



# ASIFlex

## Flexible Spending Account Information

February 25, 2019

### **Attention State Plan Flexible Spending Account Participants!**

The State of Montana Benefit Plan (State Plan) announced that effective January 1, 2019, the State Plan Flexible Spending Account (FSA) program is administered by ASIFlex. ASIFlex will manage the FSA runout period (2018 claims submitted within 120 days from the end of the plan year), as well as the \$500 rollover.

Be aware that if an employee qualifies for rollover (has a 2018 balance available for use in 2019) but has not elected to contribute to a Medical or Dependent Care FSA for 2019, a monthly administration fee of \$2.25 will be applied to the rollover balance each month there is a qualifying balance versus the fee being collected via payroll deduction.

### **Claims Submission to ASIFlex**

ASIFlex allows for the following reimbursement options:

#### **1. Debit Card – For use with Medical FSA only.**

**Participants who have elected a Medical FSA for 2019 should have automatically received two ASIFlex Debit Cards. Debit cards can not be used for services received in a prior year.**

Debit cards are valid for a 5 year period as long as you are an active employee. Employees will automatically receive a new debit card upon expiration.

The ASIFlex debit card is a limited-use card and can be used for purchases at known health care providers (such as health clinics, physician offices, hospitals, etc.) and retailers that have implemented an appropriate IAS management system. At the point-of-sale, the ASIFlex debit card confirms the merchant is an eligible merchant according to the merchant category code (MCC) coded into the merchant's credit card processing system and/or the individual merchant identification number.

After a debit card transaction is processed, ASIFlex will attempt to retroactively match the purchase amount with known copay amounts for the medical and prescription drug plans. If ASIFlex is unable to match the debit card transaction amount with a known copay amount, ASIFlex will notify the employee that substantiating documentation must be submitted within six weeks.

**2. Online Submission** – Set up your online account now by going to [www.ASIFlex.com](http://www.ASIFlex.com). If you would like to have claim reimbursements direct deposited into your bank account, you

will need to set up an online account and supply your banking information.

You may submit your reimbursement requests online by signing into your account at [www.ASIFlex.com](http://www.ASIFlex.com). Click on *Online Access/Account Detail* and then select *Participant*. Scan and save your documentation, complete the online form and attach the scanned information.

### **3. Smartphone or Tablet**

You may submit your reimbursement requests with your smartphone or tablet. First, you will need to download the ASIFlex free mobile app. You can obtain the app through either Google Play or the App store, or you can download it by scanning the appropriate QR code on ASIFlex website. Sign into your account, snap a photo of your documentation, complete a few questions and submit your claim!

### **4. Mail**

ASIFlex's mailing address is: PO Box 6044, Columbia, MO 65205-6044.

However, if you are sending something through a courier service such as UPS or FedEx, you will need to use the physical address: 201 West Broadway, Building 4, Suite C, Columbia, MO 65203.

### **5. Fax**

You may fax your claims to ASIFlex's toll-free claims submission line at (877) 879-9038.

Joint Core Processing will no longer be an option.

If you have any questions, ASIFlex can be reach at (800) 659-3035 or via email at [asi@asiflex.com](mailto:asi@asiflex.com). Additional information can also be found at [www.asiflex.com](http://www.asiflex.com) or at [www.benefits.mt.gov/Flexible-Spending-Accounts](http://www.benefits.mt.gov/Flexible-Spending-Accounts).

## **State of Montana Health Care & Benefits Division**

Call (406) 444-7462 or Toll-Free (800) 287-8266

Hearing Impaired TTY (406) 444-1421 - Fax (406) 444-0080

Email [benefitsquestions@mt.gov](mailto:benefitsquestions@mt.gov)

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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-999-1062 (TTY: 1-855-999-1063).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-999-1062 (TTY: 1-855-999-1063).