

State of Oregon
Flexible Spending and Commuter Accounts
www.asiflex.com/ORPEBB

*Presented by:
Linda Freeze*



Four Letters: Did you get one?



Kate Brown, Governor

November 8, 2019



Dear PEBB Member:

IMPORTANT INFORMATION ABOUT YOUR HEALTH CARE FLEXIBLE SPENDING ACCOUNT* (HCFSA)
You may need to act to correct your PEBB benefit plan by December 20, 2019!



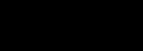
Public Employees' Benefit Board
500 Summer Street NE, E-89
Salem, Oregon 97301-1063
Phone: 503-373-1102
Fax: 503-373-1654
www.oregon.gov/oha/PEBB
Email: inquiries.pebb@state.or.us



Public Employees' Benefit Board

Kate Brown, Governor

November 8, 2019



Dear PEBB Member:

IMPORTANT INFORMATION ABOUT YOUR DEPENDENT CARE
You may need to act to correct your PEBB benefit plan by December 20, 2019!

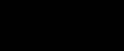
You are currently enrolled in a Dependent Care Flexible Spending Account (DCFA).
You have chosen to contribute \$ 400.00 per month with 12 months of contributions in the plan year.



Public Employees' Benefit Board

Kate Brown, Governor

November 8, 2019



Dear PEBB Member:

IMPORTANT INFORMATION ABOUT YOUR PARKING COMMUTER ACCOUNT
You may need to act to correct your PEBB benefit plan by December 20, 2019!

You are currently enrolled in a Parking Commuter Account effective January 1, 2020.
You have chosen to contribute \$ 75.00 per month from your paycheck. Is this correct?
With a Parking Commuter Account, you may deduct money from your paycheck pre-tax. You can then use this money to pay for parking at or near your work location for the months your account was active in the plan year.

If you already have parking costs withheld from your paycheck, you should not be enrolled in a PEBB Parking Commuter Account.



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You are currently enrolled in a Health Care Flexible Spending Account (HCFSA) effective January 1, 2020.

You have chosen to contribute \$ 100.00 per month with 12 monthly withdrawals from your paycheck. Is this correct?

You may deduct money from your paycheck pre-tax. You can then use this money to pay for partially covered medical, dental or vision expenses during the months your account was active in the plan year.

What do you need to do to correct this?

Attend an informational webinar on Tuesday, November 19th at 10 am to answer questions about ASIFlex enrollments. Register at www.PEBBWebinars.com.

Review the rules that apply to HCFSA's. For a complete list, please visit: www.oregon.gov/oha/PEBB/FORMS/HCFSA.aspx.

Act right away if you find that:
• You are enrolled in the wrong account.

• Your contribution amount is wrong.

• You are in OUS or ODE employee with less than 12 paychecks in the plan year, check the monthly contributions for the months are correct.

December 20, 2019 to request a correction. You can do this by faxing a FSA Open Enrollment Form to PEBB at 503-373-1654. You can find the form at: www.oregon.gov/oha/PEBB/FORMS/Flexible-Spending-Open-Enrollment.pdf

Do not take any action if you are enrolled correctly.

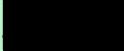
Do not send in a correction by December 20, 2019, your HCFSA contributions will continue through December 31, 2019. You may then only make changes to your 2020 account if you have a qualifying event.



Public Employees' Benefit Board

Kate Brown, Governor

November 8, 2019



Dear PEBB Member:

IMPORTANT INFORMATION ABOUT YOUR TRANSPORTATION COMMUTER ACCOUNT
You may need to act to correct your PEBB benefit plan by December 20, 2019!

You are currently enrolled in a Transportation Commuter Account effective January 1, 2020.
You have chosen to contribute \$ 75.00 per month from your paycheck. Is this correct?
With a Transportation Commuter Account, you may deduct money from your paycheck pre-tax. You can then use this money to pay for work-related commuting expenses like van pools and bus passes for the months your account was active in the plan year. *It does not include parking or use of personal vehicles or bikes.*

If you already have transit costs withheld from your paycheck, you should not be enrolled in a PEBB Transportation Commuter Account. Are you eligible for this account?

PEBB is hosting an informational webinar on Tuesday, November 19th at 10 am to answer questions regarding your ASIFlex enrollments. Register at www.PEBBWebinars.com.

There are specific rules that apply to Transportation Commuter Accounts. For a complete list, please visit: www.asiflex.com/Commuter.aspx.

You will need to act right away if you find that:
• You should not be enrolled in this account.
• You do not have eligible commuter expenses.
• Your contribution amount is wrong.

You have until **December 20, 2019** to request a correction. You can do this by faxing a 2020 Commuter Program form to PEBB at 503-373-1654. You can find the form at: www.oregon.gov/oha/PEBB/FORMS/Commuter-Account.pdf



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Service

Spending Accounts are subject to non-discrimination testing.

Blue Letter: Health Care FSA



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Dear PEBB Member:

**IMPORTANT INFORMATION ABOUT YOUR HEALTH CARE FLEXIBLE SPENDING ACCOUNT* (HCFSAs)
You may need to act to correct your PEBB benefit plan by December 20, 2019!**

You are currently enrolled in a Health Care Flexible Spending Account (HCFSAs) effective January 1, 2020. You have chosen to contribute \$ 100.00 per month with 12 monthly withdrawals from your paycheck. Is this correct?

With a HCFSAs you may deduct money from your paycheck pre-tax. You can then use this money to pay for uncovered or partially covered medical, dental or vision expenses during the months your account was active in the plan year.

Is this the account you meant to enroll in?

PEBB is hosting an informational webinar on Tuesday, November 19th at 10 am to answer questions regarding your ASIFlex enrollments. Register at www.PEBBWebinars.com.

There are specific rules that apply to HCFSAs. For a complete list, please visit: <http://www.asiflex.com/HCFSAs.aspx>.

You will need to act right away if you find that:

- You are enrolled in the wrong account.
- Your contribution amount is wrong.

Note: If you are an OUS or ODE employee with less than 12 paychecks in the plan year, check the monthly withdrawal to confirm the months are correct.

Pink Letter: Dependent Care FSA



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November 8, 2019



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Dear PEBB Member:

IMPORTANT INFORMATION ABOUT YOUR DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT* (DCFSA)
You may need to act to correct your PEBB benefit plan by December 20, 2019!

You are currently enrolled in a Dependent Care Flexible Spending Account (DCFSA) effective January 1, 2020.

You have chosen to contribute \$ 400.00 per month with 12 monthly withdrawals from your paycheck. Is this correct?

With a DCFSA you may deduct money from your paycheck pre-tax. You can then use this money to pay for the care of a qualified person. Expenses must be work-related and incurred during the months your account was active in the plan year. This usually means day care expenses for an eligible child under age 13.


A DCFSA cannot be used for medical, dental or vision expenses.

Is this the account you meant to enroll in?

PEBB is hosting an informational webinar on Tuesday, November 19th at 10 am to answer questions regarding your ASIFlex enrollments. Register at www.PEBBWebinars.com.

There are specific rules that apply to DCFSAs. For a complete list, please visit:
<http://www.asiflex.com/DCFSA.aspx>.

Need to Correct Your FSA?

 **2024 Open Enrollment & Correction**
Healthcare Flexible Spending Account (HC FSA)
Dependent Care Flexible Spending Account (DC FSA)

Open Enrollment 10/01/2023 -10/31/2023
FSA Correction Period 11/01/2023-12/8/2023

Office use only
Approved by: _____
Approved date: _____
Effective date: _____

All current FSA accounts terminate 12/31 each plan year. To have an FSA in 2024 you must sign up during Open Enrollment (10/01-10/31). You cannot make an Open Enrollment Correction without completing Open Enrollment.

Enrollment type

Open Enrollment FSA (new enrollment for 2024 plan year)

Open Enrollment correcting elections.
I am making a correction to my FSA:
 Amount Type Number of withdrawal months

Cancel my Healthcare FSA Cancel my Dependent Care FSA

Enrolling in (check all that apply)

Healthcare FSA Dependent Care FSA

Contact information (you must complete all fields)

PEBB benefit number (P#####), OR#, University ID or Lottery ID

Last name _____ First name _____ Middle _____ Gender M F Other

Check if new address

Contact address _____ Apartment # _____ City _____ State _____ ZIP _____

Residence ZIP code _____ Work ZIP code _____ Work email _____ Personal email (optional) _____

Date of birth (mm/dd/yyyy) _____ Work phone _____ Home phone (optional) _____

Take action immediately if:

- You are enrolled in the wrong account
- Your contribution amount is wrong

Go to: www.pebbinfo.com

- Under **Resources**, click **Forms**
- Then, click:
2024 FSA Open Enrollment and Correction Form (MSC 5516)

Golden Letter: Parking



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Dear PEBB Member:

IMPORTANT INFORMATION ABOUT YOUR PARKING COMMUTER ACCOUNT
You may need to act to correct your PEBB benefit plan by December 20, 2019!

You are currently enrolled in a Parking Commuter Account effective January 1, 2020.

You have chosen to contribute \$ 75.00 per month from your paycheck. Is this correct?

With a Parking Commuter Account, you may deduct money from your paycheck pre-tax. You can then use this money to pay for parking at or near your work location for the months your account was active in the plan year.

If you already have parking costs withheld from your paycheck, you should not be enrolled in a PEBB Parking Commuter Account.

Are you eligible for this account?

PEBB is hosting an informational webinar on Tuesday, November 19th at 10 am to answer questions regarding your ASIFlex enrollments. Register at www.PEBBWebinars.com.

There are specific rules that apply to Parking Commuter Accounts. For a complete list, please visit:

<http://www.asiflex.com/Commuter.aspx>.

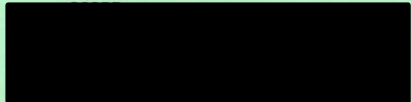
You will need to act right away if you find that:

Green Letter: Transportation



Kate Brown, Governor

November 8, 2019



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Dear PEBB Member:

IMPORTANT INFORMATION ABOUT YOUR TRANSPORTATION COMMUTER ACCOUNT
You may need to act to correct your PEBB benefit plan by December 20, 2019!

You are currently enrolled in a Transportation Commuter Account effective January 1, 2020.

You have chosen to contribute \$75.00 per month from your paycheck. Is this correct?

With a Transportation Commuter Account, you may deduct money from your paycheck pre-tax. You can then use this money to pay for work-related commuting expenses like van pools and bus passes for the months your account was active in the plan year. ***It does not include parking or use of personal vehicles or bikes.***

If you already have transit costs withheld from your paycheck, you should not be enrolled in a PEBB Transportation Commuter Account. Are you eligible for this account?

PEBB is hosting an informational webinar on Tuesday, November 19th at 10 am to answer questions regarding your ASIFlex enrollments. Register at www.PEBBWebinars.com.

There are specific rules that apply to Transportation Commuter Accounts. For a complete list, please visit: <http://www.asiflex.com/Commuter.aspx>.

You will need to act right away if you find that:

- You should not be enrolled in this account.

Need to Correct Your Commuter Account?

Take action immediately if:

- You should not be enrolled in this account
- You do not have eligible commuter expenses
- Your contribution amount is wrong

Go to: www.pebbinfo.com

- Under **Resources**, click **Forms**
- Then, click:
**2023 Commuter Program
Enrollment Form (MSC 5515)**

Important!

You can change or cancel these accounts at any time. **But we are unable to refund money.** Accounts are deemed inactive after 6 months of non activity and any funds default to PEBB.

pebb
Public Employee Benefit Board

2023 Commuter Program
For more information go to <http://orpebb.asiflex.com>

Office use only
Approved by: _____
Approved date: _____
Effective date: _____

If you already have parking expenses withdrawn directly from your paycheck DO NOT sign up for this program.

Contact information (You must complete all fields.)
PEBB benefit number (P#####), OR#, University ID or Lottery ID

Last name First name Middle Gender M F Other

Check if new address

Contact address Apartment # City State ZIP

Residence ZIP code Work ZIP code Work email Personal email (optional)

Date of birth (mm/dd/yyyy) Work phone Home phone (optional)

Parking
(DO NOT enroll for this account if you have state parking and the cost of parking is deducted from your monthly pay as pre-tax and you have no other parking costs. The PEBB Parking account is not used to pay for monthly state lot parking.)

New election
 Change my monthly parking contribution
 Cancel election

1. Parking Account Monthly contribution (minimum \$20)
(Maximum monthly contribution or reimbursement is \$280.00) \$ _____

1a. I am changing my monthly parking election amount. From: \$ _____ To: \$ _____

Page 1 of 2 MSC 5515 (09/2022)

ASIFlex Corrections



What happens prior to January 1, 2024?

- PEBB/Agencies will adjust any 2024 FSA/Commuter Benefit account effective January 1, 2024, only if requested by **December 8, 2023**
- No enrollment in an FSA/Commuter Benefits if the member didn't do OE during October

The goal is to make sure members understand their selections, amounts and possible penalties if they fail to correct issues prior to January 1, 2024

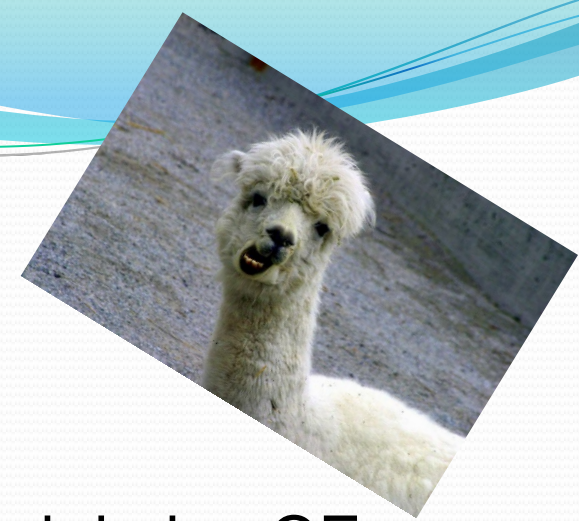
ASIFlex Corrections

PEBB Mailings to Verify ASIFlex Enrollments

- ASIFlex members should receive one USPS mailing and one email per FSA/Commuter Benefit enrollment
 - **Health Care = Blue letter**
 - **Dependent Care = Pink letter**
 - **Parking = Golden letter**
 - **Transportation = Green letter**



ASIFlex Corrections



What is the purpose of these mailings?

- **Confirm which plan** the member selected during OE
- **Explain what the plan covers** & what it can or can't do
- **How much per month** member is contributing
- **How many months** per year member is contributing
- **How/when member can correct** selection if not correct
- **What happens if** member doesn't make corrections timely

ASIFlex Corrections



What happens as of January 1st?

- All ASIFlex issues come to PEBB as an appeal
- PEBB will **NOT ALLOW** any cancellation or switching of a HCFSA or DCFSA after December 31 unless a QSC
- **NO** retro enrollment/corrections to an FSA account (this means the member could lose money)
- **NO** enrollments if the member did or didn't do OE during October unless a QSC
- PEBB will **NOT** allow prospective increases/decreases in all FSAs unless a QSC
- PEBB will fix the number of months prospectively

Important

University Members Only



- Please make sure you mark correctly the number of contributions per year and which months there will be no contribution when enrolling online.
- Failure to get this correct can affect your balances.

Summary for employee of 58030 Oregon State University (Open)

Number of Contributions per year:
 9 10 11 12

No Contribution Months for the year:
 June July August September

Action	Plan Type/Plan Name
Enroll	Dependent Care Flexible Spending Account
Enroll	Health Care Flexible Spending Account
Enroll	Transportation
Enroll	Parking

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Back Continue

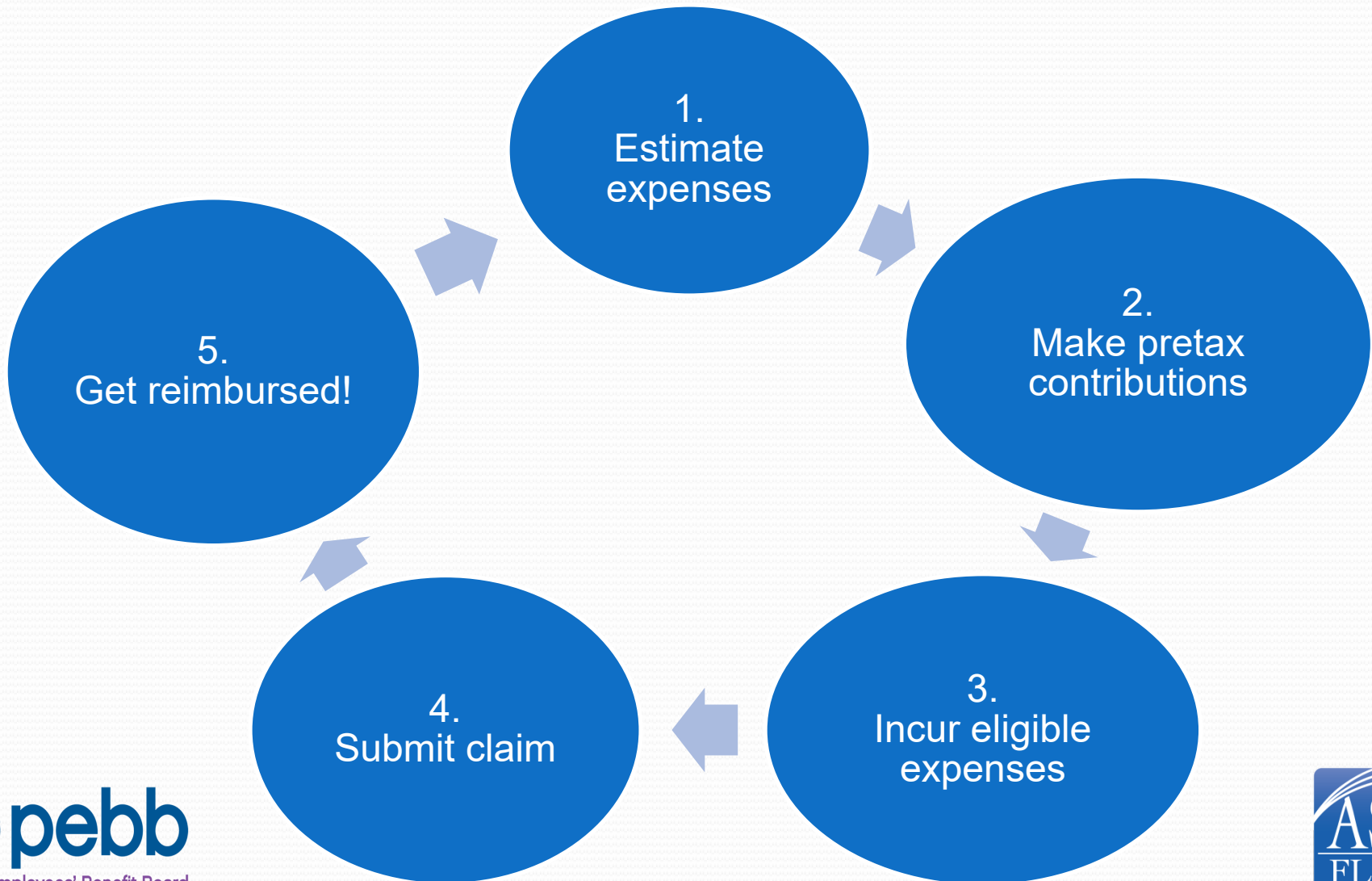
What are FSAs?

- 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:
 - Health Care FSA
 - Deductibles, Co-Pays, Office Visits, Medical, Dental, Vision
 - Dependent Care FSA
 - Daycare, after-school care, pre-school, nursery school



How does it work?



IRS Regulated FSA Rules



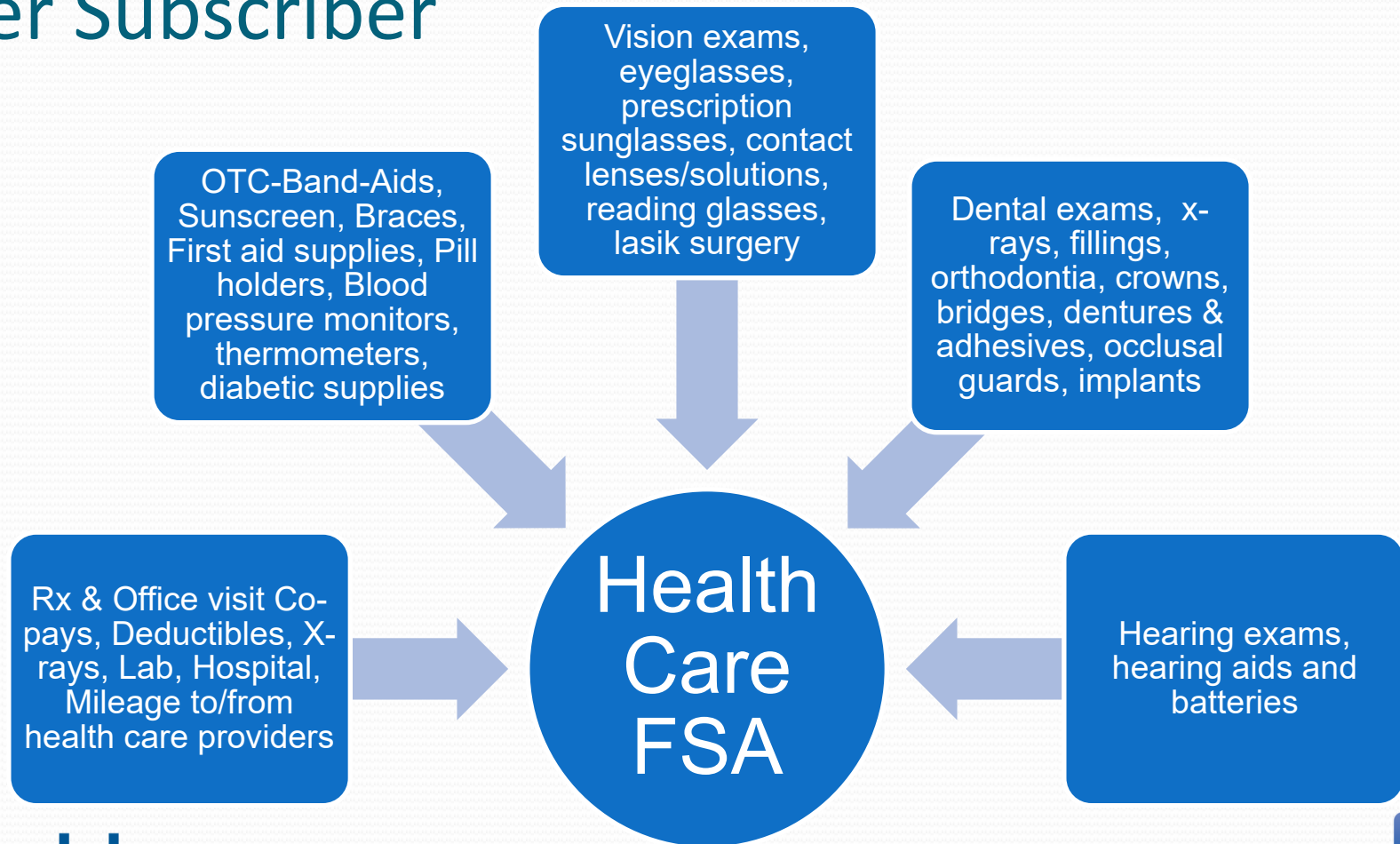
- **Enroll every year** with a new election
- **Spend** all funds during the year
- Expenses must be **incurred** during your period of coverage, or plan year
- Do **not have to be covered** under the State's health insurance
- Use to pay expenses for **spouse and dependent children**
- Election **remains in effect** for the plan year unless you experience a qualified status change (QSC)
- Can **access all health care funds anytime** during the year
- Unused funds 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/ORPEBB**
 - Expense estimator
 - Eligible expense listing
 - FSASore.com resource for OTC products
 - Remember, you have an additional 2 ½ months to spend!

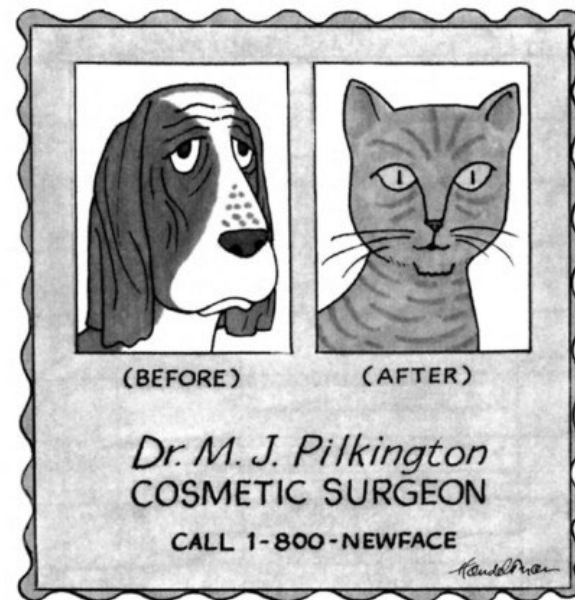
General-Purpose Health Care FSA - \$3,050 Per Subscriber



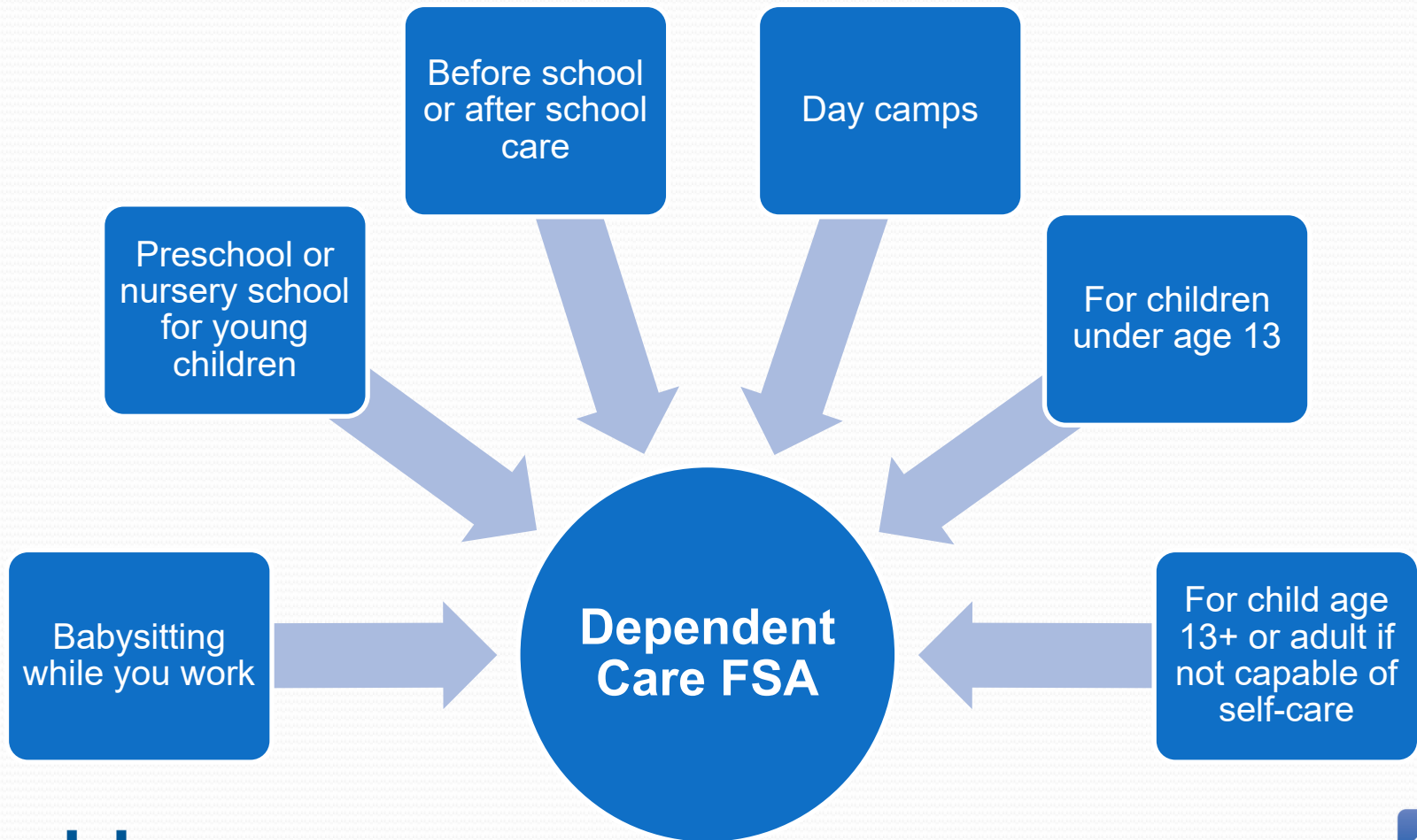


Ineligible Health Care Expenses

- Services not provided yet; pretreatment estimates
- Cosmetic treatments or medications
- General health and well-being
- Illegal operations
- Expenses paid by insurance
- Diapers, maternity clothes
- Insurance Premiums
- Dancing, swimming lessons
- Holistic, natural remedies, vitamins
- Warranties

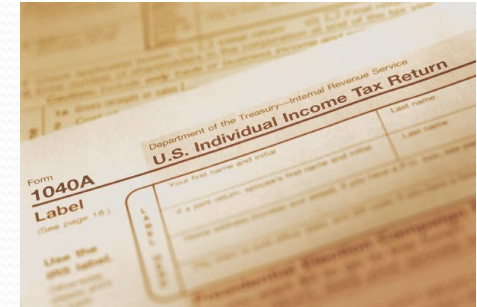


Dependent Care - \$5,000 per family*



Compare FSA to Tax Credit

- Dependent Care FSA
 - \$5,000 for **one or more** dependents
- Tax Credit
- Consult tax advisor to determine best option
- Both you and dependent care provider must report on personal tax return





Ineligible Dependent Care Expenses

- Services not provided yet
- Educational or tuition expenses
 - Kindergarten or higher education
- Overnight camp expenses
- Medical, dental and vision expenses (not covered)
- Services provided while you are on vacation, holidays, leave-of-absence
- Divorce situations – only expenses incurred by custodial parent are eligible
- Expenses in excess of **\$5,000 per family** per calendar year



Important Dates



- **Claims must be incurred:**
 - **January 1 through March 15 of the following year** (14 ½ months) (or your months of coverage)
 - Incurred means that you have actually had the service provided, or that you have secured the product, that gave rise to the expense; regardless when or if paid
- **Deadline to Submit Claims:**
 - **March 31**
 - Don't wait until the last minute as you may miss the date!

What Are Commuter Benefit Accounts?



- Set aside pretax dollars
- Pay for current month commuting expenses
- Parking Accounts
 - Parking at your place of employment, or at a place from which you commute to work
 1. Pretax employer-sponsored parking; or,
 2. Parking Reimbursement Account

You can't have BOTH; just one!
- Mass Transit/Van Pool Account
 - Bus, rail, ferry, van pool

How does it work?



- Choose one parking account
 - If you park at a State-owned lot, the State will deduct the cost from your paycheck pretax
 - If you park at another location that is not State-owned, you choose how much to set aside into a parking reimbursement account pretax
- Transit or Van Pool
 - If you incur expenses to commute to work, you can elect how much you wish to set aside into a transit reimbursement account pretax

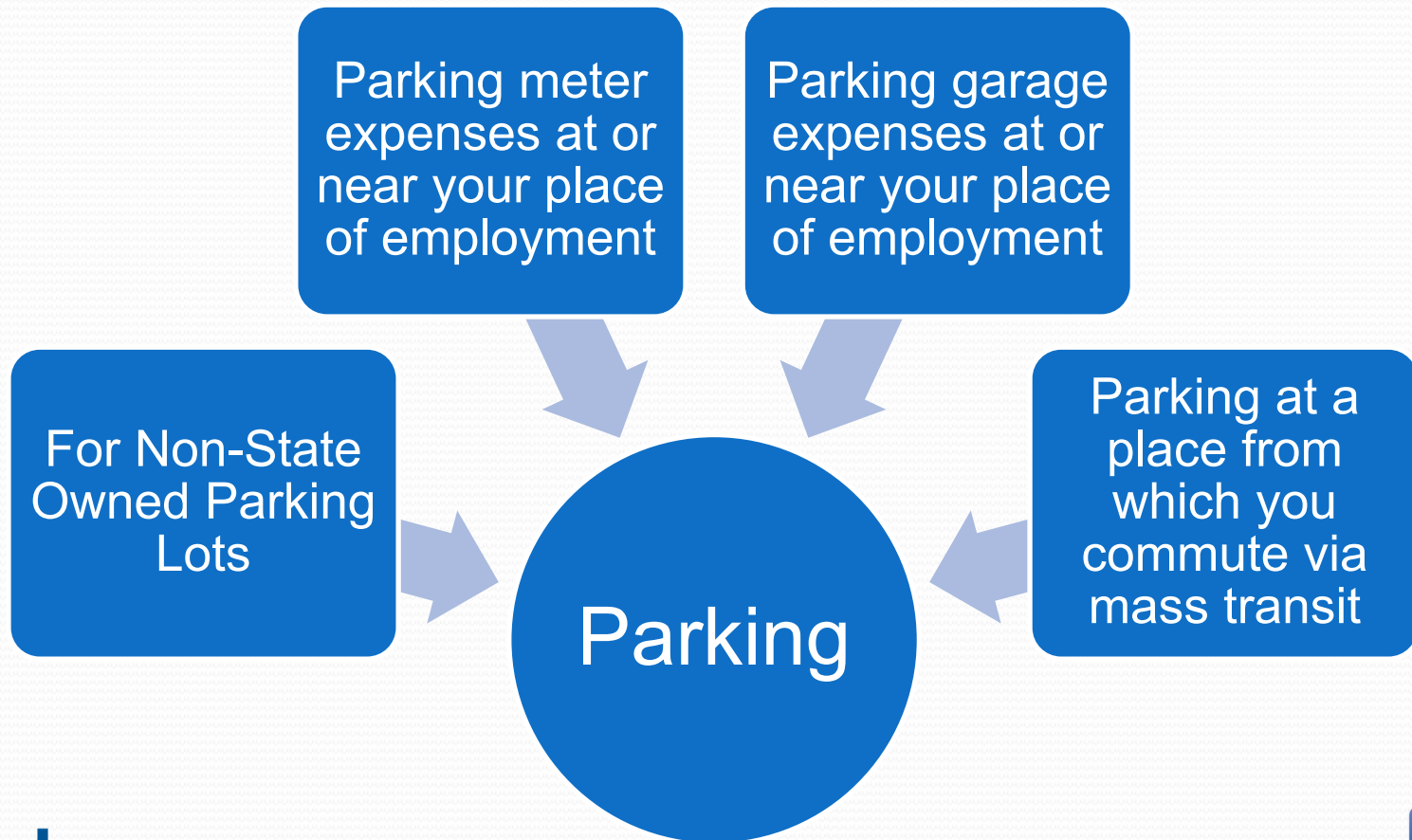


IRS Regulated Rules



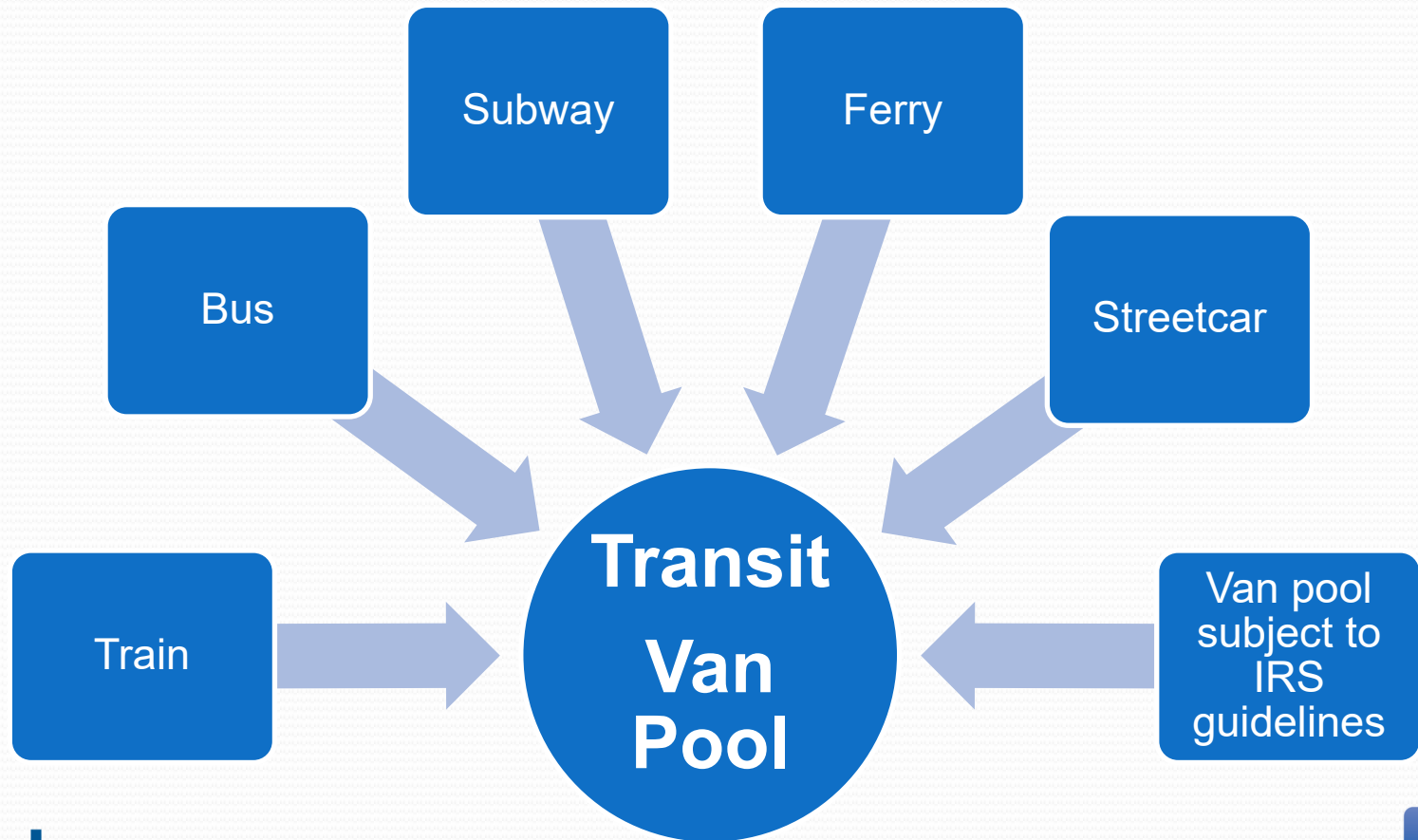
- Your election is a month-to-month choice
- As you incur parking or transit expenses, you submit a claim to be reimbursed
- Expenses must be incurred during your period of coverage
- You can enroll, change or cancel your election at any time
- You can be reimbursed up to the IRS monthly limit
- Unused funds are forfeited after 6 months

Parking Reimbursement Account: \$300 per month*



*Limits are set annually by IRS regulations.

Transit or Van Pool Reimbursement Account: \$300 per month*



*Limits are set annually by IRS regulations.



Ineligible Commuter Reimbursement Account Expenses

- Parking or transit expenses that are not specifically necessary for your commute to work
- Parking at a State-owned lot that is already paid pretax from your paycheck
- Bicycle or repairs
- Gas or fuel, vehicle repairs, etc.

IRS Required Claim Substantiation



- IRS requires you to:
 - **Certify** that the expenses are eligible and that you have not been reimbursed and will not seek reimbursement under any other source
 - Provide **third-party documentation to substantiate** the details about the expenses you have incurred
 - Exception: If documentation is not available, explain why it is not available (example: metered street parking)
- Claim Form
 - Required for manual submissions sent by mail or faxed
 - Not required for online claim filing nor debit card

Important



- **Deadline to Submit Claims:**
 - **March 31** for expenses incurred during previous calendar year
 - Don't wait until the last minute as you may miss the deadline
- Accounts with no activity in previous 180 calendar days
 - Terminated and balance forfeited



Customer Service



5 a.m. to 5 p.m. PT Monday – Friday
7 a.m. to 11 a.m. PT Saturday



Website

www.asiflex.com/ORPEBB



E-Mail

asi@asiflex.com



Phone

1.800.659.3035



Address

PO Box 6044
Columbia, MO 65205

Customer Service



- PEBB Office Hours
 - 8 AM to 5 PM
- Call PEBB: (503) 373-1102
- Fax PEBB: (503) 373-1654
- Email PEBB: pebb.benefits@dhsoha.oregon.gov
- Enroll: www.pebbenroll.com
- PEBB Forms:
<https://www.oregon.gov/OHA/PEBB/Pages/forms.aspx>
- Plan Info: www.pebbinfo.com