

County of Palm Beach

FSA Rules to Remember

PLAN YEAR

January 1, 2024 - December 31, 2024

GRACE PERIOD

This provision gives you two and a half months after the end of the plan year to incur eligible expenses, as long as you are actively enrolled as of the last day of the plan year. Participants have until March 15, 2025 to incur expenses during the plan year.

RUN-OUT PERIOD

You have until April 30, 2025 to submit for expenses incurred during the plan year.

USE OR LOSE RULE

Unused balances 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 now 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!

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: \$3,050

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

ELIGIBILITY NOTE: Should you become ineligible for this benefit and still have money credited to a Flexible Spending Account when eligibility is lost, the remaining account balance may be used to reimburse you for eligible expenses you had before you lost eligibility. Remaining claims must be submitted within 30 days after you lost eligibility. Health FSA Accounts will be evaluated for COBRA coverage eligibility should your account still have a balance at the time of the qualifying event.

Reminder

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.

4 WAYS TO SUBMIT YOUR CLAIMS

P&A Group Mobile App

Download our mobile app and log into your account. Go to the menu and tap Upload Claim/Documentation to submit your claims.

QuikClaim from Your Smartphone

Capture a picture of your receipt or other supporting documentation of your eligible expense. Log into your account from your mobile device at www.padmin.com by selecting Account Login and follow the prompts on your screen.

Electronic Claim Upload from Your Computer

Submit claims directly online at P&A's website www.padmin.com by logging into your P&A account. Select Upload Claim/Documentation under Member Tools.

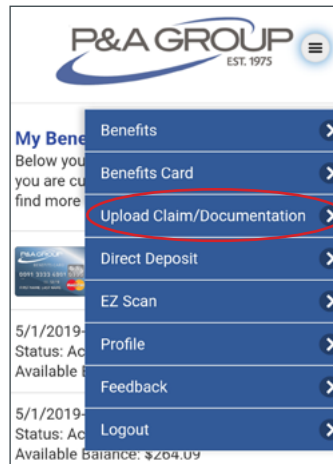
Fax or Mail a Paper Claim

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.

FAX: (877) 855-7105

MAIL: P&A Group 6400 Main Street, Suite 210 Williamsville, NY 14221

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



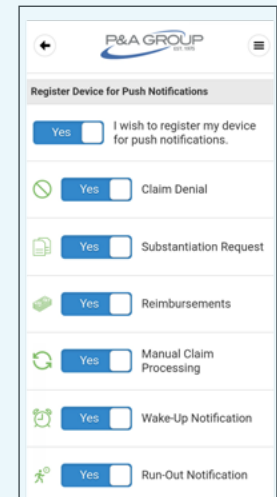
MOBILE APP

Manage your account through our mobile app. Go to the App Store or Google Play and search "P&A Group" 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

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