How to Use the Flexible Spending Accounts (FSAs) & Commuter Accounts

Administered by ASIFlex

www.asiflex.com/ORPEBB



Webinar Tips

Note:

If you're not hearing the webinar, click the "gear" icon and check your audio settings. 1

Ask questions.

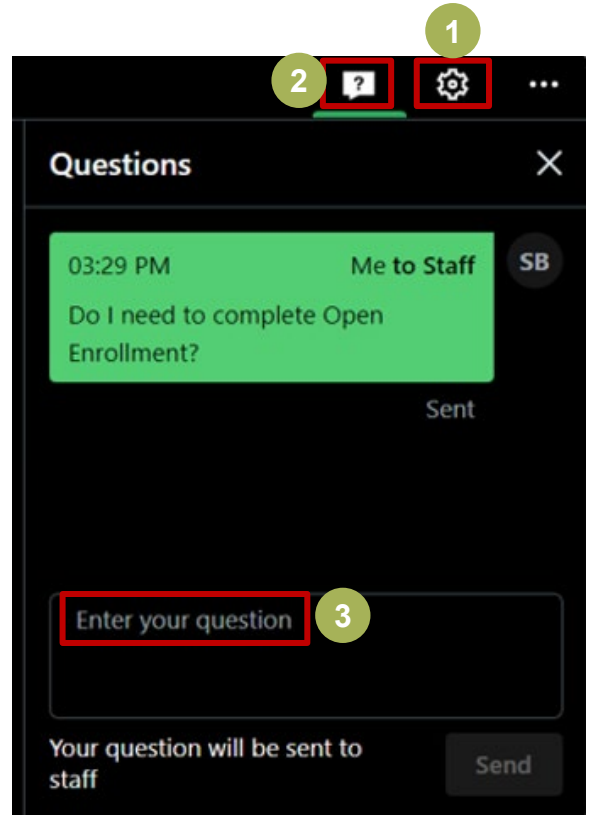
- Click on the question mark icon. 2
- Type in your questions. 3
- Staff will answer questions directly through the Questions panel and out loud during the presentation.

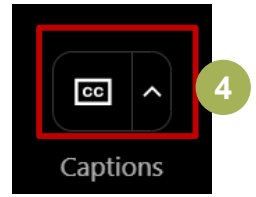
Watch or read the presentation.

- Click the Captions button to turn on closed captions during the webinar. 4
- You'll receive a follow-up email when the recording and slides are available.
- Captions are included in the recording.

Review additional benefits information.

- Go to the Benefits Information page at PEBBinfo.com.





Agenda

01	FSAs at a Glance
02	Health Care FSA
03	Dependent Care FSA
04	Commuter Benefit Accounts
05	Corrections for 2027
06	Reminders for current FSA participants
07	FSA Questions

Section 01

FSAs at a Glance



Three Types of FSAs

IRS-governed accounts

Health Care FSA	Dependent Care FSA	Commuter Accounts
For eligible medical, dental, and vision expenses not covered by insurance.	For eligible dependent day care expenses for your children up to age 13 and care for dependent elders.	For eligible public transportation and public parking expenses related to your job.

Section 02

Health Care FSA



Health Care FSA

Annual maximum

$3,400/year

per subscriber.

Avoid forfeitures:

- Plan for predictable, recurring expenses.
- Review past expenses as a guide.
- Be conservative – elections are final once enrolled.
- Use these tools:
  - ASIflex.com/ORPEBB–expense estimator, eligible expense list.
  - FSAStore.com for over-the-counter (OTC) products.
- Take advantage of the grace period—you have an extra 2 ½ months to use your funds, if you continue to be enrolled through Dec. 31.

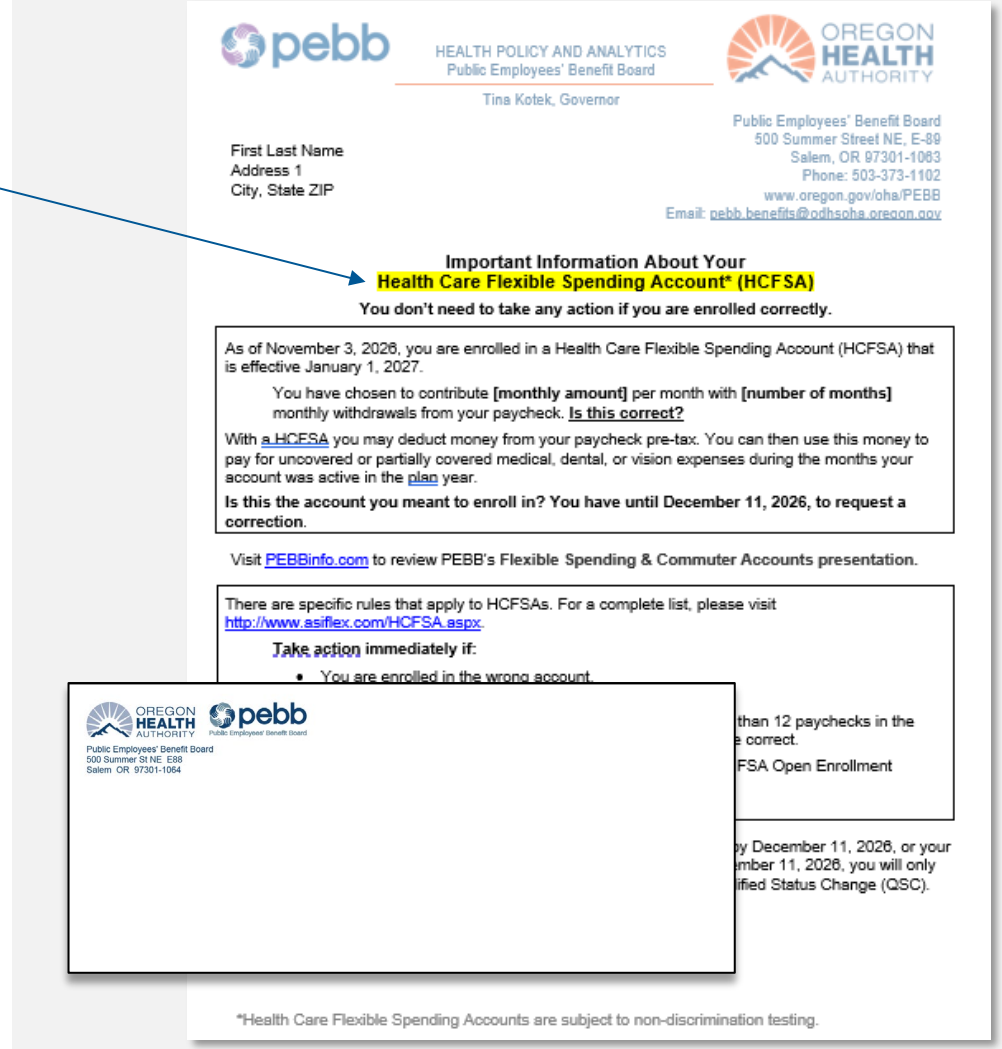


Use it or lose it! Funds do not roll over to the next plan year.

Health Care FSA Confirmation Letter

PEBB will send a USPS letter and email to verify your enrollment in the Health Care FSA.

- The Health Care FSA is administered by ASI Flex.



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HEALTH POLICY AND ANALYTICS
Public Employees' Benefit Board

Tina Kotek, Governor

OREGON HEALTH AUTHORITY

First Last Name
Address 1
City, State ZIP

Public Employees' Benefit Board
500 Summer Street NE, E-89
Salem, OR 97301-1063
Phone: 503-373-1102
www.oregon.gov/oha/PEBB
Email: pebb.benefits@odhsoha.oregon.gov

Important Information About Your
Health Care Flexible Spending Account* (HCFSA)

You don't need to take any action if you are enrolled correctly.

As of November 3, 2026, you are enrolled in a Health Care Flexible Spending Account (HCFSA) that is effective January 1, 2027.

You have chosen to contribute **[monthly amount]** per month with **[number of months]** monthly withdrawals from your paycheck. **Is this correct?**

With a HCFSA 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? You have until December 11, 2026, to request a correction.

Visit PEBBinfo.com to review PEBB's **Flexible Spending & Commuter Accounts presentation.**

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

Take action immediately if:

- You are enrolled in the wrong account.

than 12 paychecks in the
e correct.
FSA Open Enrollment

y December 11, 2026, or your
mber 11, 2026, you will only
ified Status Change (QSC).

*Health Care Flexible Spending Accounts are subject to non-discrimination testing.

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Health Care FSA

Eligible expenses

Health Care FSA

- Rx & office visit copays
- Deductibles
- X-rays & labs
- Hospital visit
- 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
- Hearing aid batteries

For you and your eligible dependents

Health Care FSA

Ineligible expenses

- Services not provided yet; pretreatment estimates
- Cosmetic treatments or medications
- Illegal operations
- Expenses paid by insurance
- Diapers, maternity clothes
- Insurance premiums
- Dancing, swimming lessons
- Holistic treatments, natural remedies, vitamins
- Warranties
- Health care services for your domestic partner



Eligible FSA Expenses

Find a full list of eligible Health Care expenses:

https://asiflex.com/orpebb/HCFSA.aspx.

Health Care FSA

Using your FSA and Garner

If you currently use Garner or plan to next year, keep in mind…

- You can't "double dip." That means you can't get paid back from both Garner and your Health Care FSA for the same expense. The IRS does not allow this.

Garner is technically considered a Health Reimbursement Arrangement or HRA. The IRS requires using an HRA first before a Health Care FSA.

For more details about using Garner with an FSA, review the Garner Online Guide.

Health Care FSA

Using your FSA and Garner (continued)

When you receive care from a Garner-approved provider, get reimbursed by Garner first. Then, use your Health Care FSA for other expenses not covered by Garner. **Garner is for eligible medical expenses only (not vision or dental expenses).**

Step 1: Get Reimbursed by Garner

Use Garner to find a Garner-approved provider. Pay costs out of your pocket, and Garner will reimburse you.

Garner reimburses eligible expenses such as office visits, lab work, procedures, and prescriptions, up to an annual limit.

Step 2: Use Your Health Care FSA to Pay for Other Expenses

Use your Health Care FSA to pay for out-of-pocket costs not covered by Garner, such as dental work, glasses/contacts, and over-the-counter medication.

After Garner reimburses you up to the annual limit, you can then use your Health Care FSA for Garner Top Provider-related expenses.

Section 03

Dependent Care FSA



Dependent Care FSA

Annual maximum

$7,500/year
per family.

$3,750/year
if married and filing separate income tax returns.

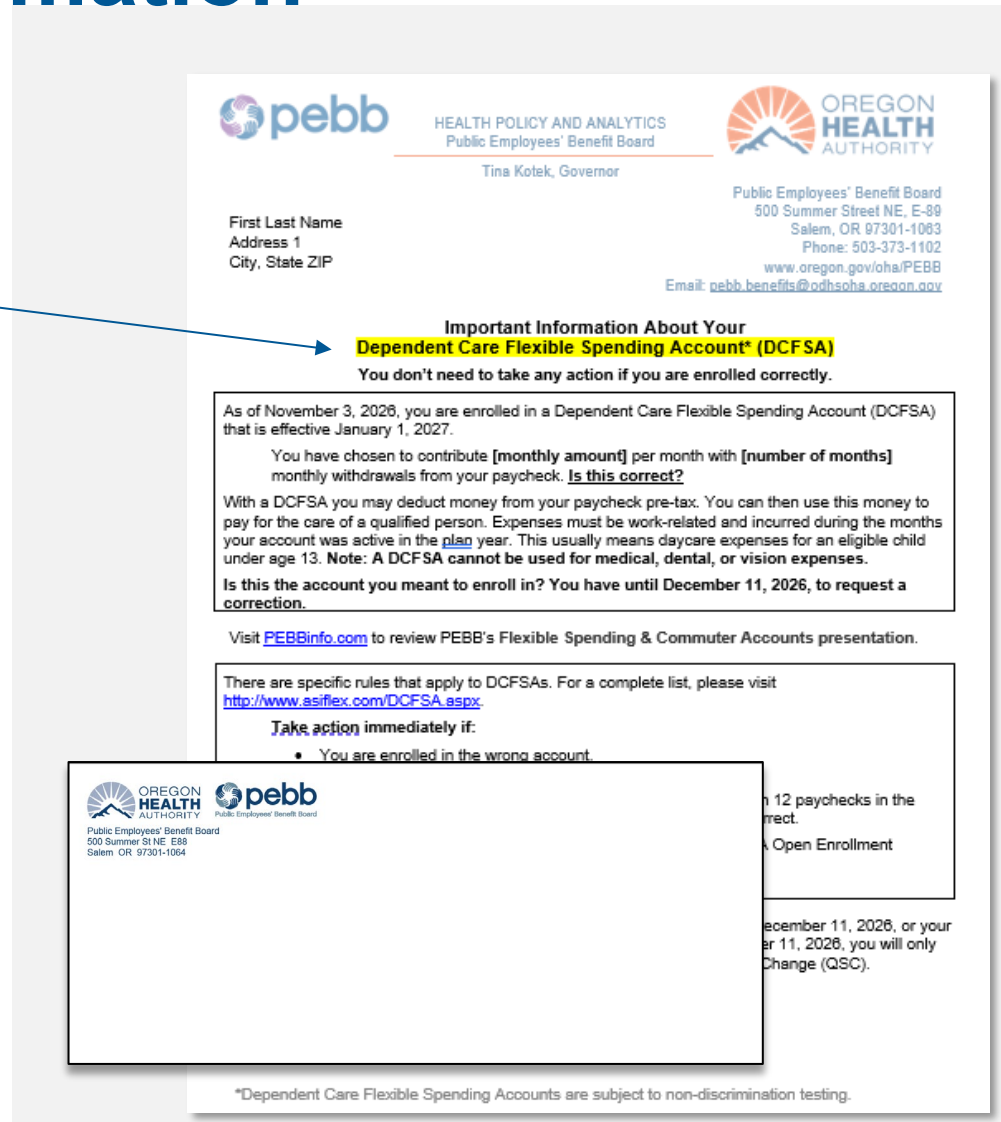
Use it or lose it!

Funds do not roll over to the next plan year.

Dependent Care FSA Confirmation Letter

PEBB will send a USPS letter and email to verify your enrollment in the Dependent Care FSA.

- The Dependent Care FSA is administered by ASI Flex.



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HEALTH POLICY AND ANALYTICS
Public Employees' Benefit Board

OREGON HEALTH AUTHORITY

Tina Kotek, Governor

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Important Information About Your
Dependent Care Flexible Spending Account* (DCFSA)

You don't need to take any action if you are enrolled correctly.

As of November 3, 2026, you are enrolled in a Dependent Care Flexible Spending Account (DCFSA) that is effective January 1, 2027.

You have chosen to contribute **[monthly amount]** per month with **[number of months]** 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 daycare expenses for an eligible child under age 13. **Note: A DCFSA cannot be used for medical, dental, or vision expenses.**

Is this the account you meant to enroll in? You have until December 11, 2026, to request a correction.

Visit PEBBinfo.com to review PEBB's Flexible Spending & Commuter Accounts presentation.

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

Take action immediately if:

- You are enrolled in the wrong account.

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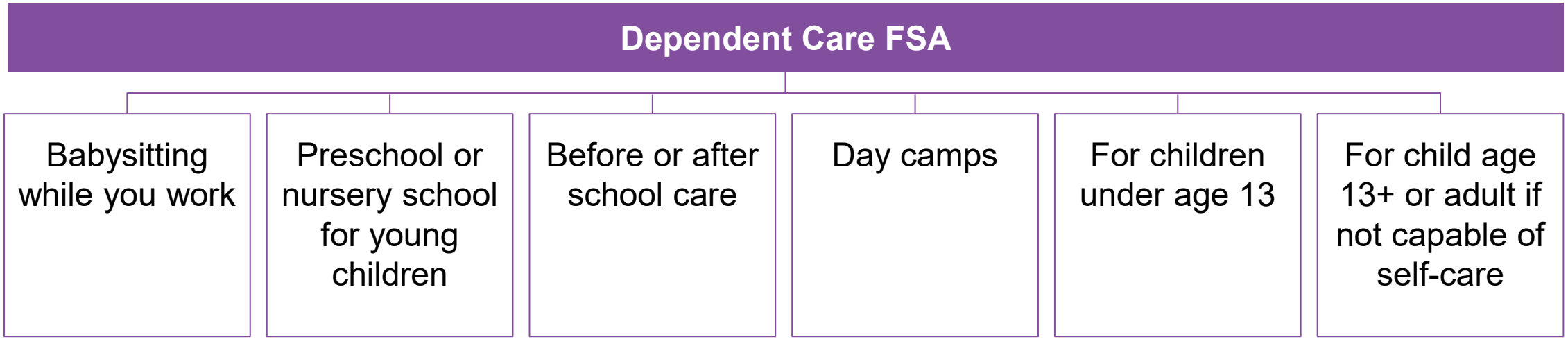
12 paychecks in the
rect.
Open Enrollment

ecember 11, 2026, or your
r 11, 2026, you will only
Change (QSC).

*Dependent Care Flexible Spending Accounts are subject to non-discrimination testing.

Dependent Care FSA

Eligible expenses



Dependent Care FSA

Ineligible expenses

- Services not yet provided
- Educational or tuition expenses
- Kindergarten or higher education costs
- Overnight camp expenses
- Services during vacation, holidays, or leave of absence
- Only custodial parent's expenses eligible in divorce situations
- Expenses exceeding $7,500/year per family



Eligible FSA Expenses

Find a full list of eligible Dependent Care expenses: https://asiflex.com/orpebb/DepCareFSA.aspx.

Dependent Care FSA

Helpful tips



Start a Dependent Care FSA when you're ready to begin childcare, not at birth or during Open Enrollment.



Notify PEBB within 30 days if your childcare situation changes in 2027 to adjust FSA contributions.



Submit claims promptly to avoid losing funds.



Dependent Care FSA cannot be used for healthcare expenses for your dependents.

Section 04

Commuter Benefit Accounts



Commuter Benefit Accounts

Two types: Parking and Transit

Parking Reimbursement Account

- Set aside pretax money from your paycheck to pay for parking at or near a location from which you work or commute to work.
- Submit claims for parking expenses incurred during your coverage period.
- Reimbursements are capped at the IRS monthly limit.

Important!

If you park at a state-owned lot or garage and pay the parking expense through pre-tax payroll deductions, you don't qualify for the Parking Reimbursement Account.

Mass Transit/Vanpool Reimbursement Account

- Set aside pretax money from your paycheck to pay for transit expenses.
- Eligible expenses include vanpool, bus, rail, or ferry that you incur to commute to and from work.
- Bicycles are not included.
- Submit claims for transit expenses incurred during your coverage period.
- Reimbursements are capped at the IRS monthly limit.

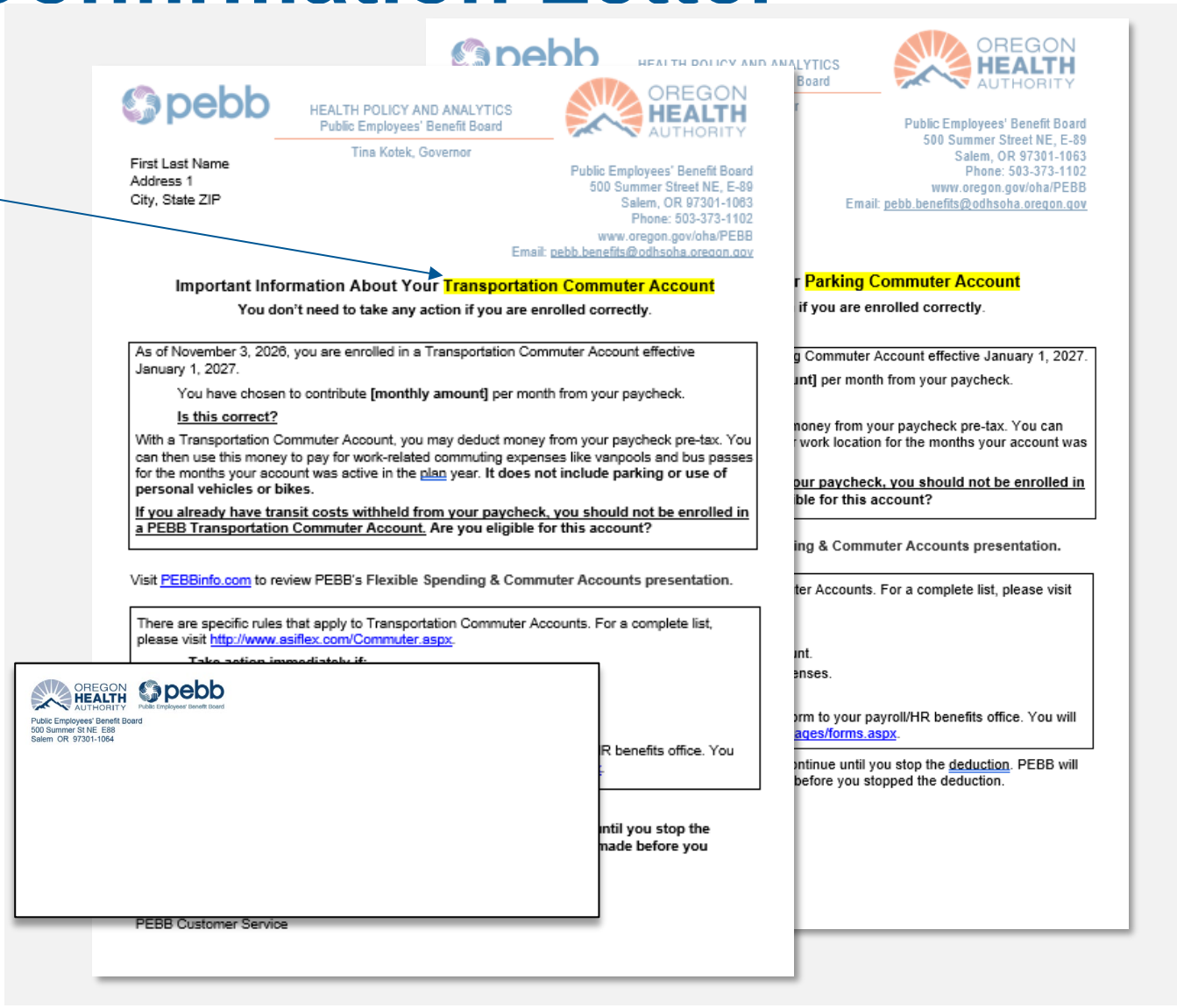
Important!

If you pay for mass transit passes through pre-tax payroll deductions, you don't qualify for the Commuter Transportation Account.

Commuter Account Confirmation Letter

PEBB will send a USPS letter and email to verify your enrollment in the Commuter Account.

- The Commuter Account is administered by ASI Flex.



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Tina Kotek, Governor

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Important Information About Your Transportation Commuter Account

You don't need to take any action if you are enrolled correctly.

As of November 3, 2026, you are enrolled in a Transportation Commuter Account effective January 1, 2027.

You have chosen to contribute **[monthly amount]** 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 vanpools 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?

Visit PEBBinfo.com to review PEBB's Flexible Spending & Commuter Accounts presentation.

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

PEBB Customer Service

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r Parking Commuter Account

if you are enrolled correctly.

g Commuter Account effective January 1, 2027.

unt] per month from your paycheck.

noney from your paycheck pre-tax. You can
work location for the months your account was

our paycheck, you should not be enrolled in
ible for this account?

ing & Commuter Accounts presentation.

ter Accounts. For a complete list, please visit

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rm to your payroll/HR benefits office. You will
ages/forms.aspx.

ntinue until you stop the deduction. PEBB will
before you stopped the deduction.

Commuter Benefit Accounts

Special rules

The IRS requires proof with claims — you must:

Certify that expenses are eligible and not reimbursed elsewhere.

Provide third-party documentation, or explain if unavailable (e.g., metered street parking).

Submit claim form: Required for manual submissions (mail/fax), but not for online or debit card claims.

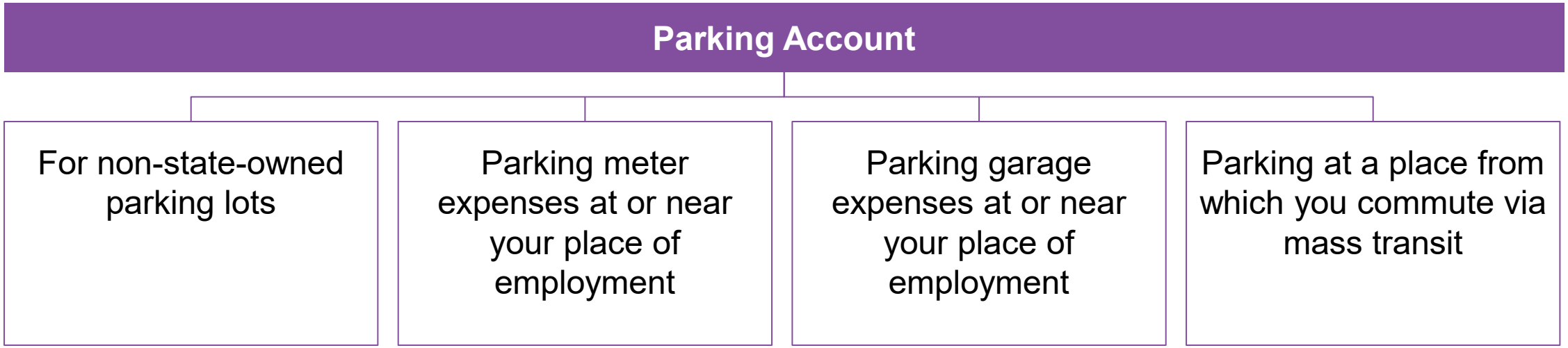
You can enroll, change, or cancel anytime.

Your election is month-to-month.

Unused funds are forfeited after 6 months.

Parking Reimbursement Account

$340 maximum per month*

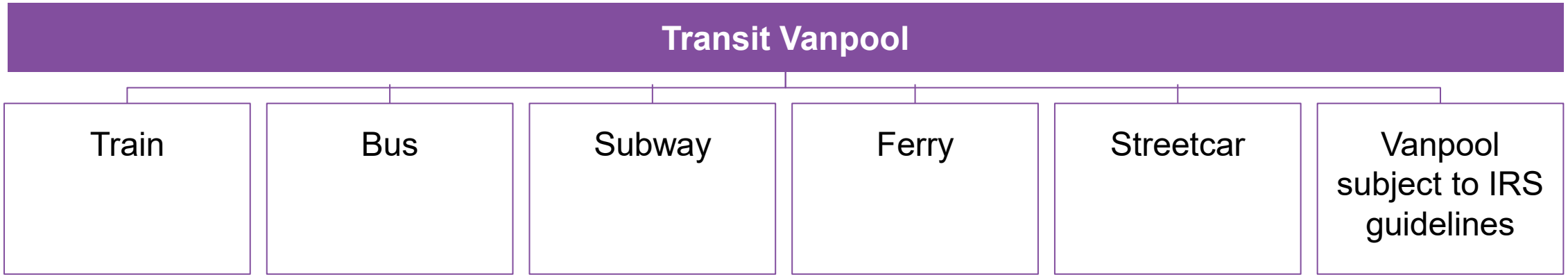


*** Limits are set annually by IRS regulations.**

Review all eligible expenses at https://asiflex.com/orpebb/Commuter.aspx.

Transit/Vanpool Reimbursement Account

$340 per month*



*** Limits are set annually by IRS regulations.**

Review all eligible expenses at https://asiflex.com/orpebb/Commuter.aspx.

Commuter Benefit Accounts

Ineligible Expenses

- **Non-work-related parking or transit costs**
- **Parking at a state-owned lot already deducted pretax**
- **Bicycle or repairs**
- **Rideshare (Uber, Lyft)**
- **Gas, fuel, or vehicle repairs**

Review all eligible expenses at https://asiflex.com/orpebb/Commuter.aspx.

Section 05

Corrections



ASIFlex Corrections

The purpose of PEBB sending the letters and emails is to:

- Confirm the account(s) you selected during Open Enrollment are correct.
- Explain how the account(s) work, what's covered, and what's not allowed.
- Confirm your monthly contribution amount.
- Confirm the number of months you plan to contribute.
- Explain rules for making corrections.
- Provide corrections deadline and penalties for not making corrections, if needed.

FSA Corrections

Act now to correct your:

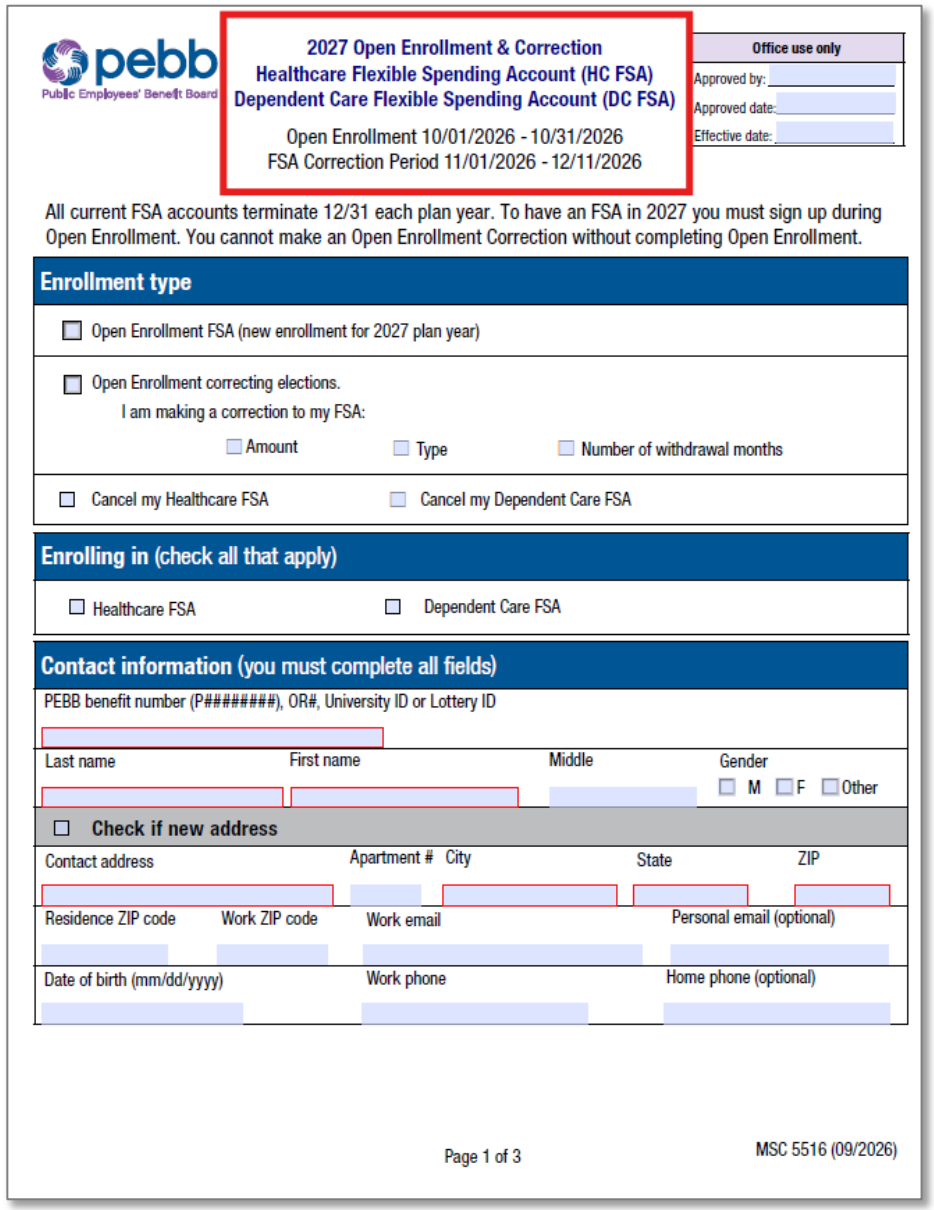
- Enrollment (change/cancel).
- Contribution amount.

Important!

- You can only make changes to your FSA enrollment during the FSA correction period, ending December 11, 2026.
- If you don’t make changes during the correction period, your FSA contributions will continue through December 2027.
- After the correction period, you can only make changes to your FSA with a Qualified Status Change (QSC).

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FSA Corrections



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Public Employees' Benefit Board

2027 Open Enrollment & Correction
Healthcare Flexible Spending Account (HC FSA)
Dependent Care Flexible Spending Account (DC FSA)

Open Enrollment 10/01/2026 - 10/31/2026
FSA Correction Period 11/01/2026 - 12/11/2026

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

All current FSA accounts terminate 12/31 each plan year. To have an FSA in 2027 you must sign up during Open Enrollment. You cannot make an Open Enrollment Correction without completing Open Enrollment.

Enrollment type

☐ Open Enrollment FSA (new enrollment for 2027 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)

Page 1 of 3

MSC 5516 (09/2026)

Download and submit:
2027 FSA Open Enrollment and Correction Form (MSC 5516).

Find the form at:
PEBBinfo.com > Resources > Forms.

Commuter Account Corrections

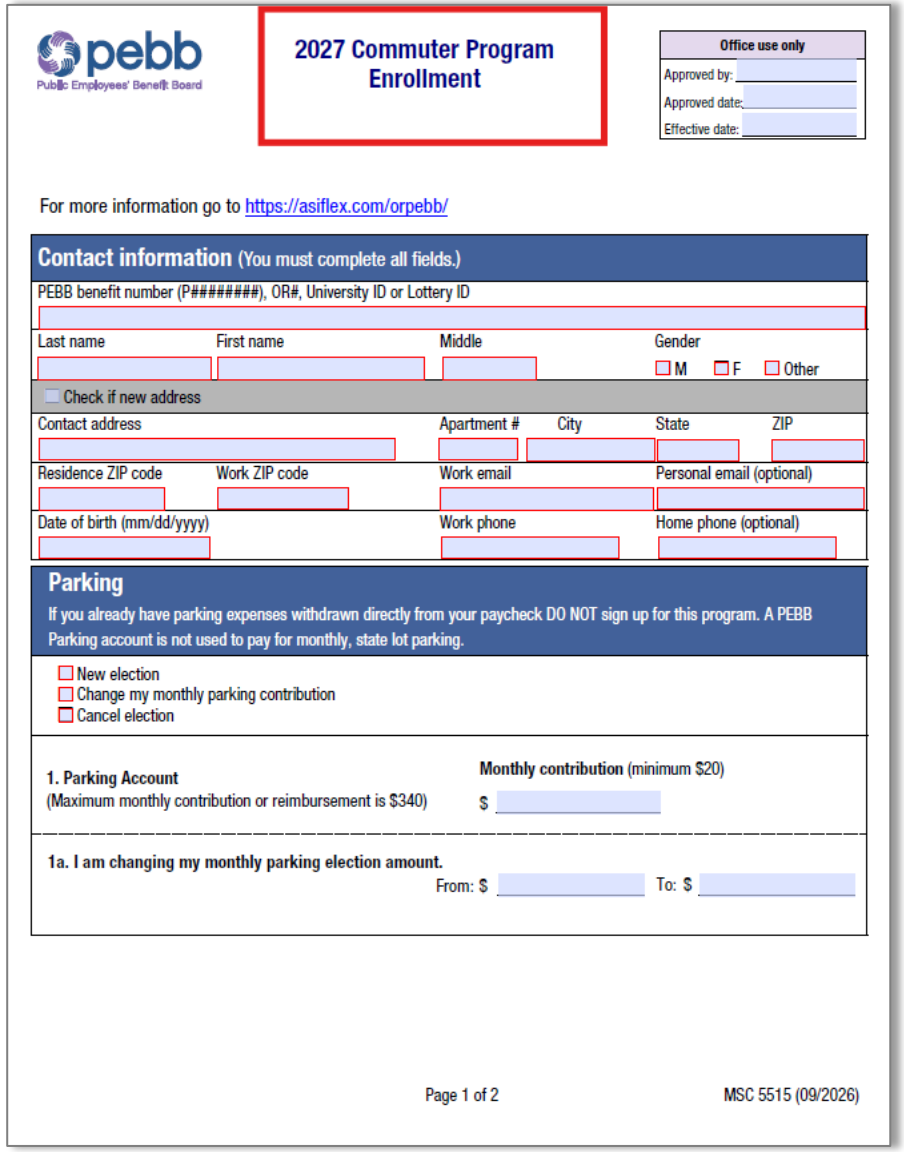
- **Act now to correct your:**
- Enrollment (change/cancel).
- Contribution amount.

- If you already have parking expenses withdrawn directly from your paycheck, you are not eligible for the Parking Reimbursement program.
- If you enrolled by error, act now to cancel your enrollment.

Important!

You can change or cancel commuter accounts anytime, but **we can't refund money**. After six months of no activity, accounts become inactive, and the funds default to PEBB.

Commuter Account Corrections



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2027 Commuter Program Enrollment

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

For more information go to https://asiflex.com/orpebb/

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

If you already have parking expenses withdrawn directly from your paycheck DO NOT sign up for this program. A 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
(Maximum monthly contribution or reimbursement is $340)

Monthly contribution (minimum $20)
$

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

Page 1 of 2 MSC 5515 (09/2026)

Download and submit:
2027 Commuter Program Enrollment Form (MSC 5515).

Find the form at:
PEBBinfo.com > Resources > Forms.

ASIFlex Corrections

Before January 1, 2027:

- You must request changes to your 2027 FSA by December 11, 2026.
- Updates will be effective January 1, 2027.
- If you don't complete Open Enrollment in October, you can't sign up for an FSA.
- Make sure you understand your choices, amounts, and any penalties if you fail to make a change before January 1, 2027.

As of January 1, 2027:

- All ASIFlex issues go to PEBB as appeals.
- No Health Care or Dependent Care FSA cancellations or changes unless you experience a Qualified Status Change (QSC).
- No retroactive FSA corrections or enrollments (members may lose money).
- No mid-year enrollments or prospective increases/decreases without a QSC.
- PEBB will adjust the number of months prospectively if you enroll mid-year with a QSC.

Section 06

Reminders for current FSA participants



Flexible Spending Accounts (FSAs)

Grace period for claims

- Claims must be incurred between January 1 and March 15 of the following year (14 ½ months) or during your coverage period.
- Incurred means the service was received or the product secured, regardless of payment timing.
- Claims submission deadline: March 31.

Remember!

You must continue to be enrolled through Dec. 31 to be eligible for the 2 ½-month grace period.

Flexible Spending Accounts (FSAs)

IRS rules

Health Care and Dependent Care FSAs

- Unused funds are forfeited if not used within the year.
- Expenses can be for spouse and dependent children (not domestic partners).
- Grace period extends 2 ½ months (through March 15), if you continue to be enrolled through Dec. 31.

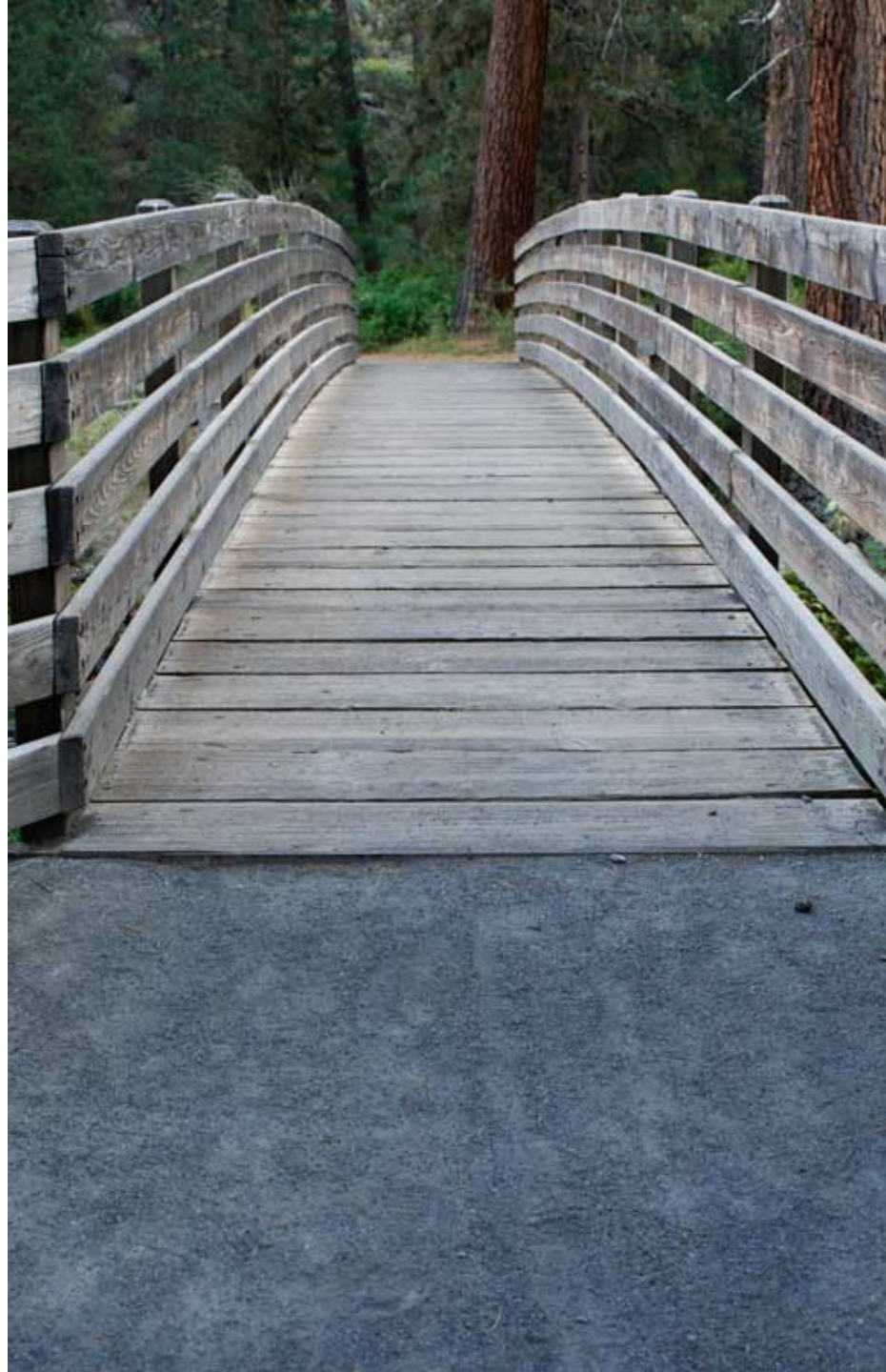
Commuter Account

- Claim deadline: Submit by **March 31** for expenses incurred the previous year.
- Inactive accounts (no activity for 180 days) are terminated and balances are forfeited.

Important!
PEBB chooses to offer the 2 ½-month grace period rather than a rollover. If eligible, be sure to incur all expenses between January 1 and March 15 of the following year.

Section 07

FSA assistance



ASIFlex Customer Service

Contact ASIFlex for account details and claims questions.

Web: asiflex.com/ORPEBB

Email: asi@asiflex.com

Phone: 800-659-3035

Mailing address: PO Box 6044 Columbia, MO 65205

Hours of operation:

Monday – Friday:
5 a.m. – 5 p.m. PT

Saturday:
7 a.m. to 11 a.m. PT

PEBB Member Services

Phone:	503-373-1102 Monday – Friday, 8 a.m. – 5 p.m. (closed weekends and holidays)
Email:	pebb.benefits@odhsoha.oregon.gov
Enroll:	PEBBenroll.com
Forms:	oregon.gov/OHA/PEBB/Pages/forms.aspx
Plan Info:	PEBBinfo.com

Interpreters available – email to set an appointment

Intérpretes disponibles: envíe un correo electrónico para programar una cita

Questions?

