



ACCREDITED
BUSINESS



**Employee Enrollment Kit
for the
Flexible Spending Account (FSA) Plans**



Do you want to save money on taxes????

**Sign up and save 0.28 on every dollar you contribute in your FSA Plan
Can you afford NOT to sign up???**

Contact Us Today!!!

Ph# 800-752-3539 / Fax# 414-225-4599

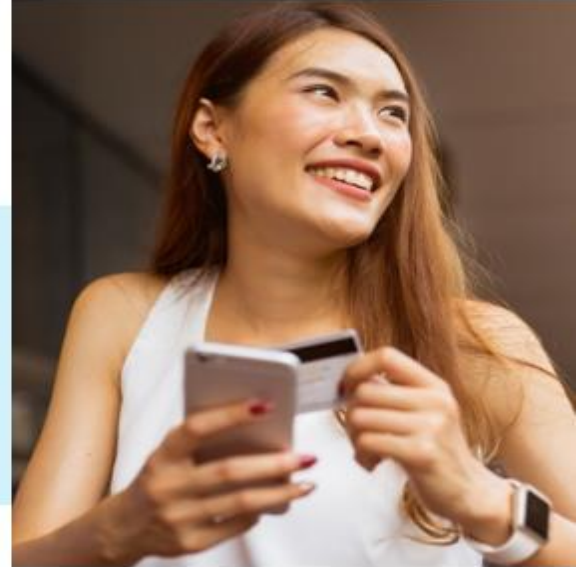
www.sasiplans.com

Mobile Wallet ~ NEW for 2021

Mobile Payments

How To Add Your Benefits Debit Card To Your Mobile Wallet

Adding your benefits debit card to your mobile wallet is a simple way for you to take advantage of mobile payments, which are a fast, secure, and easy way (with less germs!) to pay for eligible expenses. Plus, you can easily store your benefits debit card with the rest of your



Add Your Card in 7 Quick Steps

Whether you have an Apple, Samsung, or Google device, use the following steps to set up mobile pay for your benefits debit card.

Step 1

Open the wallet on your mobile phone. (Make sure your phone is connected to Wi-Fi)



Step 3

Add your benefits debit card, either by taking a photo or manually entering card info.



Step 4

Review and accept Terms & Conditions

Step 2

Select the option to add a new debit or credit card to your mobile wallet.



Step 5

A one-time passcode is sent via text message or email.



Step 6

Enter the one-time passcode in your wallet.

Step 7

You are instantly notified in your wallet if the card was successfully added.





Imagine what you could do with the SASI Mobile App... Manage your healthcare accounts from the palm of your hand.

**Want to check your healthcare account balances and submit receipts from anywhere?
There's an app for that!**

SASI Mobile App lets you easily and securely access your health benefit accounts, submit claims and upload receipts at any time. You have quick access to common tasks with an easy-to-use design that helps make sense of your health and financial information.

Stay up to speed

With SASI Mobile App, you can get to the healthcare account information you need-fast. Wondering whether you have enough money to pay a bill or make a purchase? SASI Mobile App puts the answers at your fingertips.

- * Quickly check available balances and account details for medical and dependent care FSA, HSA, HRA, and transportation plans.
- * View charts summarizing account information.
- * Set account alerts and get notifications via text message.
- * View claims requiring receipts
- * Link to an external web page to obtain helpful information such as a list of eligible expenses
- * Retrieve a lost username or password
- * Use your device of choice - including iPhone, Android smartphones, and/or compatible tablet devices

Get Reimbursed Quickly

Let's face it - no one *really* likes to visit the doctor, dentist, pharmacy, or other healthcare providers. But sometimes you do and you may forget to use your health benefits card. So, when you pay for a qualified medical expense using your own money, you want to maximize your dollars and be reimbursed from your pre-tax account. File a claim with a receipt or request a distribution from your HSA soon after it happens. Right from your phone. Right from wherever you are. Get the payment process started.



Tap and take action

Make a payment, capture a receipt or take any number of actions - whether you're on the couch or waiting in line. With SASI Mobile App, you can get it done fast and enjoy the rest of your day.

- * Submit claims for medical and dependent care FSA, HRA, and transportation plans
- * Snap a photo of a receipt and submit with a new or existing claim, or store in your camera roll for later use in claim filing
- * Request a distribution from an HSA account
- * Contribute funds to an HSA account
- * Access your account funds to pay yourself or someone such as your doctor
- * Add and store information on new payees
- * Enter and view expense information and receipts
- * Report a debit card as lost or stolen

Track Receipts

Why is it that the one receipt you need is always the one you can't find? With the SASI Mobile App, you can record a health expense and capture the receipt the moment the transaction happens. That's peace of mind with the touch of a button.

Check Balances

Wondering whether you can pay for an elective procedure or a mounting bill? Do a quick account check to see your current balance. No need to wait for an answer - it's right at your fingertips!





Estimate Your Expenses

You can maximize your FSA Account by planning ahead carefully and using this helpful tool. Be sure to budget for each account expense separately. Elections to and reimbursements from these accounts cannot be blended. The items to consider are listed below.

Health Care Account	Annual Expense
Deductibles	\$
Co-pays	\$
Dental Expenses not covered by Insurance	\$
Orthodontia	\$
Vision Expenses (Exams, Glasses, Lenses)	\$
Hearing Expenses (Exams, Hearing Aids)	\$
Prescription Drugs	\$
Eligible Over-the-Counter Items	\$
Diabetic Supplies	\$
Therapy (Physical Therapy, Speech, Chiro)	\$
Medical Mileage	\$
Other	\$
Total Estimated Health Care Expenses	\$
Dependent Care Account	Annual Expense
Payment to Dependent Care Facility	\$
Payment to Dependent Care Individual	\$
Payment to Adult Care Provider	\$
Total Estimated Dependent Care Expenses	\$
Total Health Care PLUS Dependent Care	\$

Use It or Lose It

When an eligible expense is incurred, you submit a claim and "pay yourself back." If your dependent care account has insufficient funds to cover a dependent claim, the system will pay up to the current account balance and hold the remainder of the claim for payment at the next deposit. You will forfeit any money remaining in your dependent care account after the submission of your claims.



In your Health FSA, the FSA Grace Period is an extended period of coverage at the end of every plan year that allows you extra time to incur expenses to use your remaining Flexible Spending Account balance after the close of the plan year. The Grace Period is 2 1/2 months long (75 days after the end of your plan year.) What this means for you is that you have 75 days of the next plan year to **incur**

claims against your previous year's FSA funds. All FSA claims for services provided during the grace period will **automatically be processed against the previous year's plan year first** if filed by the claims filing deadline for that plan year, unless you request otherwise. If your claim exceeds the available funds from the previous plan year, any excess will be automatically applied to the new plan year.

Please note: If you use your FSA debit card to pay for expenses during the FSA grace period, the purchase will be applied towards your new plan year balance. FSA debit card purchases during the grace period cannot be used to access funds from the previous plan year.

Example 1: Ann has \$50 remaining in her medical FSA at the end of the plan year. Two weeks after the end of the plan year, Ann goes to her dentist and incurs a charge of \$145. She submits a claim to SASI who processes the claim, and \$50 is applied to the remaining balance from the previous plan year, and \$95 is applied to the new plan year's balance.

Example 2: Ann submits the claim for her \$145 dental expense, but, knowing she has a charge from the hospital for services provided during the past year, but has not received the bill yet, Ann wants the entire \$145 to be applied to the current year. Ann includes a note with the claim asking to apply the entire \$145 to the new plan year. SASI's claim processor applies the entire reimbursement request to the new plan year.



***Do you have to pay for a portion of your health insurance?**

***Do you have medical expenses that are not covered by your insurance company such as deductibles, over-the-counter**

***Do you pay for childcare expenses while you and your spouse (if applicable) work or attend school?**

We have the solution for YOU!

Sign up now for you Cafeteria 125 Flexible Compensation Plan (FSA) so you can begin using pre-tax dollars to pay for eligible expenses and therefore increase your spendable income. Your Flexible Spending Account is offered through your employer, and SASI provides the administrative services for your plan. You must re-enroll in the FSA each year. If you don't enroll at this time, you will be unable to participate until the next plan year.

The FSA Plan

Federal law (Section 125 of the Internal Revenue Code) permits you to pay for everyday health care, dependent care expenses, and/or certain



individual premium expenses with pre-tax dollars through a Cafeteria/Section 125 Plan. Section 125 Plans can increase your spendable income. You can, therefore, reduce the amount of income taxes that you pay by using pre-tax dollars to pay for many of the benefit costs you have paid with after-tax dollars. Employees can save on federal, FICA, and in certain areas, state and local taxes. More importantly, reduced taxes mean more spendable income.

At the beginning of each plan year, you simply select from the available coverages and determine how much you want to pay toward each one. Those amounts are pro-rated over the year's time and then deducted at each pay period. Once you incur an expense, notify SASI by filing a claim form and receipt. You are then reimbursed for your expenses as they incur throughout the year. SASI will provide you with a monthly statement on the activity of your accounts. You may also go to our website which is www.sasiplans.com and view your account 24 hours a day.



Your cafeteria plan consists of four parts: a Health Care Flexible Spending account for unreimbursed medical expenses, Dependent Care Flexible Spending Account for childcare expenses, Premium Variable for individual premiums not offered with your group plan, and a Premium Conversion Plan for group employer premiums. These 4 parts are covered in more detail on the following pages.

By examining past health and dependent care expenses and by forecasting those expenses expected in the next year, you determine how many pre-tax dollars you want allocated from your pay during the coming year.

An FSA means more money in your pocket. Look at the example below to see exactly how much savings can be realized in one year!

	FSA Plan	No FSA Plan
Annual Income (before taxes)	\$24,000	\$24,000
Pre-tax Health Care Contribution	(\$1,500)	\$0
Pre-tax Dependent Care Contribution	(\$4,000)	\$0
Taxable Income	\$18,500	\$24,000
Estimated Taxes (25% Federal)	(\$4,625)	(\$6,000)
Health Care Expenses	\$0	(\$1,500)
Dependent Care Expenses	\$0	(\$4,000)
Available Income	\$13,875	\$12,500
Estimated Savings = \$1,375		



For additional information, please visit our website at www.sasiplans.com.

Please call (800) 752-3539 if you have additional questions.

The 4 Parts of Your Cafeteria Plan

Health Spending Plan - \$2,750 Maximum

The Health Care Plan covers deductibles, co-payments, transportation for medical purposes, prescription drugs, over-the-counter products and other non-covered medical, dental, and vision expenses. The full amount of the Health Care elections must be available to you at any time during the FSA plan year, regardless of the amount you have contributed as of the claim date. Upon termination, you can elect to remain as a participant in the FSA for the remainder of the plan year providing you continue to make your monthly contribution to the plan (with after-tax dollars). The FSA Grace Period is an extended period of coverage at the end of every plan year that allows for extra time (75 days) to incur expenses that can be applied against your prior year funds.

Dependent Care Plan - \$5,000 Maximum



The Dependent Care Plan covers care for children under the age of 13, as well as care for the elderly, disabled, or handicapped. Your plan year election

for the Dependent Care Account, by law, cannot exceed more than \$5,000 of eligible expenses per plan year. You determine how much of your pre-tax earnings will go into the plan. (Married/joint tax-return employees can deposit up to \$5,000 in the Dependent Care Plan; this ceiling drops to \$2,500 if the participant is married and filing separate returns.) If you are using the Child Care Credit on your individual tax return the total amount you claim for the Child Care Credit and the Dependent Care Plan cannot exceed \$6,000. If your dependent care account has insufficient funds to cover a dependent claim, the system will pay up to the current account balance and hold the remainder of the claim for payment at the next deposit. You have an additional 2 1/2 months to incur expenses after the end of the plan year. You then have 60 days in which to file/submit your claims to SASI.

Dependent/Child Care Facts

CONTRIBUTIONS:

If any of the following circumstances apply to you, your maximum contribution is limited as indicated:

- * If you are married and file a separate return from your spouse (filing status of Married Filing Separately), your maximum is \$2,500.
- * If either you or your spouse has less than \$5,000 in annual earned income, your maximum is the smaller of the two incomes. Earned income generally includes wages and other employee compensation, less all cafeteria plan salary reduction amounts.
- * If your spouse is a full-time student (for at least five months of the year) or disabled, your maximum is \$200 for one dependent or \$400 for two or more dependents for every month of study or disability.
- * If your spouse has a Dependent Care Account at work and you file a joint return, your combined total cannot exceed \$5,000.

ELIGIBLE EXPENSES:

- * Licensed day care center, nursery school, or day camp. (Educational expenses for a child in kindergarten or higher are not eligible expenses).
- * Care for your child, who is your dependent under age 13, in or outside your home, by someone other than your dependent under age 19.
- * Care of a physically or mentally disabled spouse or other dependent, provided that the spouse or dependent spends at least eight hours per day in your home.

A full list of eligible expenses can be obtained in IRS Publication 503. You can view IRS Publication 503 on SASI's website at www.sasiplans.com



Read your Summary Plan Description carefully to understand the specific terms of your Plan. The Plan Document governs your rights and benefits under each Plan and is available through your Employer.

The 4 Parts of Your Cafeteria Plan Continued

Dependent/Child Care Facts Continued

REIMBURSEMENT OR TAX CREDIT?

As you may know, you can take a tax credit for Dependent Care on your Federal tax return and some State returns. Dependent Care costs can be reimbursed through the Dependent Care Plan, or be applied to the tax credit, but not both. The option you should choose depends on your individual tax situation. You should consult your tax advisor prior to making this determination.

TAX REPORTING

Any Dependent Care costs reimbursed through the Dependent Care Plan must be reported on your Federal tax return on Form 2441 (Form 1040) or Schedule 2 (Form 1040A). The reporting requirements are similar to those required for the dependent care tax credit. You will need to report the amount of your dependent care costs and the identity of the care provider, including name, address, and tax identification number.



Premium Variable Plan

As of January 1, 2015 insurance for major medical is no longer eligible for reimbursement under the Premium Variable Plan. However, your benefit election can include premiums that you pay for certain individual dental, optical, AD&D, cancer, and critical care insurance plans, if such plans are approved in advance by SASI. The policy must be an individual insurance policy in your name; it cannot be a group policy. Federal rules and company policies may have other limits on the amount of premiums eligible for reimbursement. You should receive the Administrator's approval for any individual policy before you make your benefits election. (See the portion of your election form marked Individual Policy.)

Premium Variable Plan Continued



- * The premium variable account will also allow a current employee who is making COBRA payments on insurance premiums from a previous employer to make those payments on a pre-tax basis. Excludes major medical plans.
- * You may receive reimbursement for individual insurance premiums during a Plan Year only for insurance coverage during that year.
- * You cannot carry forward your contribution from one Plan Year to the next.
- * If another source reimburses you for these premiums, you cannot receive reimbursement from this Plan.
- * If you receive reimbursement from the Plan for these insurance premiums, you cannot deduct those premiums on your federal tax return.
- * You must file a written claim for Individual Insurance under this Plan with the Administrator (on forms provided by the Administrator). The form is called Premium Variable Care Reimbursement Request Form.
- * You will be reimbursed by a check made payable to you or direct deposit into your checking account.

Premium Conversion Plan

The Premium Conversion Plan covers the premium payments you must pay for group medical, dental, and other coverages offered by your employer. Should you elect to have your premiums paid pre-tax on your enrollment form, your employer will automatically deduct your portion of the premium from your paycheck on a pre-tax basis. You do not have to file a claim form for the premium reimbursement portion because your employer will automatically pay your premium payments to the insurance company each month.

Premiums paid by your spouse and/or dependent for medical coverage with their own employers are not eligible expenses, and you cannot submit those expenses to your company's Premium Conversion Plan.

Election Changes during the Plan Year

You must make your benefits election prior to the beginning of the Plan Year. Generally, you cannot change your election during the Plan Year or alter the benefits you have selected. However, some situations may affect the coverage of you, your spouse, or a dependent. (For purposes of the Plan, your "spouse" is the person to whom you are legally married, and a "dependent" is someone you can claim as a dependent on your federal tax return. If you are divorced, "dependent" also includes a child for whom you have support obligations.) If any of these situations occur, the Administrator will allow you to make a prospective election change if your change is consistent with the situation. (Examples of the consistency rule are included below.)

Within 30 days after the situation develops, you should give your new benefits election to the Administrator. If you do not know what the change will be, you should notify the Administrator that you will need to make a change and then give your election change to the Administrator as soon as you have complete information.



Situations that Permit Change to Elections

- * Your marital status changes due to marriage, divorce, annulment, or legal separation.
- * You have a child or adopt one, or you place one of your children for adoption.
- * Your spouse or dependent dies.
- * You, your spouse, or a dependent changes the place where they live.
- * Your spouse or dependent experiences a change in employment status, such as new employment or termination.
- * You, your spouse, or a dependent changes employment from full-time to part-time or vice versa, or some other employment change occurs that affects the benefit eligibility of you, your spouse, or a dependent under your Employer's plans or the plans of the employer of your spouse or dependent.
- * You, your spouse, or a dependent takes or finishes an unpaid leave of absence from employment.
- * You, your spouse, or a dependent becomes entitled to Medicare or Medicaid or loses eligibility for such coverage.
- * Your employment with your Employer is terminated for any reason.
- * Other changes in status that permit an election change under federal law.



Other situations may allow you to change your benefit election regarding medical insurance benefits, including significant changes in the insurance cost or coverage. Your Employer will notify you if any of these situations occur. In addition, your Employer will automatically adjust your medical insurance election to correspond to any increase or decrease in the insurance costs.

If your spouse or dependent participates in benefit plans with their employer, and they make a benefit election for a new plan year, or they change their benefit election, you may change your benefit election in a consistent manner. This reason does not allow you to change your benefit election under the Health Care Plan, however.

Situations that Permit Change to the Dependent Care Plan

- * A dependent care provider who is not your relative increases or decreases the cost of the services you are receiving.
- * You change to a new dependent care provider.

Election changes must be consistent with the situation that permits the change. See the examples below:

- * If you get divorced, canceling medical insurance for your ex-spouse is a consistent change, but canceling it for yourself is not.
- * If your child dies, canceling medical insurance for yourself or your spouse is not a consistent change.
- * If you get married and become eligible for medical insurance coverage under a benefit plan offered by your spouse's employer, you can cancel your medical insurance under this plan only if you actually take the new coverage under your spouse's plan.
- * If you move to another residence that is outside the service area of your current medical insurance provider, a change to a new provider is consistent, but canceling your medical insurance coverage is not.

Read your Summary Plan Description carefully to understand the specific terms of your Plan. The Plan Document governs your rights and benefits under each Plan and is available through your Employer.

Web Access and Claim Processing

Web Access

View your account online 24/7 via www.sasiplans.com

- * Submit claims for reimbursement
- * View claims status and history
- * Check your available balance and run reports
- * Enter your email address to receive important Plan related materials
- * Update important personal information to keep your account information accurate and up to date



Customer Service

Most of your questions can be answered by visiting the website. But if you need to speak with a Customer



Service Representative, simply call (800) 752-3539 Monday - Friday from 7:30 am - 4:30 pm CST. You can also e-mail our Customer Service Department at sasi@sasiplans.com.

Filing a Claim

To receive the fastest reimbursement for an eligible out-of-pocket expense, submit your claims online. Supporting receipts and documentation can be scanned and attached to your online claim, or you can email, fax, or U.S. mail the required paperwork. Another option is to download a paper Reimbursement Request form. Complete the form by itemizing your expenses and following the important and detailed instructions found directly on the form.

Reimbursement Request forms and required documentation can either be mailed or faxed for processing. See below for SASI's contact information.

Know the Details

Claim deadlines apply. For example, active participants have a set number of run-out days following the Plan year in which they can continue to submit paperwork for out-of-pocket expenses incurred during the Plan year. Grace periods may also apply to some Plans. Be sure to carefully read your Plan's SPD to understand the terms and deadlines associated with your Plans.

Eligible Expenses for your Health Spending (FSA) Account

Effective January 1, 2020, new IRS rules make certain over-the-counter (OTC) drugs and medicines eligible for reimbursement under your Health Spending Plan without a prescription from your physician. The information below is important for you to know as you begin to think about your healthcare FSA contribution for the new plan year. Visit www.fsastore.com for a full list of eligible and ineligible expenses under your Health Spending Plan.

Eligible OTC Items (no prescription needed):

- * Band Aids
- * Braces & Supports
- * Elastic Bandages & Wraps
- * Reading Glasses
- * Birth Control
- * Contact Lens Solutions & Supplies
- * First Aid Supplies
- * Acid Controllers
- * Acne Medication
- * Allergy & Sinus Medication
- * Antibiotic Products
- * Anti-Diarrheal Medication
- * Anti-Fungal/Anti-Itch Treatments
- * Anti-Gas Medication
- * Anti-Itch & Insect Bite Treatments
- * Anti-Parasitic Treatments
- * Baby Rash Ointments/Creams
- * Cold Sore Remedies
- * Cough, Cold & Flu Medications
- * Digestive Aids
- * Eye Drops
- * Feminine Hygiene Products
- * Hemorrhoid Preps
- * Laxatives
- * Motion Sickness Treatments
- * Pain Relief Medication
- * Respiratory Treatments
- * Sleep Aids & Sedatives



To submit claims or for other inquiries contact SASI at:

www.sasiplans.com

Phone: (800) 752-3539 (M-F 7:30am-4:30pm CST), Fax: (414) 225-4599

1720 W Florist Ave, Suite 250

Glendale, WI 53209

SASI Flex Convenience Card

The SASI Flex Convenience Card

Understanding how the SASI Flex Convenience Card works is the key to its success. The Debit Card is a convenient payment method. You simply swipe the card without incurring an out-of-pocket expense! Behind the scenes, the provider is paid and the amount is deducted from your account balance. You don't have to file a claim form for reimbursement - the payment function is fully automated.

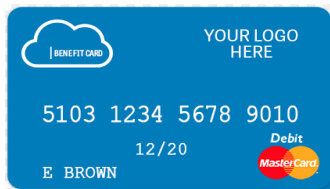
Cashless but not Paperless

The IRS requires that each time you use your SASI Flex Convenience Card, the transaction must be substantiated.

That means you must be able to prove

you used your Debit Card to pay for a Plan eligible item or service. Fortunately, technology behind the Debit Card automatically

substantiates the vast majority of your transactions. For transactions that cannot be automatically substantiated with supporting technology, you will receive an e-mail asking you to send in copies of your receipt and necessary documentation.



Purchasing Items with the Debit Card

When you purchase items with the Debit Card, such as over-the-counter (OTC) items, they may be auto-substantiated if the merchant uses a special bar-coding system called Inventory Information Approval System (IIAS). You will not be sent an e-mail for transactions that are automatically substantiated.

Eligible OTC items classified as not drugs and medicines, such as bandages, have the IIAS bar-codes directly on the product. These items may be purchased with the Debit Card; no additional rules apply.

The IRS states that OTC items classified as drugs and medicines, such as cough syrup, are now eligible without a doctor's prescription. These items may or maynot be coded to be automatically substantiated. For eligible drugs and medicines that are not auto-substantiated, you may submit them for a manual reimbursement accompanied by documentation of the expense.

Purchasing Items with the Debit Card

Only if all rules are met can eligible OTC drugs and medicine be paid for with a Debit Card. If the pharmacy is unable to meet the IRS rules, you must pay for the items out of pocket, then submit a claim form with the proper documentation.

Paying for Services with the Debit Card

Paying a doctor's office copay is an example of paying for services with the Debit Card. The IRS does offer some auto-substantiation guidance for services, such as storing your copayment amounts in our system, and remembering if you've had an identical appointment at a specific office. However, in some cases, services provided at a medical, dental or vision office cannot be auto-substantiated. In these cases, you will receive an e-mail asking for copies of your receipt and necessary documentation.



Important Debit Card Tips

- * Keep all receipts associated with your Debit Card in a central location, and promptly reply when asked for a copy.
- * The IRS states that services are eligible for reimbursement after the services have been rendered. Prepaying for services such as weight-loss or fitness memberships is not allowed.
- * The Debit Card will be mailed directly to your home address. READ all information enclosed with the Card, and sign the Card to agree to the terms.
- * If a merchant will not accept the Card, simply pay out of pocket and submit for reimbursement.
- * Please note that you may receive a new debit card. The new card will work the same but have a new look.

Remember- the Debit Card is cashless, but not always paperless! Be prepared to submit copies of your receipts and other documentation when requested.

NOW AVAILABLE...

2 Ways to Shop your Favorite FSA Eligible Items!

SASI is pleased to announce we now have two online options for shopping FSA eligible products!

In order to continue providing you the value you've come to know and love from your FSA benefits, we have partnered with Amazon's Health Shopper which allows you to shop for FSA eligible items. If you are an Amazon Prime member, you will be able to purchase items using your Prime benefits to help save you even more money! You can even pay for your items using your FSA Debit Card! Prefer to continue using FSA Store? No problem! You can also purchase your FSA eligible items from there as well. You may access either website from the link below:

<https://sasiplans.com/participants/shop-fsa/>



 **HEALTH
SHOPPER**

Simple. Eligible. Painless.

OR

 **FSA Store**
THE FLEXIBLE SPENDING ACCOUNT SITE