

Spotlight on the Health Plans

How Do I Use the Health Care Flexible Spending Account?

The [Health Care Flexible Spending Account \(FSA\)](#) is funded with pre-tax dollars and used by you to pay for eligible out-of-pocket medical expenses for the current plan year. A list of qualifying expenses is available in [IRS Publication 502](#).

For many employees, BU is making a contribution to the Health Care FSA in 2016. This is something new! If you are enrolled in the BCBS PPO and your annual base salary is less than \$100,000, BU is making a contribution to your Health Care FSA based on your annual salary and your level of health plan coverage as described in the table below.

Salary Tier	2016 FSA Contribution from BU	
	Single	Family
< \$70,000	\$250	\$500
\$70,000 – \$100,000	\$125	\$250
> \$100,000	No Contribution	

[P&A Group](#) is the plan administrator. There are several methods available for you to use your FSA.

- **Your Debit Card**

You will receive a debit card from P&A Group which is pre-loaded with contributions from you and BU for the current plan year. Use the card to pay for copayments, deductibles, and coinsurance when you visit your physician or retail pharmacy.

- **Submit Claims Online**

You may submit your claim online at the [P&A Group website](#). Before submitting an online claim you will need to register to create a password and username.

- **How to Register Online**

You can register to set up an online account with P&A Group. Among other things, registering will allow you to submit your claims online, and use the website to check account balances and the status of claims.

- Go to the [P&A Group website](#) and select the tab for Participants.
 - On the right hand side of the webpage there is a section titled, “Log into My Benefits.” Just click on the link “First time logging in, click here.”
 - When prompted to enter your Social Security Number, you should provide your University ID# instead. Then follow the instructions to set up your account and your preferences.

- **Fax Your Claim**

[Complete the FSA Claim Form](#) and fax it along with your receipts to:
Toll-free 1-877-855-7105 or 1-716-855-7105

- **Mail Your Claim**

[Complete the FSA Claim Form](#) and mail it along with your receipts to:
Flex Department
P&A Group
17 Court Street, Suite 500
Buffalo, NY 14202-3204