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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.”

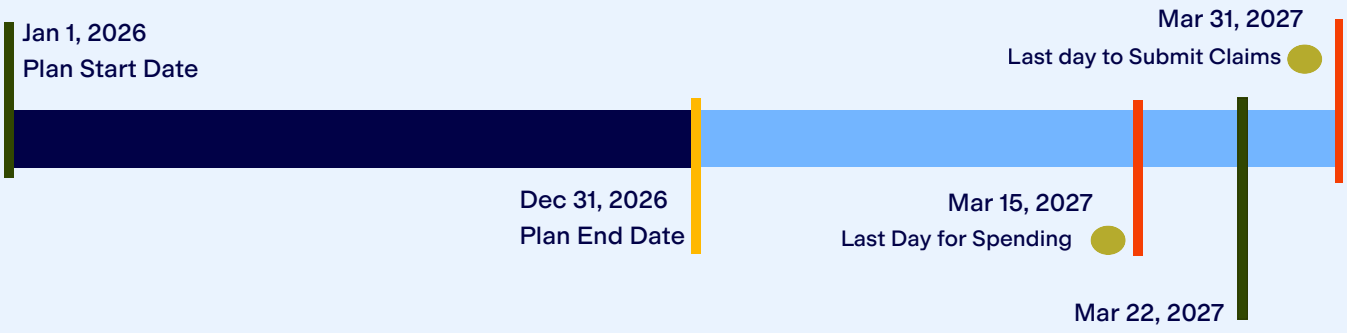
Generally, the grace period adds 2.5 additional months to your plan year spending timeline. Review your Summary Plan Description, Plan Highlights, or online account to see if the grace period is offered for your plan(s).

How Are Claims Paid During the Grace Period?

During the grace period, your Benefits Card will use any remaining funds from your prior plan year before pulling from your current plan year balance. This means eligible prior plan year dollars will be applied first.

For manual claims submitted during the 2.5-month grace period, if the expense was incurred in the new plan year, you can choose which plan year to use for reimbursement.

If you have expenses from the prior plan year that you’d like reimbursed, we recommend submitting those claims as early as possible—and before using your Benefits Card in the new plan year.

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

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: