

Your 2023 Medical Spending Account at a Glance



A Medical Spending Account (MSA) allows you to set aside money from your paycheck pretax to pay for out-of-pocket health care expenses, such as copayments and coinsurance. When you pay less in taxes, you have more money in your pocket. There are two accounts from which to choose:

- **Medical Spending Account** Members can use their MSA to pay expenses for medical, prescriptions, dental, vision, hearing or over-the-counter products.
- **Limited-use Medical Spending Account** Savings Plan Members, who also have a Health Savings Account (HSA), can enroll in a Limited-use MSA to pay for expenses the Savings Plan does not cover, like dental and vision care.

Administrative fee

There is a \$2.32 monthly administrative fee that is deducted from your paycheck.

Contributing to your MSA

The 2023 contribution limit is \$3,050. You can use funds to pay your expenses, as well as those of your eligible spouse and qualifying dependents.

Accessing your MSA funds

Your entire contribution amount is available to you on your coverage effective date. As you have eligible expenses, you have two options—pay for the expenses out of pocket or use your ASIFlex Card. If you pay for expenses out of pocket, you must submit a claim for reimbursement through the ASIFlex mobile app, your online account or a paper claim form.

You will also need to provide documentation when you submit your claim, and your *Explanation of Benefits* (EOB) will include all the information you need to provide. You may also provide an itemized receipt, which must include the name of provider, patient name, date of service, brief description of the service(s) provided and the dollar amount owed.

Reimbursements will be made to you within three business days following receipt of a complete claim.

Use-it-or-lose-it account

You can use your funds for expenses incurred January 1, 2023, through December 31, 2024. You can carry over into 2024 up to \$610 of unused funds from your account. You forfeit funds over \$610 left in your account after the reimbursement deadline. You must re-enroll each year.

Download the app

Search ASIFlex Self Service in your app store.

- Submit and view status of a claim.
- Submit documentation.
- View account details.
- Read secure account messages.

ASIFlex Customer Service

[ASIFlex.com/](https://www.asiflex.com/)

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Using your ASIFlex Card

You can use the ASIFlex Card to pay for health, dental and vision care received during the plan year. The ASIFlex Card provides a convenient method to pay for out-of-pocket health care expenses for you, your spouse and any qualified dependents. The IRS has strict regulations about appropriate use of the ASIFlex Card, such as where the card can be used and when follow-up documentation is required. Use of the ASIFlex Card does not necessarily eliminate all paperwork.

So, it is important to remember to always ask for an itemized statement from your provider and also save your EOB. There are times when ASIFlex is required to ask you for documentation to validate that a card transaction was for an eligible expense.

When to submit documentation for an ASIFlex Card transaction

ASIFlex receives data from other insurance vendors to substantiate as many debit card transactions and other claims submitted by the participant for reimbursement. ASIFlex can validate only transactions that exactly match a claim received from other vendors. ASIFlex will notify you if documentation is required. If you receive a request for documentation, you have two options:

1. [Apply insurance claims data](#) that ASIFlex has on file to outstanding debit card transactions; or
2. Provide your insurance plan's EOB or an itemized statement.

You have 52 days to submit documentation and will receive three requests for documentation. These notices are also posted to your secure message center online at asiflex.com/SCMoneyPlus.

1. Initial notice – Sent approximately 10 days after ASIFlex receives notice of the card transaction.
2. Reminder notice – Sent 21 days after the first request.
3. Deactivation notice – Sent 21 days after the reminder notice. Your card will be deactivated and future claim submissions will be offset by the outstanding amount.