




Flexible spending account claims

MoneyPlus and Health Savings Accounts
2024

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Important information

- This overview is not meant to serve as a comprehensive description of the insurance benefits offered by PEBA.
- More information can be found in the following:
 - [Benefits Administrator Manual](#); and
 - [Insurance Benefits Guide](#).
- The plan of benefits documents, certificates of coverage and benefits contracts contain complete descriptions of the insurance benefits offered by or through PEBA. Their terms and conditions govern all these benefits.

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Ways to submit claims

- ASIFlex mobile app.
- [ASIFlex Online](#).
- Toll-free fax or mail.
 - [MoneyPlus Claim Form](#).
- Claims are processed within three business days.
- Encourage participants to sign up for email and text alerts and direct deposit via their ASIFlex Online account.

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ASIFlex mobile app

- Download the ASIFlex Self Service mobile app from app store.
- Snap a picture of documentation on device.
- Log in to account on the app.
- Select File Claims and follow the prompts.
- Attach image from photo gallery.
- Submit claim.
- Use mobile app to submit claim right from the provider's office.

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ASIFlex Online

- www.ASIFlex.com/SCMoneyPlus:
 - Select *Account Login* then *Participant Login*.
 - Log in to account.
 - Under Participants Services, select File a Claim.
 - Follow the prompts.
 - Upload scanned documentation.
 - Submit electronic signature and save confirmation.

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Documentation

Type of expense	Documentation needed
If covered by insurance	Insurance payer Explanation of Benefits or Itemized statement
If not covered by insurance	Itemized statement must include: <ul style="list-style-type: none"> • Provider name and address; • Patient name; • Date of service; • Description of service; and • Dollar amount.
Over-the-counter drugs and medicines	Itemized merchant receipt
Over-the-counter medical supplies/items	Itemized merchant receipt
Prescriptions	Pharmacy receipt or printout

Credit card receipts, canceled checks, balance forward statements or paid-on-account statements should not be submitted.

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ASIFlex Card documentation

- IRS rules do not require documentation for:
 - Prescription copayments that match State Health Plan copayments.
 - Recurring transactions at the same provider for the exact same dollar amount.
 - Over-the-counter health care products purchased at merchants with Inventory Information Approval System, which identifies FSA-eligible products.
 - BlueCross BlueShield of South Carolina and EyeMed claims that match card transaction amounts exactly.

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Submitting card documentation

- Submit documentation only when requested by ASIFlex.
- Two options if documentation is requested:
 - Apply insurance claims data that ASIFlex has on file to outstanding debit card transactions; or
 - Provide insurance plan's EOB or an itemized statement.
- Log in to account to apply claims data or upload documentation.

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Card documentation requests

- Requests are emailed and posted to online secure message center; participant has 52 days to respond.
 - Initial notice sent approximately 10 days after ASIFlex receives notice of transaction.
 - Reminder notice sent 21 days after initial notice.
 - Deactivation notice sent 21 days after reminder notice.
- Card will be deactivated, and future claim submissions offset by outstanding amount.

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