NDUS Flexible Spending Accounts
January 1, 2019 Plan Year

Presented by:

[ASI FLEX logo]
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?

1. Estimate expenses
2. Make pretax contributions
3. Incur eligible expenses
4. Submit claim
5. Get reimbursed!
Flexible Spending Accounts can give you a pay raise! Don’t lose out!

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

### EXAMPLE

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Without FSA</th>
<th>With FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>$4,000 daycare</td>
<td>$50,000</td>
<td>$50,000</td>
</tr>
<tr>
<td>$2,000 health care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Income</td>
<td>$50,000</td>
<td>$50,000</td>
</tr>
<tr>
<td>Pre-Tax FSA Contribution</td>
<td>$0</td>
<td>$6,000</td>
</tr>
<tr>
<td>Taxable Income</td>
<td>$50,000</td>
<td>$44,000</td>
</tr>
<tr>
<td>Estimated 30% Taxes</td>
<td>$15,000</td>
<td>$13,200</td>
</tr>
<tr>
<td><strong>EXTRA MONEY</strong></td>
<td><strong>$0</strong></td>
<td><strong>$1,800</strong></td>
</tr>
</tbody>
</table>

**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!”
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**
    • Expense estimator
    • Eligible expense listing
    • FSASStore.com resource for OTC products
    • Remember, you have an additional 2½ months to spend!
Health Care Expenses
Health Care - $2,650

- Rx & Office visit Co-pays, Deductibles, X-rays, Lab, Hospital, Mileage to/from health care providers
- OTC-Band-Aids, Sunscreen, Braces, First aid supplies, Pill holders, Blood pressure monitors, thermometers, diabetic supplies
- Vision exams, eyeglasses, prescription sunglasses, contact lenses/solutions, reading glasses, lasik surgery
- Dental exams, x-rays, fillings, orthodontia, crowns, bridges, dentures & adhesives, occlusal guards, implants
- Hearing exams, hearing aids and batteries
### Over-the-Counter Items

**FSA**
- 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

**FSA Rx**
- 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

---

No Prescription Required
Go to asiflex.com and click on FSASStore

Go to asiflex.com and click on FSASStore
Dependent Care Expenses
Dependent Care $5,000*

Dependent Care FSA

- Babysitting while you work
- Before school or after school care
- Preschool or nursery school for young children
- Day camps
- Adult care, age 13 and older

*$2,500 if married and filing separate income tax returns
Claim Filing Options
Multiple Claim Filing Options

- **Online**
  - www.asiflex.com

- **Mobile App**

- **ASIFlex Claims**
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
  - 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
ASIFlex Card – What is it?

- Health Benefit Card
- IRS regulations govern use of cards
- Allows you to pay directly from your health FSA account
  - Sign for credit transaction
  - Enter PIN for debit transaction
- Accepted at healthcare and retail providers that accept VISA®
- Not accepted at providers not recognized as health care providers/merchants

*Use of the card is not paperless!*
How does it work?

- At point-of-sale, present card for payment
- Advantage is that you don’t have to use cash or another credit card – it is an easy way to pay
- Merchant will process the transaction
- Card company reports to ASIFlex the provider/merchant name, date of transaction, dollar amount
- **NOTE:** You may need to provide additional documentation showing the patient name, date of service and type of service/product

*Use of the card is not paperless!*
How do I use the card?

- It’s easy – SWIPE – ASK – GO!
- Present card for payment – swipe the card
- Ask for an itemized statement of the service or supply provided to you
- Then, go! Be sure to save the itemized statement and if requested, provide to ASIFlex upon request.

*Use of the card is not paperless!*
How do I use the card?

- Save all itemized provider/merchant receipts (NOT the credit card receipt)
- Save all insurance payer Explanation of Benefits (EOB)
- Submit documentation upon request – it’s the law!
- Know your balance
- Use at health care providers (note that some teaching hospitals, e.g., may not be recognized as they code terminals as “educational”)
- Check your messages under your account at asiflex.com
- Submit documentation upon request

*Use of the card is not paperless!*
How do I provide information?

- 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:
  - Copays that match the employer plan you are enrolled in
  - Identified recurring expenses at the same provider, same amount each month (e.g. orthodontia)
  - 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

*Use of the card is not paperless!*
How does ASIFlex notify me?

- Up to three requests are sent by email/text alert and posted to secure messages in your online account
  - Letter 1 – Sent approximately 5 days following transaction
  - Letter 2 – Sent after 21 days after Letter 1 and advises card may be inactivated
  - Letter 3 – Sent after 21 days after Letter 2; temporary deactivation notice
- If documentation not provided, IRS required 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

*Use of the card is not paperless!*
Claim Documentation

- Must include:
  - Who (for whom is the service being provided)
  - What (a description of the service)
  - Where (name/address of provider providing the service)
  - When (date the service was provided, regardless when paid)
  - How much (dollar amount you owe)

*Use of the card is not paperless!*
What type of documentation is required?

<table>
<thead>
<tr>
<th>Type of Expense</th>
<th>Documentation Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>If covered by insurance Medical, Dental, Vision</td>
<td>Insurance payer explanation of benefits (EOB) or Itemized statement &lt;br&gt; <strong>NOTE:</strong> Submit to insurance first</td>
</tr>
<tr>
<td>If not covered by insurance</td>
<td>Itemized Statement</td>
</tr>
<tr>
<td>Prescriptions</td>
<td>Pharmacy receipt, printout from pharmacy, or itemized mail-order receipt</td>
</tr>
<tr>
<td>OTC Drugs/Medicines</td>
<td>Physician prescription <strong>and</strong> itemized merchant receipt &lt;br&gt; <strong>NOTE:</strong> Rx must be dated prior to or on the date of purchase.</td>
</tr>
<tr>
<td>OTC Medical Supplies/Items</td>
<td>Itemized merchant receipt</td>
</tr>
</tbody>
</table>

**NOTE:** Do not submit credit card receipts, paid on account or balance forward statements, cancelled checks, etc. *Use of the card is not paperless!*
The following describes important terms used in your Explanation of Benefits (EOB) and throughout the claims payment process. Please take the time to become familiar with these terms to understand your benefit plan better.

An EOB shows you, or your covered family member, the benefits coverage received for the services billed to us by the doctor. The Explanation of Benefits lets you know the dollar amount of services that were billed by your doctor and how that amount is applied to deductible, coinsurance or copayments, or if any of the charges were for non-covered services. If you would like to sign up for electronic EOBS, visit sanfordhealthplan.com/memberlogin.

**Explanation of Benefits – This is NOT a Bill**

<table>
<thead>
<tr>
<th>Member #: 11122233301</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claim #: 123456</td>
</tr>
<tr>
<td>Member Name: Jane Doe</td>
</tr>
<tr>
<td>Provider: 1234567892, Provider John</td>
</tr>
<tr>
<td>Vendor: Sanford Clinic</td>
</tr>
</tbody>
</table>
### Explanation of Benefits – This is NOT a Bill

**Member #:** 11122233301  
**Claim #:** 123456  
**Member Name:** Jane Doe  
**Provider:** 1234567892, Provider John Sanford Clinic

<table>
<thead>
<tr>
<th>Service Date</th>
<th>Description</th>
<th>Amount Billed</th>
<th>Discount Amount</th>
<th>Non-Covered Amount</th>
<th>Reason Codes</th>
<th>Allowed Amount</th>
<th>Copay</th>
<th>Deductible</th>
<th>Co-insurance</th>
<th>Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/24/2013</td>
<td>The amount billed to us by your provider.</td>
<td>73</td>
<td>117.00</td>
<td>70.49</td>
<td>0.00</td>
<td>46.51</td>
<td>0.00</td>
<td>46.51</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>09/24/2013</td>
<td>The amount discounted by the Provider as a part of contracting with Sanford Health Plan.</td>
<td>73</td>
<td>117.00</td>
<td>70.49</td>
<td>0.00</td>
<td>46.51</td>
<td>0.00</td>
<td>46.51</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>09/24/2013</td>
<td>The pre-negotiated rate paid to Participating PPO and Basic providers for covered services. For Non-Participating providers, it is the reasonable cost.</td>
<td>98</td>
<td>226.00</td>
<td>70.31</td>
<td>0.00</td>
<td>155.69</td>
<td>20.00</td>
<td>0.00</td>
<td>0.00</td>
<td>135.69</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td></td>
<td><strong>460.00</strong></td>
<td><strong>211.29</strong></td>
<td><strong>0.00</strong></td>
<td></td>
<td><strong>248.71</strong></td>
<td><strong>20.00</strong></td>
<td><strong>93.02</strong></td>
<td><strong>0.00</strong></td>
<td><strong>135.69</strong></td>
</tr>
</tbody>
</table>

**The total your responsibility for this claim is:** $113.02

*Description/Messages*

73: DIAGNOSIS MEDICAL  
98: PROFESSIONAL (PHYSICIAN) VISIT - OFFICE  
*** For additional information about benefits, please see to your COI. For questions about the determination of your benefits, please contact Member Services at (800) 499-3416. If your claim was denied in whole or in part, you have the right to appeal by writing to Sanford Health Plan. Please submit your written appeal to Sanford Health Plan, ATTN: NDPERS, PO Box 91110, Sioux Falls, SD 57109-1110. Appeals must be submitted within 180 days.
## Sample Itemized Statement

**Provider**

### Date of Service
- **ID:** 1625
- **Date:** 10/18/2012
- **Provider:** Laura Hermen

### Transaction
- **D1110:** Prophylaxis - Adult
- **D0120:** Evaluation - Periodic Oral
- **Acct Pmt:** Visa Card Number VISA ending in 3575
  - App#: 003783 for ($127.00)

### Description of Service

<table>
<thead>
<tr>
<th>Transaction</th>
<th>Tith</th>
<th>Surface</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1110</td>
<td></td>
<td></td>
<td>80.00</td>
</tr>
<tr>
<td>D0120</td>
<td></td>
<td></td>
<td>47.00</td>
</tr>
</tbody>
</table>

### Subtotal:
- **Subtotal:** $127.00
- **Tax:** 0.00

### Dollar Amount

- **Today's Charges:** $127.00
- **Today's Payment:** $127.00
- **Previous Balance:** 0.00

### Balance Due:
- **Balance Due:** $0.00

### Contract Balance
- **Estimated Insurance:** N/A
- **Previous Balance:** 0.00
- **Charges Today:** 127.00
- **Payments Today:** 127.00
- **Adjustments Today:** 0.00

### Patient Name

I agree to pay the above payment amount according to my card issuer agreement.

**Future Family Appointments:**
- **Patient:**
- **Next Appointment:** 4/18/2013 @ 8:00 am
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**

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

**Account Detail:** Health Care Reimbursement Account

Last day to file claims is 4/15/2016

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

Debit Card Status is Active

**Color Legend**

- Yellow: Follow-up documentation is required for this swipe.
- Pink: Follow-up documentation is urgently needed for this swipe. Card is in danger of being suspended.
- Red: 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

<table>
<thead>
<tr>
<th>Process Date</th>
<th>Description</th>
<th>Contributions</th>
<th>Claims</th>
<th>Payments</th>
<th>Earliest Date of Service</th>
<th>Latest Date of Service</th>
<th>Swipe Date</th>
<th>Follow-Up Documentation Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/18/2015</td>
<td>Card swipe</td>
<td>$20.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3/18/2015</td>
<td>YES - Urgent</td>
</tr>
<tr>
<td>3/13/2015</td>
<td></td>
<td>$28.85</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2/27/2015</td>
<td></td>
<td>$28.85</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2/13/2015</td>
<td></td>
<td>$28.85</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1/30/2015</td>
<td></td>
<td>$28.85</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1/18/2015</td>
<td></td>
<td>$28.85</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

$144.25
www.asiflex.com/debitcards

ASIFlex Wallet Card

CONTACT INFORMATION
asiflex.com | asiflex.com/debitcards
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

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!

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

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.
ASI-Flex Quick Guide for FSA Debit Card and Online Account Access

Health Care Flexible Spending Account

HOW TO ACCESS YOUR BENEFITS

ASI-Flex Card
Ask your provider for itemized documentation each time you use the card (see details below)

ASI-Flex Mobile App
Check your balance anywhere, anytime
File claims on-the-go
No follow-up documentation needed

Online Claim Filings
Scan your documentation
Log in to your account
Upload documentation to submit claim

Fax or Mail
Complete the claim form in full and sign
Submit with documentation

Manage Your FSA Account at www.asiflex.com

Register to file claims and view your account statement 24/7.
Use the PIN that was sent in your confirmation letter to register. If you do not know your PIN, email asiflex.com to request it.

Account Detail – Know your balance! You can view details of your account including deposits, claims, payments and current account balance.

Read Your Messages – View secure messages sent to you from ASIFlex regarding claim payments or additional documentation that may be needed.

Submit Claims – Just scan your claim documentation, log in to your account and file online for rapid reimbursement.

Update – You can change your user name, security image, security questions or password at any time.

FSA Store – View thousands of over-the-counter health care products eligible under your FSA.

Eligible Expenses – View an extensive listing of eligible/expenses.

Important Note on Use of the Debit Card - Go to asiflex.com/debitcards.

Filing Claims and Submitting Documentation

There are a variety of ways to submit claims. Choose the one that works for you.

ASI-Flex Card - present the card for payment for health care services. Each time you use the card, you must ask the provider for an itemized statement. An itemized statement must include:

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

Note: A credit card receipt, cancelled check, paid-on-account statement, or balance-forward statement is not sufficient.

You can also use an Explanation of Benefits (EOB) to document expenses.

What Needs Documentation? What are the timelines?

IRS regulations require you to submit documentation for certain card transactions. The only items that do not require follow-up documentation are:

- Flat dollar copayments under the plan you enrolled in through your employer
- Identified recurring expenses (such as a regular monthly payment to the same provider for the exact same dollar amount)
- Prescriptions or over-the-counter health care products purchased at pharmacies/merchants that identify which products are qualified health care items

Go Green!
Save time, save postage, save trees!
Sign up for Direct Deposit!
You can have payments deposited to your bank account instead of waiting for a check!

Switch from Mail Box to Be Box!
Don’t risk delayed or lost mail. Sign up to receive email and/or text alerts!

Forms Authorization can be found at the top of the page.

Contact asiflex.com/debitcards
www.asiflex.com/debitcards

ASI-Flex Mobile App
Don’t like paperwork? Try the ASI-Flex Mobile App! You can check your balance and file claims on-the-go anytime from anywhere!

Just take a picture of your claim documentation and submit via the mobile app for reimbursement! Unlike the card, there are no requirements to submit follow-up.

The app is free and available on Google Play or the App Store, and at www.asiflex.com/debitcards.

www.asiflex.com/debitcards
Important Dates

- **Claims must be incurred:**
  - January 1, 2019 through March 15, 2020
  - 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

- Access your FSA account detail
- Review messages sent to you
- Manage your personal settings
- 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
www.asiflex.com/debitcards

E-Mail
asi@asiflex.com

Phone
1.800.659.3035

Address
PO Box 6044
Columbia, MO 65205
Thank you!