Health FSA
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. For a complete list of eligible expenses please visit www.padmin.com or click here.

Dependent Care/Daycare Assistance Account
Covers the amount you pay to daycare centers, babysitters, nursery schools, before/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 election amount: $5,000

Eligible Daycare Expenses May Be Reimbursed For:

— Your “qualifying child” (including a stepchild, foster child, child placed for adoption or younger brother/sister) under age 13 who has the same principal residence as you for more than one half the year and does not provide more than one-half of his or her own support during the calendar year.

— Your spouse or other dependent who receives over one-half of his/her support from you (i.e., your disabled elderly parent) and has the same principal place of residence as you for more than one-half of the year.

Alleviate out-of-pocket medical, dental, vision and daycare expenses by enrolling in a Flexible Spending Account!

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 daycare 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.

WHEN YOU ENROLL
When you enroll you determine the amount of expenses you anticipate for the upcoming year. The benefits you elect are paid with pre-tax dollars deducted from your paycheck each payroll period. These dollars are subtracted from your gross earnings before taxes are taken out.

NOTE: You do not need to be enrolled in your company’s health insurance plan in order to participate in the FSA.

www.padmin.com
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 present your Benefits Card to the provider of the goods or services you are purchasing. 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. NOTE: This card cannot be used at an ATM machine to withdraw cash.
Your debit card is valid for three years from the date of issue. If this is your third year enrolling with P&A Group, you may be receiving a new benefits card in the mail. When it is time for you to receive a new card your card will automatically be mailed to your home address in a plain white envelope.

HOW TO SUBMIT A CLAIM

QuikClaim
Instantly submit claims and receipts directly from your smartphone.
1. Capture a picture of your receipt or other supporting documentation of your eligible expense.
2. Log into your P&A Account at www.padmin.com from your mobile device. Select How to Submit a Claim and follow the prompts on your screen.

Electronic Claim Upload
Submit claims directly online at P&A’s website www.padmin.com by logging into your P&A account. Select Upload a Claim under the Member Tools tab.

Fax or Mail a Paper Claim
Claim forms are available online at www.padmin.com.
FAX: (877) 855-7105
MAIL: P&A Group 17 Court St. Ste 500 Buffalo, NY 14202
When submitting a claim make sure to include proof of service/documentation (itemized receipt, etc).

HOW TO ENROLL
Participants can enroll in an account during their Open Enrollment. This is the period of time determined by your employer when employees can elect their benefits and determine how much money to put into an FSA.

FSA CALCULATOR
Use this online tool to help estimate your calculated savings when you sign up for an FSA. Log into your account at www.padmin.com to access the calculator or go to www.padmin.com, select Benefit Programs, then Tools & Resources.

TEXT MESSAGING FEATURES
Log into your online P&A Account and update your profile with your mobile number. Then text one of the codes below to the number 70626 and you’ll receive a text message with your account information!
Account balance - text BAL
Claim status - text CLM
Deposit update - text DEP

QUESTIONS?
Customer service hours are M - F, 8:30AM - 10:00PM ET.
PH: (800) 688-2611
WEB: www.padmin.com
MAIL: 17 Court Street, Suite 500 Buffalo, NY 14202