

Cuyahoga County

FSA RULES TO REMEMBER

PLAN YEAR

January 1, 2024 - December 31, 2024

HEALTH FSA CARRY FORWARD

An employer- chosen provision allowing up to a maximum of \$640 of unused Health FSA funds to roll over into the next plan year. \$640 unused Health FSA funds can carry over into the 2024 plan.

PLEASE NOTE: the carry forward will apply to future plan years and is only available for the Health FSA. It does not apply to the Dependent Care FSA.

RUN-OUT PERIOD

You have until May 31, 2025 to submit for expenses incurred during the plan year.

USE OR LOSE RULE

Unused Dependent Care Account balances or any amount over \$640 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.

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.

2023 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.

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

Minimum annual election amount: \$120 | Maximum annual election amount: \$3,200

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

Parking Account

Covers the cost of work-related parking expenses.

Maximum monthly election amount: \$315

P&A BENEFITS CARD

Your employer offers a Benefits MasterCard for employees who participate in the FSA or Parking 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 balance.



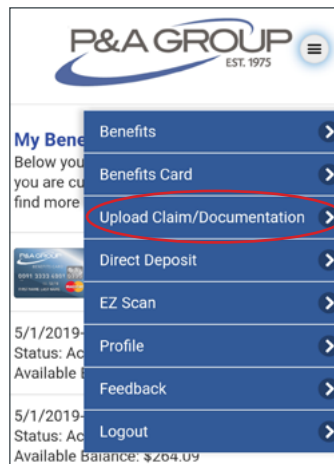
Participants who enroll in the FSA and parking plan will receive one card, with both plans loaded onto the same card. If you are unable to use your Benefits Card, you can still be reimbursed for all eligible expenses. Save your receipt and submit a claim to P&A Group using one of the methods below. For all purchases, we encourage you to save your receipts in case documentation is requested. NOTE: This card cannot be used at an ATM machine to withdraw cash.

Your Benefits Card is valid for three years from the date of issue. A new card is automatically mailed to your home address when it's time for you to receive a new one.

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).

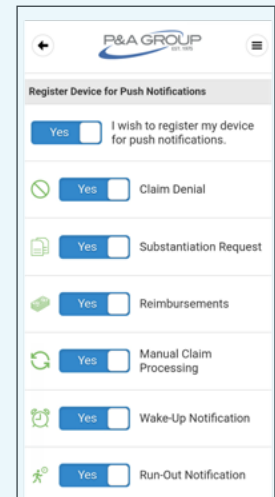
MOBILE APP

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