

**County of San Diego
Flexible Spending Accounts
Health Reimbursement Accounts
2026**



What are HRAs?

Health Reimbursement Arrangement

- Year-to-year account
- County contributes to plan with any excess Flex Credits if you are not enrolled in a HDHP or Individual Plan
- Up to \$5,000 per calendar year
- Pay for current year expected expenses
- HRA pays after the health care FSA pays
- Unused funds forfeit at year-end
- \$660 carryover provision (combined with health care FSA)

What are FSAs?

Flexible Spending Accounts

- Year-to-year account
- Set aside pretax dollars
- Pay for current year expected expenses
- May enroll in any health insurance plan
- Three Accounts:
 - General-Purpose Health Care FSA
 - Deductibles, Co-Pays, Office Visits, Medical, Dental, Vision
 - Limited-Purpose Health Care FSA (HSA compatible)
 - Dental and Vision Expenses only
 - Dependent Care FSA
 - Daycare, after-school care, pre-school, nursery school
- The Health Care FSA pays first; HRA pays last
- Unused funds forfeit at year-end
- \$660 carryover provision (Health Care FSA combined with HRA). No carryover for Dependent Care FSA.



How does it work?

It's easy!

1. Estimate expenses you expect to incur during the plan year
2. Make pretax contributions each payday to your FSA(s)
3. Incur eligible expenses during the plan year
4. Submit a claim
5. Be reimbursed to your bank account or via check

Things you need to know – IRS rules



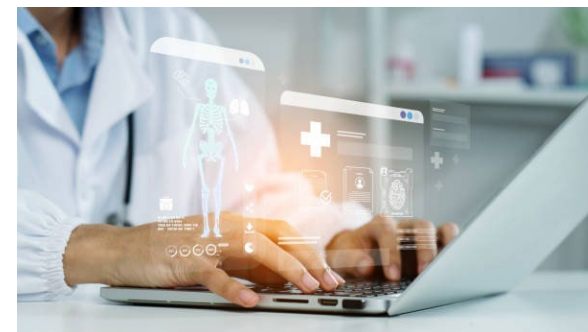
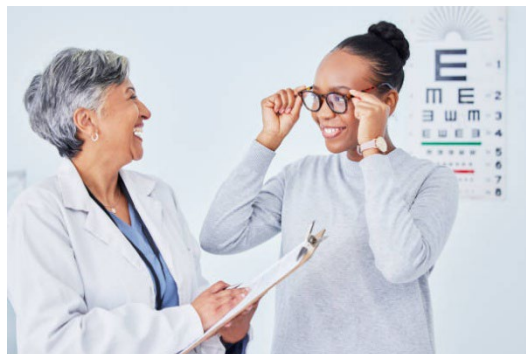
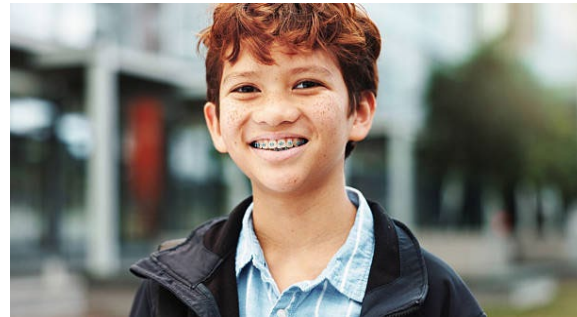
- **Enroll every year** with a new election
- **Spend** all funds during the year
- Expenses must be **incurred** during your period of coverage, or plan year
- Do **not have to be covered** under employer health insurance
- Use to pay expenses for **spouse and dependent children**
- Election **remains in effect** for the plan year unless you experience a qualified status change
- Can **access all health care funds anytime** during the year
- Funds remaining at year end are **forfeited**
- Carryover up to \$660 of health care funds (Health Care FSA and HRA combined)
- No carryover for Dependent Care FSA

How to avoid forfeitures

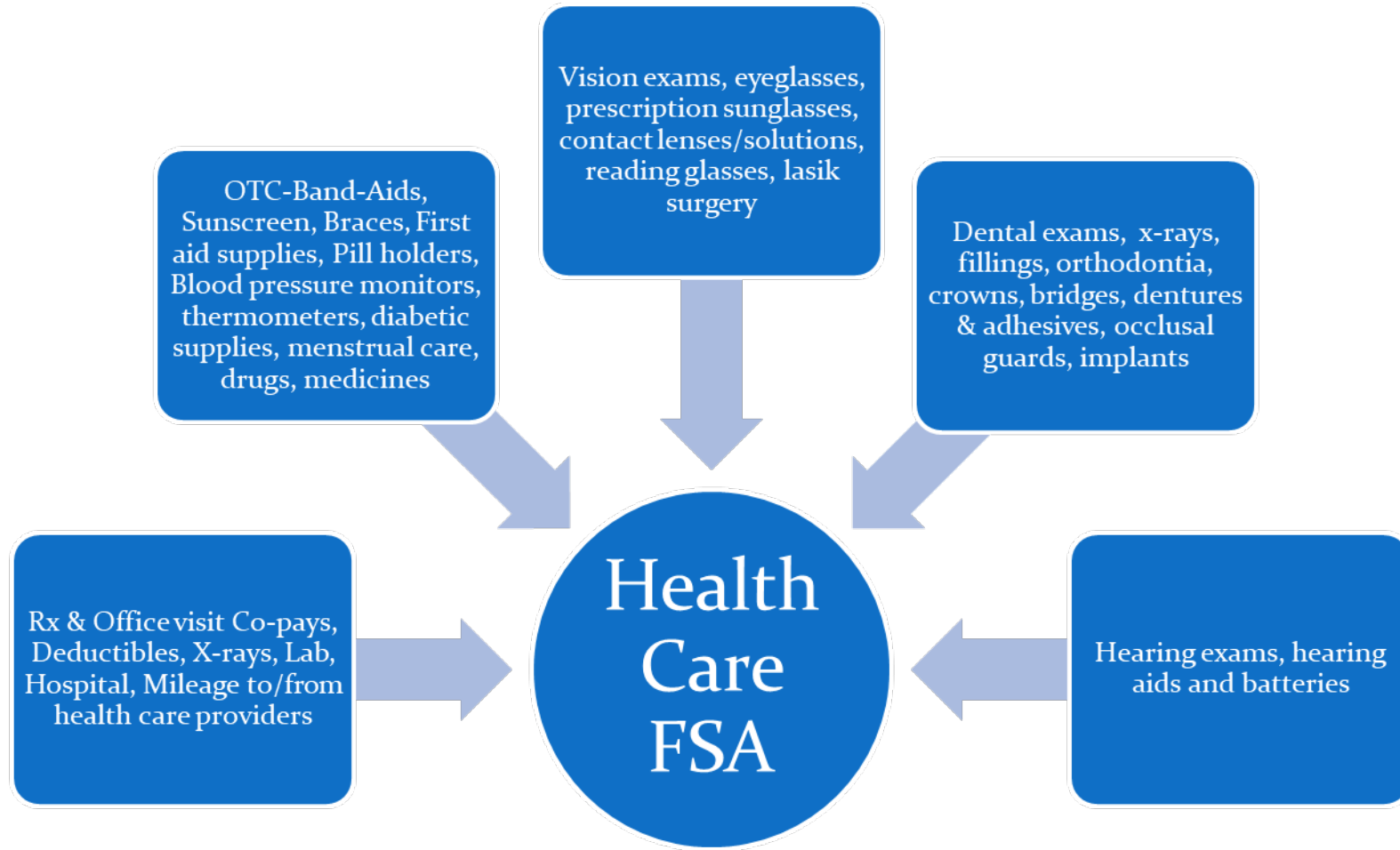
It's easy!

- Plan for predictable and recurring expenses
- Expenses you know you will have during the year
- Review prior year expenses as a guide
- Be conservative
- Use online tools at www.asiflex.com
 - Expense estimator
 - Eligible expense listing
 - FSASore.com resource for OTC products
 - And remember, you can carry over up to \$660 of health care funds

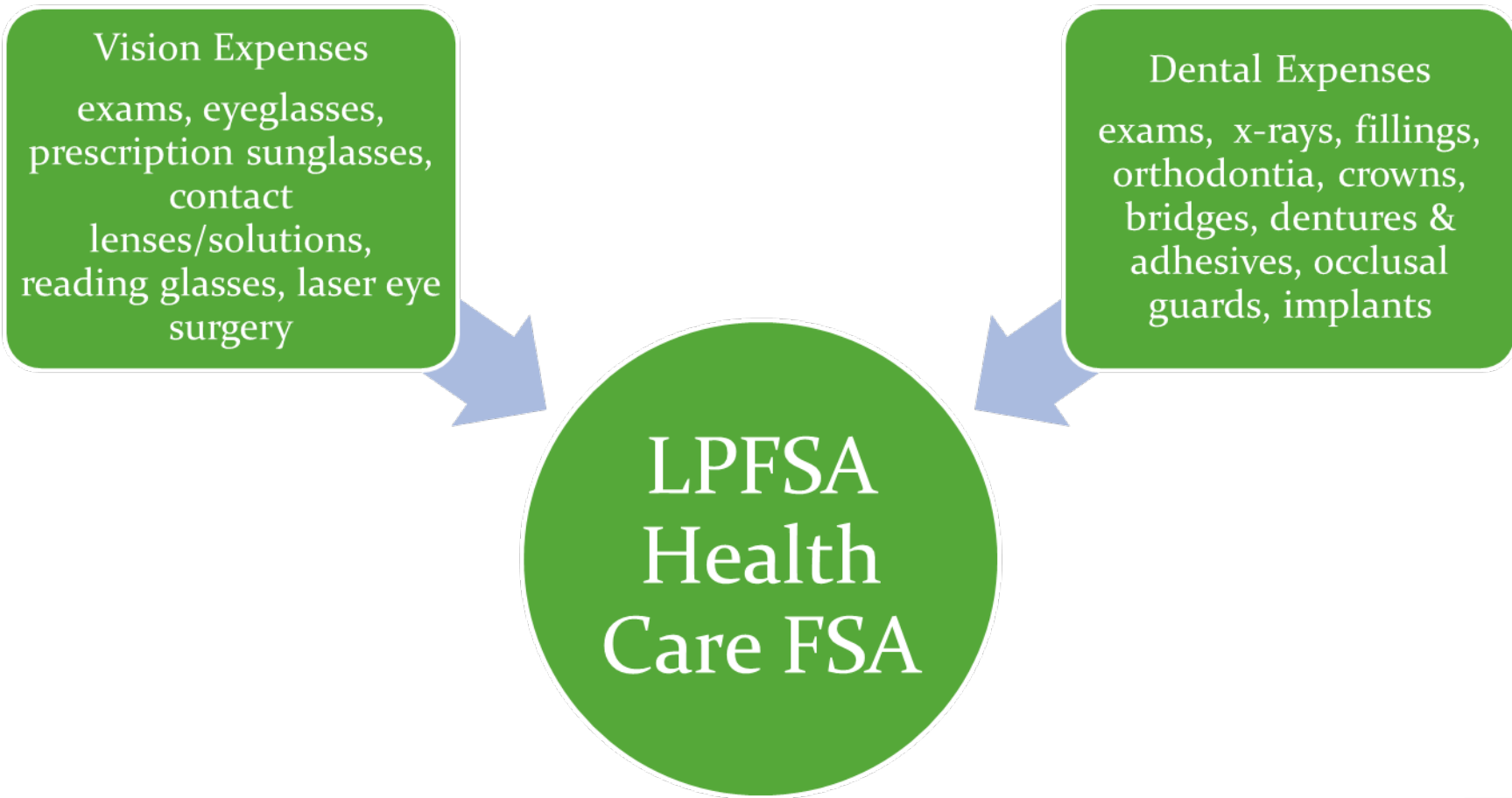
Health Care Expenses



General-Purpose Health Care FSA - \$120-\$3,300



Limited-Purpose Health Care FSA - \$120-\$3,300 Compatible with HSAs



Health Care Funds Available Anytime

Plan pays up to plan year election amount, minus paid claims

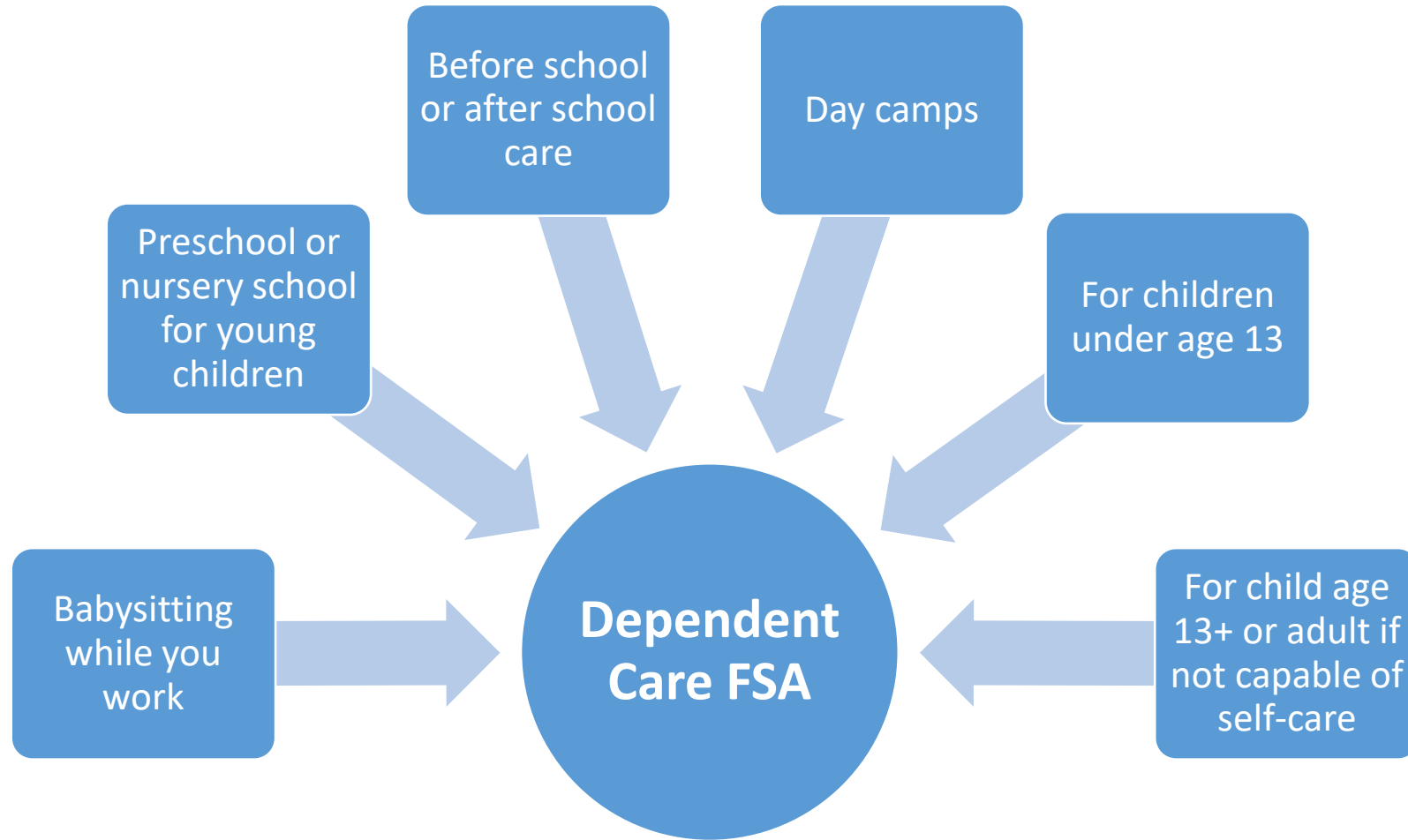
Example:

- Contribute \$100 per month = \$1,200 plan year
- March 15 you incur \$500 expense
- Year-to-date contributions = \$300
- Plan pays \$500

Dependent Care Expenses



Dependent Care - \$120-\$5,000*



*\$2,500 if married and filing separate income tax returns

Plan Pays up to Cash Balance

- Example for calendar year plan
 - Contribute \$300 per month = \$3,600 plan year
 - January 31st, you incur \$500 expense
 - Year-to-date contributions = \$300
 - Plan pays \$300
 - Plan pays \$200 balance after next contribution is made

Multiple Claim Filing Options

Option	Description
Mobile App	Snap picture of documentation and submit via the app
Online	Scan image of documentation and submit online
FSA Store Cardless Pay	Sign into ASIFlex account, and shop FSA Store. No credit or debit card needed; ASIFlex pays FSA Store from your account
Toll-free Fax	Complete claim form and fax to ASIFlex
USPS Mail	Complete claim form and mail to ASIFlex



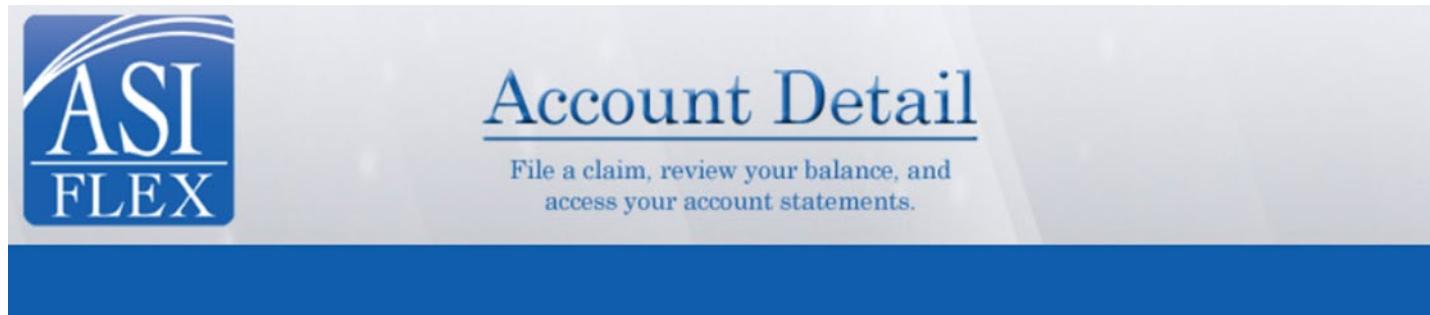
ASIFlex Mobile App

- Free!
- Video tutorial on asiflex.com
- Use on smart phone or tablet
- Snap a picture of documentation
- Submit right from the pharmacy or doctor's office
- Built-in barcode scanner
- Check your balance 24/7!



ASIFlex Online

- Register to set up your online account
 - Submit claims securely



Username [Forgot your username?](#)

Password [Forgot your password?](#)

Sign in

Need to set up a new online account?

Create an account

If you want to learn more about our mobile app, click [here](#)



FSA Store Cardless Pay

[Go to FSA Store](#)

Payment to FSA Store can be made directly from your health care FSA or HRA!

How? It's easy!

1. Sign into your ASIFlex account at asiflex.com
2. Click on the FSA Store link to shop
3. Select your products and proceed to checkout
4. Choose the ASIFlex payment option
5. That's it! ASIFlex will pay FSA Store from your account and your products will be shipped to you.

Claim Documentation for the Health Care FSA and HRA

Documentation must include:

1. Who – for whom the service or supply is provided
2. What – a description of the service or supply
3. Where – name and address of the provider of service or supplier
4. When – the date the service was provided, regardless when paid or billed
5. Dollar amount – how much you owe

Type of Expense	Documentation Needed
If covered by medical, dental, vision insurance	Insurance payer explanation of benefits (EOB) or and itemized statement
If not covered by insurance	Itemized statement
Prescriptions	Pharmacy receipt, printout from pharmacy, itemized mail-order receipt
Over-the-counter products	Itemized merchant receipt

NOTE: Do not submit credit card receipts, paid on account or balance forward statements, cancelled checks or pretreatment estimates.



Claim Documentation for the Dependent Care FSA

Submit an itemized statement of the services provided or have your provider sign the claim form to certify the services provided!

Documentation must include:

1. Who – for whom the care is provided
2. What – a description of the service
3. Where – name and address of the provider providing the service
4. When – the date the service was provided, regardless when paid or billed
5. Dollar amount – how much you owe

GO GREEN!



- Sign up for email and text alerts – avoid paper and delayed mail
- Sign up for reimbursements made directly to your bank account – avoid paper checks, delayed mail and trips to the bank
- Submit claims via mobile app or online – it's easy, quick and results in rapid payments
- Automatic reimbursement for dependent care FSA claims

ASIFlex Online Resources

- From the main site, you can:
 - View extensive eligible/ineligible expense listing
 - Access FSA Store with thousands of eligible FSA products
 - Read Frequently Asked Questions
 - Use the Expense Estimator & Tax Savings Calculator
 - View Educational videos
 - Access IRS Forms & Publications
- When logged in, you can:
 - Access your FSA account detail
 - Review messages sent to you
 - Manage your personal settings
 - Submit claims
 - Shop FSA Store



Important Dates

Plan Year

- 1/1/2026 through 12/31/2026

Open Enrollment

- 10/6/2025 through 10/30/2025

Deadline to submit claims:

- 3/31/2027
- Don't wait until the last minute as you may miss the date!

ASIFlex Customer Service

Online: www.asiflex.com

Email: asi@asiflex.com

Phone: 800.659.3035

TTY Users: Dial 711

Hours: 5 a.m. to 5 p.m. PT Monday through Friday
7 a.m. to 11 a.m. PT on Saturday

Address: PO Box 6044
Columbia, MO 65203

