



## HEALTH CARE & BENEFITS DIVISION

April 7, 2025

### 2024 Flexible Spending Account (FSA) Claims Must Be Submitted by April 30

*Claims incurred in 2024 will be not be reimbursable if they are submitted after April 30, 2025.*



#### Medical FSA Deadline Reminders

- **Submit 2024 claims by April 30, 2025** (*120 days after the end of the Plan Year*). Claims incurred in 2024 will be not be reimbursable if they are submitted after April 30, 2025.
- **Do not use your FSA debit card to pay for 2024 Plan Year claims.** You may *not* use your debit card to pay for services received during the prior calendar year regardless of the excess funds in your prior year Medical FSA.
  - Submit 2024 claims online through the [ASIFlex app](#) or by submitting a [hard copy reimbursement form](#).
- **A maximum of \$640 of unused contributions at the end of Plan Year 2024 will be rolled over to Plan Year 2025.** Any remaining funds over the \$640 rollover will be forfeited if a 2024 claim is not submitted before April 30, 2025.
  - Rollover funds become available for the new Plan Year on January 1, however those funds cannot be used for prior year services after the 120 day claim submission deadline.
  - If you qualify for rollover but have not elected to contribute to Medical FSA for 2025, a monthly administration fee of \$2.15 will be applied to the rollover balance each month there is a qualifying balance.

## Dependent Care (Day Care) FSA Deadline Reminders

*Reminder: the Dependent Care FSA is to reimburse for work related dependent day-care expenses. It is not used for reimbursement of medical expenses.*

- **Submit 2024 Plan Year claims by April 30, 2025** (120 days after the end of the Plan Year).
- **Unused funds are forfeited at the end of the Plan Year.** Rollover is not allowed for Dependent Care FSA.
- **Failure to submit claims within 120 days will result in any available contributions being forfeited.**



### Need a refresher on FSA Basics?

Watch the [Understanding Flexible Spending Accounts Overview](#) on-demand presentation.

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**If you have questions contact ASI Flex at (800) 659-3035, [asi@asiflex.com](mailto:asi@asiflex.com), or visit [asiflex.com](http://asiflex.com).**

## STATE OF MONTANA HEALTH CARE & BENEFITS DIVISION

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**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-270-3877 (TTY: 711).

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-270-3877 (TTY: 711).

This service is provided to you at no charge by [State of Montana Health Care & Benefits Division](#).

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