

## Tompkins County

### FSA Rules to Remember

#### PLAN YEAR

January 1, 2025 - December 31, 2025

#### HEALTH FSA CARRY FORWARD

An employer- chosen provision allowing up to a maximum of \$660 of unused Health FSA funds to roll over into the next plan year.

#### RUN-OUT PERIOD

You have until March 31, 2026 to submit for expenses incurred during the plan year.

#### USE OR LOSE RULE

Unused Dependent Care Account balances or any amount over \$660 in the Health FSA will not rollover. Remember, only contribute money you are confident you will use to pay for qualified expenses during the plan year.

Over-the-counter (OTC) medications are reimbursable under Flexible Spending Accounts without requiring a prescription or completing a Letter of Medical Necessity Form. Menstrual care products are also now reimbursable as eligible expenses, including tampons and pads.

#### FSA CALCULATOR

Estimate your calculated savings when you enroll in an FSA. Click [here](#) to access the calculator!

Reminder

## Your Guide to Pre-Tax Savings



### WHAT IS A FLEXIBLE SPENDING ACCOUNT?

A Flexible Spending Account (FSA) allows you to set aside a portion of your pay pre-tax to use for medical, dental, vision, and child care/elder care expenses that are not covered by insurance, or only partially covered. Because it is deducted from your pay before taxes, you can save up to 30% on your dollar (depending on your tax bracket)! Estimate how much you usually spend on these types of expenses in a year and set aside that dollar amount into your FSA. **PLEASE NOTE: You do not need to be enrolled in your company's health insurance plan in order to participate in the FSA.**

### ACCOUNTS AVAILABLE

#### Health Flexible Spending Account

Covers the cost of medical, dental, and vision expenses incurred by you and or your eligible dependent(s). Eligible expenses include deductibles, co-pays, prescriptions, eyeglasses, and dental work.

Minimum annual election amount: \$260 | Maximum annual election amount: \$3,300

#### Dependent Care Assistance Account

Covers the amount you pay to daycare centers, babysitters, after school programs, day camp programs and eldercare facilities. This account does NOT reimburse medical expenses for your dependent(s). It is for qualified daycare expenses only.

Maximum annual election amount: \$5,000

## P&A BENEFITS CARD

Your employer offers a Benefits MasterCard for employees who participate in the plan. The Benefits MasterCard works like a debit card. When you incur an eligible expense, swipe your card at the point-of-service and the expense will automatically be deducted from your FSA balance. If you are unable to use your Benefits Card, you can still be reimbursed for all eligible expenses. Save your receipt and submit a claim to P&A Group using one of the methods below. For all purchases, we encourage you to save your receipts in case documentation is requested. A new card will be mailed to your home mailing address prior to the card expiring.



**NOTE:** This card cannot be used at an ATM machine to withdraw cash.

## ONE BENEFITS CARD FOR YOUR FSA & HRA

Employees who are also enrolled in the Health Reimbursement Arrangement (HRA) will receive one debit card for both the FSA and HRA plans. The Benefits Card is a “smart” card and knows which plan to deduct funds from. When you swipe your card for an eligible expense, the amount due will always be deducted from your Health FSA first. Once your Health FSA balance is exhausted, the card will then deduct funds from your HRA.

## CLAIM SUBMISSION OPTIONS

### Download P&A Group’s Mobile App

Download P&A MyBenefits mobile app and log into your account. Go to the menu and tap **Upload Claim/Documentation** to submit your claims.

### Upload a Claim

Submit claims through P&A’s website [www.padmin.com](http://www.padmin.com) by logging into your P&A account. Select **Upload Claim/Documentation** under **Member Tools**.

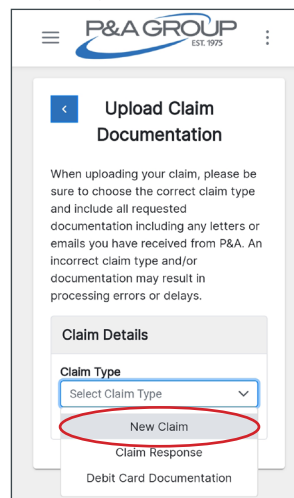
### Fax or Mail a Paper Claim

Complete a claim form and fax or mail it to P&A Group. Claim forms are available when you log into your account at [www.padmin.com](http://www.padmin.com).

**FAX:** (877) 855-7105 | **MAIL:** P&A Group 6400 Main St. Ste 210 Williamsville, NY 14221

When submitting a claim make sure to include proof of service/documentation (itemized receipt, etc).

P&A MyBenefits Mobile App



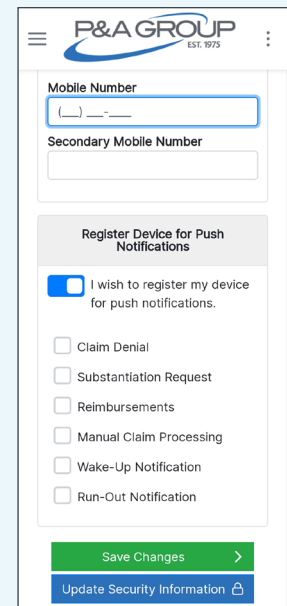
## MOBILE APP

Manage your account through our mobile app. Go to the App Store or Google Play and search “P&A Group MyBenefits” to download it today!



- ✓ Register for account alerts
- ✓ Submit claims
- ✓ Order a Benefits Card
- ✓ Check your account balance & more!

Opt-in to get account alerts



## QUESTIONS?

**HRS:** Monday - Friday  
8:30 a.m. - 10:00 p.m. EST.

**PH:** (716) 852-2611

**WEB:** [www.padmin.com](http://www.padmin.com)

**MAIL:** 6400 Main Street  
Suite 210  
Williamsville, NY 14221