

Grace Period Overview

Your Health FSA and/or Dependent Care Assistance Plan may be set up to allow you extra time to not only submit claims but also continue incurring expenses after the plan year ends. This is called the “grace period.”

Generally, the grace period adds 2.5 additional months to your plan year spending timeline. Review your Summary Plan Description, Plan Highlights, or online account to see if the grace period is offered for your plan(s).



How Are Claims Paid During the Grace Period?

During the grace period, your account will prioritize using the oldest dollars first. This means that when you use your Benefits Card or file a manual claim, any eligible prior year balance in your account will be used first for that payment.

If you have expenses incurred in the prior plan year that you’d like reimbursed, submit those claims manually for reimbursement as early as possible and before using your Benefits Card in the new year.

Important Reminder: To request reimbursement, your documentation must reflect that the expense has been incurred; it does not need to show as paid.

View your Summary Plan Description or your online account details for information about your spending and submission deadlines. Below is an example of a timeline from the Igoe Participant Portal:

