

City of Mission

FSA - Medical and Dependent Care Spending/POP Plan

			Recommendation
	TASC	ABY	Flex
_	Current		
Type of Plan	FSA/DCAP/POP	FSA/DCAP/POP	FSA/DCAP/POP
FSA/DCAP Document/SPD	\$0	\$0	\$0
POP Document/SPD	\$0	\$0	\$0
Initial Setup	\$0	\$0	\$0
Monthly Admin Fee			
1 to 15 participants	\$3.15	\$65/Month	\$3.50
16 to 200 participants	\$3.15	\$3.50 PEPM	\$3.50
Minimum Fee		\$65/Month	No Min.
Linked Debit Card	\$0	\$0	\$0
Non-Discrimination Testing	\$0	\$0	\$0
Annual Renewal Fee	\$0	\$0	\$0
File Feed Processing	\$0	\$200/Year	\$0
COBRA Admin	n/a	n/a	Health/Dental/Vision
Rate Guarantee	3 Year	3 Year	3 Year

