

Montgomery College

RULES TO REMEMBER

PLAN YEAR

January 1, 2026 - December 31, 2026

HEALTH FSA CARRY FORWARD

An employer- chosen provision allowing up to a maximum of \$680 of unused Health FSA funds to roll over into the next plan year.

RUN-OUT PERIOD

You have until March 31, 2027 to submit for expenses incurred during the plan year.

USE OR LOSE RULE

Unused Dependent Care Account balances or any amount over \$680 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

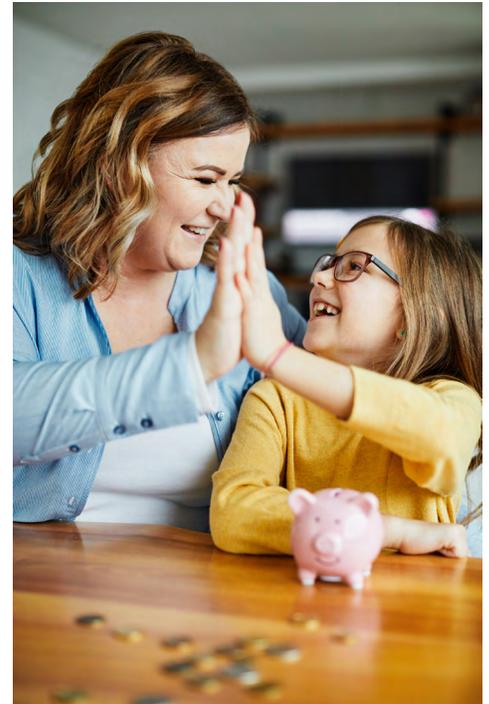
Estimate your calculated savings when you enroll in an FSA. Click [here](#) to access the calculator or visit [padmin.com/tools/fsa-calculator/](#).

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 an FSA.



ACCOUNTS AVAILABLE

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, dental work, over-the-counter (OTC) medications and menstrual care products.

Maximum election amount: \$3,400

Limited Health FSA

For participants who are enrolled in a Health Savings Account.

Covers the cost of dental, vision care and preventive medical care expenses. "Preventive care" includes annual physicals, blood tests, and immunizations for adults and children.

Maximum election amount: \$3,400

Dependent Care FSA

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 election amount: \$7,500

Maximize Your Savings: Dependent Care FSA Limit Increases for 2026!

We're excited to announce a significant increase to your Dependent Care FSA contribution limit! Effective January 1, 2026, account holders can contribute up to \$7,500 annually (\$3,750 if married and filing separately), allowing you to use more pre-tax dollars on eligible childcare and adult dependent care costs!

NEW

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.

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

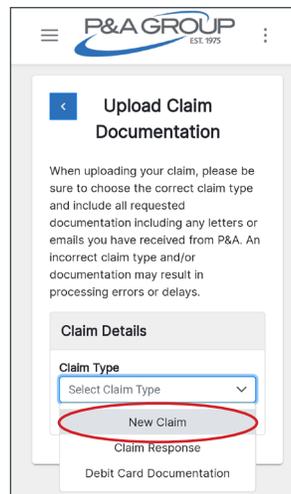
Submit claims through P&A's website www.padmin.com by logging into your P&A account. Select **Upload Claim/Documentation** under **Member Tools**.

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).



P&A MyBenefits Mobile App

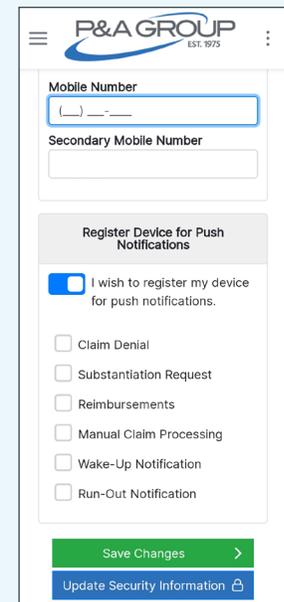
MOBILE APP

Ready to manage your account from the palm of your hand? Just search "P&A Group MyBenefits" on the App Store or Google Play 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.

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