



Health Care Flexible Spending Account (HCFSA)

Employee Fact Sheet

The Health Care Flexible Spending Account (HCFSA) 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 HCFSA 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 the new plan year.

HCFSA Details

Eligibility: If you are in a benefits eligible position, you are eligible for the HCFSA. Enrollment in a medical, dental and/or vision plan is not required for you to participate in the HCFSA. You may not be enrolled in a Health Savings Account (HSA) simultaneously.

Plan Administrator: ASIFlex administers your HCFSA. You can manage it at 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 HCFSA 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.
- ASIFlex will mail you a set of two debit cards 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, 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.

HCFSA	Plan Year 2022-2023 (July 1, 2022 - June 30, 2023)	Plan Year 2023-2024 (July 1, 2023 - June 30, 2024)
Contribution Limits	\$2,850 per employee	\$3,050 per employee
Incurred Expenses	Expenses must be incurred by September 15, 2023	Expenses must be incurred September 15, 2024
Deadline to Submit Claims to ASIFlex	Reimbursement claims must be submitted by November 15, 2023	Reimbursement claims must be submitted by November 15, 2024

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. Processing and Payroll deadlines may impact the initial contribution calculations, please reach out to a Benefits Professional at 303-860-4200, option 3 if you need further assistance.

New hire/newly eligible: Your HCFSA becomes effective on your [benefits effective date](#). Incurred expenses on or after this date, will be reimbursable. Your contribution election amount will be divided by the number of months remaining in the plan year (July 1 to June 30).

Open Enrollment: Your HCFSA contribution election will be divided by the 12 months of the plan year (July 1 to June 30). It becomes effective on July 1. You **must** re-enroll during annual open enrollment 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 effective date of your Qualifying Life Change. Your contribution election amount will be divided by the number of months remaining between The benefit effective date and the remaining months of the plan year (July 1 – June 30).

Resources

[ASIflex](#)

[Flexible Benefits Plan Document](#)

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

[Qualifying Expenses](#)

[Qualifying Life Changes](#)

[IRS Tax Dependent](#)

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

If you are a PERA member on or before June 30, 2019: 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, 8:30 a.m. to 5:00 p.m.