



# Benefits and Wellness: Employee Fact Sheet

## Health Care Flexible Spending Account (HCFSAs)

The Health Care Flexible Spending Account (HCFSAs) allows you to set aside pretax dollars to pay for essential health care expenses, such as deductibles, copays, coinsurance and prescription drugs that are not fully covered by your medical, dental and vision insurance plans for you and/or your tax dependents. Contributions will save you money and will lower your taxable income. You can enroll in the HCFSAs during your new hire/newly eligible enrollment period, Open Enrollment, or if you experience certain [Qualifying Life Changes](#) during the plan year. You must make a new election each Open Enrollment for each new plan year.

### HCFSAs Details

**Eligibility:** If you are in a benefits eligible position, you are eligible for the HCFSAs. Enrollment in a medical, dental and/or vision plan is not required for you to participate in the HCFSAs.

**Plan Administrator:** ASIFlex administers your HCFSAs. You can manage it at [www.asiflex.com](http://www.asiflex.com).

#### Using your Account:

- This account is regulated by the [Internal Revenue Service \(IRS\)](#) who determines contributions limits, [qualifying expenses](#) and has designated it as a “use it or lose it” account. This means the money you elect to be contributed to your HCFSAs must be spent and claimed within a designated period of time. Any amount that remains in your account past the deadline will be forfeited.
- Funds in the account must be spent on qualifying expenses or you will pay both taxes and penalties.
- After your first contribution, ASIFlex will mail you a debit card (set of two) that you must activate. The debit card will be preloaded with the full amount you elect. When you need to pay for an eligible expense, present your ASIFlex debit card at the time of purchase/service and request an itemized statement. If you do not have your card at time of service, you can file a reimbursement claim online at [asiflex.com](http://asiflex.com), via the ASIFlex mobile app or by faxing or mailing a paper claim form.
- The use of the card is not paperless, and supporting documentation (keep itemized statements and your insurance plan’s “Explanation of Benefits”) may be required to substantiate a transaction. ASIFlex will notify you if documentation is needed.

HCFSAs	(July 1, 2019-June 30, 2020) Open Enrollment Spring 2019
<b>Contribution Limits</b>	\$2,700 per Employee
<b>Incurred Expenses</b> (Plan Year + 2 ½ months grace period)	Expenses must be incurred between your FSA effective date and September 15, 2020
<b>Deadline to Submit Claims to ASIFlex</b>	If you are submitting claims for reimbursement, they must be submitted by November 15, 2020

## HCFSA Contributions and Effective Date

You can elect a minimum amount of \$120 (\$10/month) up to the contribution limit for the plan year. Your pretax contributions are deducted monthly from your paycheck with the last contribution being June 30 of the plan year.

**New hire/newly eligible:** Your HCFSA becomes effective on your [benefits effective date](#). Incurred expenses on or after this date, will be reimbursable. However, your ASI debit card may be delayed until the following month, depending on your enrollment date and the first payroll deduction. Your contribution election amount will be divided by the number of months remaining in the plan year (July 1 to June 30).

**Open Enrollment 2019-2020:** Your HCFSA contribution election will be divided by the 12 months of the plan year (July 1, 2019 to June 30, 2020). It becomes effective on July 1. You MUST re-enroll between April 22 and May 10, 2019 by using the open enrollment function in your [Employee Portal](#).

**Qualifying Life Change:** Certain life events may make you eligible to enroll in or change your HCFSA during a plan year. Allowable elections are based on the event you are experiencing. Please refer to the [Qualifying Life Change website](#) or call our Benefits Professionals to discuss your options. Your HCFSA election is effective the first of the month following the receipt of the new election enrollment form. Your contribution election amount will be divided by the number of months remaining between that qualifying date and the remaining months of the plan year.

## Resources

[ASIflex](#)

[Flexible Benefits Plan Document](#)

[Internal Revenue Service \(IRS\) Publication 969](#)

[Qualifying Expenses](#)

[Qualifying Life Changes](#)

## Effect on Social Security

Cafeteria plan dollars are deducted from your pay pretax, meaning before federal, state, Social Security and Medicare taxes are paid. Participating in cafeteria plans reduces the salary on which annual contributions to Social Security are calculated, which may result in a reduction of the Social Security benefits received at retirement. The reduction is minimal and you may wish to discuss it with your tax advisor.

## Effect on PERA

Cafeteria plan dollars are deducted from you pay pretax, meaning before federal, state, and Medicare taxes are paid. Your PERA retirement annuity or disability retirement is based on your PERA Highest Average Salary (HAS) calculation. Since cafeteria plans reduce the salary on which PERA calculates benefits, your PERA retirement benefits may be reduced.

## Questions

**Contact our Benefits Professionals** at 303.860.4200 option 3 – Monday to Friday, 8:00 a.m. to 5:00 p.m.