out of MyASIFlex.com](#)

Coverage period is 1/1/2015 to 3/16/2015

[Return to Self Service Menu](#)

[Print this page](#)

Debit Card Status is Active

[Debit card overview](#)

## Color Legend



Follow-up documentation is required for this swipe.



Follow-up documentation is urgently needed for this swipe. Card is in danger of being suspended.



Debit card has been suspended. Upload follow-up documentation; once documentation has been processed and approved, your card will be reactivated.

Annual Election: \$1,500.00

Available Funds: \$1,500.00

Process Date	Description	Contributions	Claims	Payments	Earliest Date of Service	Latest Date of Service	Swipe Date	Follow-Up Documentation Required?
3/18/2015	Card swipe	\$20.00					3/18/2015	YES - Urgent
3/13/2015		\$28.85						
2/27/2015		\$28.85						
2/13/2015		\$28.85						
1/30/2015		\$28.85						
1/16/2015		\$28.85						
		\$144.25						

# www.asiflex.com/debitcards

## ASIFlex Wallet Card



**CONTACT INFORMATION**  
[asiflex.com](http://asiflex.com) | [asiflex.com/debitcards](http://asiflex.com/debitcards)  
[asi@asiflex.com](mailto:asi@asiflex.com)

Phone: 1.800.659.3035

Customer Service Hours:

7 am - 7 pm Mon-Fri and 9 am - 1 pm Sat CT

Fax: 1.877.879.9038

PO Box 6044 | Columbia, MO 65205-6044

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Get the ASIFlex Mobile App!

Submit claims and check your balance on-the-go! The app is free!  
Available on Google Play or the App Store, or [www.asiflex.com](http://www.asiflex.com)!

DEBIT



### HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA) ASK FOR IT! SHOW THIS CARD TO YOUR PROVIDER!

Each time you use the card, ask the provider for an itemized statement that includes:

1. Provider name and address
2. Patient name
3. Date the service/supply was provided (regardless when paid or billed)
4. Description of the service/supply
5. Dollar amount you owe

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IRS regulations require you to provide an itemized statement upon request. Submit online, via the mobile app, by fax, or mail. **Also retain a copy with your personal tax records.**

*Note: Do not send the card terminal receipt, balance-forward or paid-on-account statements; these are not sufficient for IRS documentation.*



# Important Dates



- Claims must be incurred:
  - January 1, 2020 through March 15, 2021
  - Incurred means that you have actually had the service provided, or that you have secured the product, that gave rise to the expense
- Deadline to Submit Claims:
  - April 30
  - Don't wait until the last minute as you may miss the date!

# GO GREEN!

- Sign up for email or text alerts!
  - Avoid paper notices and delayed mail
- Have payment sent to your bank!
  - Avoid the hassle of paper checks
  - Avoid delayed mail
- File claims with the Mobile App or online!
  - It's quick! It's easy! It results in rapid claim payments!
- Have dependent care providers sign claim form!
  - No other document is needed!





# Online Resources

## **[www.asiflex.com](http://www.asiflex.com)**

- Access your FSA account detail
- Read secure messages sent to you
- ASIFlex Card information
- Extensive eligible/ineligible expense listing
- FSA Store - thousands of eligible FSA products
- Frequently Asked Questions
- Expense Estimator & Tax Savings Calculator
- Educational videos
- IRS Forms & Publications



# *Customer Service*



## **Website**

[www.asiflex.com](http://www.asiflex.com)

[www.asiflex.com/debitcards](http://www.asiflex.com/debitcards)



## **E-Mail**

[asi@asiflex.com](mailto:asi@asiflex.com)



## **Phone**

1.800.659.3035



## **Address**

PO Box 6044  
Columbia, MO 65205

**7 a.m. – 7 p.m. Central Time Weekdays**  
**9 a.m. – 1 p.m. on Saturday**

# Thank you!

