

Healthcare (HCFSAs) Flexible Spending Account

Frequently Asked Questions

Q1. What is a Health Care Flexible Spending Account?

A Health Care Flexible Spending Account (HCFSAs) is an optional benefit administered by the Federal Flexible Spending Account Program (FSAFEDS), which enables you to contribute up to \$3,300 per individual (\$6,600 per household, if both spouses are eligible through their employers and maintain two separate accounts) in pre-tax earnings to pay for eligible medical, dental and vision care expenses. This benefit is already available to Federal civilians and will be extended to certain members of the uniformed services beginning with a Special Enrollment Period in March 2025 for the 2025 plan year.

Q2. I already have TRICARE. Why do I need an HCFSAs?

HCFSAs complement TRICARE coverage by providing a tax-advantaged way to pay for you and your family's health care expenses. HCFSAs cover a wide range of eligible expenses, to include over-the-counter health care products and wellness services (chiropractors, acupuncture and massage). HCFSAs can also cover your family's copayments, certain specialty care, dental (orthodontia) and vision costs (contacts, glasses, etc.). Employers across the United States offer HCFSAs in addition to health plans. By combining TRICARE coverage with an HCFSAs, Service members and their families can access greater tax savings while managing health care costs.

Note: An HCFSAs is NOT part of the TRICARE program and an HCFSAs is not an insurance product. Enrollment in TRICARE does not mean that you are automatically enrolled in an HCFSAs. Participants must enroll in an HCFSAs every year at [FSAFEDS.gov](https://fsafeds.gov) during Federal Benefits Open Season.

Q3. How do I get an HCFSAs?

There are three simple steps:

Step 1 — Determine your annual election. If you are eligible for an HCFSAs, decide how much to contribute to your account. This number is based on how much you plan to spend in the plan year on health care expenses.

Step 2 — Enroll. Enroll online at [FSAFEDS.gov](https://fsafeds.gov). Enrollment occurs during Federal Benefits Open Season or following a Qualifying Life Event (QLE). After you have enrolled, your funds are withdrawn automatically from each paycheck at the start of the calendar year (or the following month if you had a QLE), for deposit into your account before taxes are deducted.

Step 3 — Pay and submit claims. Pay for eligible health care expenses and submit a claim via FSAFEDS to be reimbursed for those expenses out of your HCFSA.

Q4. How much can I contribute to my HCFSA?

You can contribute any amount between \$100 and \$3,300 per individual, per year. If you and your spouse are both eligible to enroll in an HCFSA through your employer(s) and maintain two separate accounts, your household can contribute between \$200 and \$6,600 per year. The maximum election is subject to Internal Revenue Service limits, which may vary by tax year.

Q5. How does an HCFSA work? (How is it funded?)

Contributions to your HCFSA will be automatically deducted from your pay and will be deposited into your HCFSA account after payroll processing.

As a member of the uniformed services, your contributions will be deposited into your HCFSA following your end-of-month pay. Note that funds may take up to seven to 10 business days after each pay date to be available in individual HCFSA accounts.

To use the funds in your HCFSA account, you need to file a claim. After paying the cost for the eligible expense and saving your receipt(s), you can file a claim for reimbursement through FSAFEDS. Once you've submitted it, FSAFEDS will reimburse you with available funds from your account by direct deposit or check for the amount of your claim.

The FAQ section of the [FSAFEDS.gov](https://www.fsaheads.gov) website has additional information to help you learn more about when your contributions are available. It provides instructions for checking your account balance.

Q6. How long do I have to spend the funds in my account?

The HCFSA plan year is Jan. 1 through Dec. 31. Claims for expenses incurred must be submitted no later than April 30 of the following year. All dates of service on claims must be from Jan. 1 through Dec. 31. HCFSA's allow you to carry over up to \$660 of unused funds to the next plan year as long as you reenroll. All funds not claimed or carried over are forfeited.

Example:

- You enroll during Federal Benefits Open Season in November-December 2025.
- The HCFSA plan year to incur eligible expenses is Jan. 1-Dec. 31, 2026.
- \$660 of unused funds can be rolled over each year if you reenroll during Open Season in November-December 2026 for the 2027 plan year.
- All claims for the calendar year must be submitted by April 30, 2027.

Note: For Plan Year 2025, members of the uniformed services will enroll through a Special Enrollment Period from **March 3-31, 2025**. Once enrolled, they have between the date following enrollment and Dec. 31, 2025 to spend their funds.

Q7. What happens if I overspend on my expenses?

You will only be reimbursed for up to the amount you elected to contribute for the year. If you submit a claim that exceeds this amount, you will be reimbursed for only the portion of your expense up to your total yearly contribution.

Q8. Can funds be carried over from year to year?

Yes, \$660* can be carried over to the next plan year if you reenroll in an HCFSA. If your unused funds exceed the carryover limit, that amount will be forfeited if they are not incurred by Dec. 31 and claimed by April 30 (of the following year).

*The maximum carryover amount is subject to Internal Revenue Service limits, which vary by tax year.

Q9. What are the differences between an HCFSA and a Health Savings Account (HSA)?

Both HCFSA and HSAs allow you to set aside pay on a pre-tax basis for certain health care expenses. However, there are several differences between these two account types. Here are some of the key differences:

- HCFSA are generally paired with traditional health plans like TRICARE, and funds remaining beyond the allotted carryover amount in the account, after the plan year/claims period ends or you leave your employer, may be forfeited back to your employer. Employers do not add contributions to your account.
- An HSA is an investment account that allows you to carry over all your funds year-over-year. Account funds can be invested and grow tax-free earnings, and employers can add contributions to HSAs. HSAs must be paired with HSA-qualified, high-deductible health plans (HDHPs). HSA funds never expire, even if you change your health plan, employer or retire. TRICARE is not a HDHP.

Q10. What is FSAFEDS?

The Federal Flexible Spending Account Program (FSAFEDS) is an Office of Personnel Management (OPM) benefit program that allows participants to set aside pre-tax earnings to save money on eligible health and dependent care expenses. OPM, through FSAFEDS, is the administrator of the DoD Dependent Care Flexible Spending Account (DCFSA) and Health Care Flexible Spending Account (HCFSA) benefits.

Q11. How do FSAs help members of the uniformed services?

Flexible Spending Accounts (FSAs) allow you to pay for eligible dependent care or health care expenses with tax-free earnings. FSA benefits include:

- **Lower taxable income:** By contributing to FSAs, your taxable income decreases by the contribution amount. For example, if your annual salary is \$50,000 and you contribute \$3,300 to an HCFSA and \$5,000 to a DCFSA, you will only be taxed on an income of \$41,700, reducing the amount of your income subject to taxation.
- **Way to budget:** You decide how much money to set aside and how often those funds are pulled from your paycheck. This allows you to plan ahead for known health and dependent care costs (e.g., orthodontics or summer camp).

Q12 What is the difference between a Dependent Care Flexible Spending Account (DCFSA) and a Health Care Flexible Spending Account (HCFSA)?

DCFSA's help pay for [eligible dependent care expenses](#) such as day care and elder care, while HCFSA's help pay for eligible medical, dental and vision expenses.

[Click here](#) to learn more about the differences between the DCFSA and the HCFSA.

Q13. Does FSAFEDS offer a debit card that participants can use to pay for qualified expenses?

No, FSAFEDS does not offer a debit card. After you pay for an eligible expense, you can file for reimbursement from your DCFSA or HCFSA by using one of three methods:

- **FSAFEDS Mobile App:** You can download the FSAFEDS mobile app, which is available for both iOS and Android devices. With the app, you can check your account balances, receive account notifications and submit claims by taking a photo of your receipts.
- **Online Claims Submission:** FSAFEDS offers an online portal where you can submit claims quickly and securely. Simply upload your receipts and complete the claims form online.
- **Mail and Fax:** If you prefer traditional methods, you can submit claims via mail or fax by sending your receipts and completed claim forms to the provided addresses and numbers.

Q14. Will educational materials be provided in other languages?

While written DCFSA and HCFSA educational materials are only available in English, other support in multiple languages is available for members of the uniformed services and their families.

- For Service members in the Army, Marine Corps, Navy, Air Force and Space Force, DoD Military OneSource provides MilTax support in Spanish: En Español, llame al: 800-342-9647.
- FSAFEDS provides benefits counselors with translation services available in multiple languages. The phone number is: 877-FSAFEDS (372-3337). Support is available Monday through Friday from 9 a.m. until 9 p.m. Eastern time.

Q15. Is there a government contribution to an FSA?

There are no government contributions, only employee contributions.

Q16. Who is eligible for an FSA?

As of March 2025, members of the uniformed services who are eligible to enroll in the DCFSA and HCFSA include:

- Members of the regular (active) component.
- Members of the reserve components of the Army, Marine Corps, Navy and Air Force performing Active Guard Reserve (AGR) duty.
- Members of the National Guard performing Active Guard Reserve (AGR) duty.
- Members of the U.S. Coast Guard Reserve, including Reserve Component Managers, performing active duty for more than 180 days.

The below members of the uniformed services are not eligible for either the DCFSA or the HCFSA as of March 2025:

- Reserve-component members in the Army, Marine Corps, Navy, Air Force and U.S. Public Health Service Commissioned Corps (except for those performing AGR duty pursuant to 10 U.S.C. 12301(d) or 32 U.S.C. 502(f).
- Members of the United States Coast Guard Reserve (except for those performing active duty for more than 180 days or Reserve Component Manager duty).

Note: As of plan year 2025, HCFSA enrollment will be available to eligible members of the uniformed services for the first time via a Special Enrollment Period from March 3-31, 2025. During the Special Enrollment Period, members of the U.S. Coast Guard and National and Oceanic Atmospheric Administration Commissioned Officer Corps can enroll in both the DCFSA and the HCFSA.

Q17. I am in the Reserves or National Guard. Do I qualify?

Members of the Reserves or National Guard of the Army, Marine Corps, Navy or Air Force performing Active Guard Reserve (AGR) duty are eligible as of the 2024 Federal Benefits Open8 Season.

- In the Army and Air Force, these members are referred to as AGRs.
- In the Navy, these members are referred to as Training and Administration of the Reserve (TAR).
- In the Marine Corps, these members are referred to as Active Reserve (AR).
- If you are unsure of your status, please contact your service's [personnel office](#).

Other reserve-component members (except for those performing AGR duty pursuant to 10 U.S.C. 12301(d) or 32 U.S.C. 502(f) are **not** eligible.

Q18. Are retirees eligible for an FSA?

No. Retirees and/or annuitants (with the exclusion of anyone who is reemployed and eligible through their current employer) are not eligible to enroll in flexible spending account.

Q19. Is there any income level that is too high to use an FSA, sometimes called a "phase out"?

No. There is no income that is too high to open an FSA. This tax benefit does not have an income "phase out."

Q20. Am I still eligible to use my HCFSA while on a leave of absence, leave without pay (LWOP) or a long break from work?

If you go on Leave Without Pay (LWOP) or any other non-pay status (i.e. AWOL, suspension of pay), your HCFSA will be frozen. You will not be reimbursed for any HCFSA expenses incurred during the LWOP period until you return to pay status and allotments restart. If you accelerate allotments and fully fund the election prior to going on leave, the account will not be frozen.

Q21. What happens if I separate or retire before the end of the plan year?

If you separate or retire before the end of the calendar year, your HCFSA will terminate as of the date of separation. You can file claims for expenses dated prior to your separation/retirement date. Expenses incurred after the separation date are not eligible for reimbursement, even if you accelerated your allotments and fully funded the election.

Q22. Should families with members enrolled in the DoD Exceptional Family Member Program (EFMP) and Coast Guard Special Needs Program consider opening an HCFSA?

Yes. There are multiple reasons an HCFSA may be advantageous for EFMP and Special Needs families:

- Members of the uniformed services and their families may have to pay out of pocket for health care expenses even with TRICARE and registration in the Extended Care Health Option (ECHO).
- An HCFSa can be used for a wide variety of health care expenses, such as copays and cost-shares, as well as specialized services, specialty medications, wellness services and medical monitoring devices. A full list of eligible expenses is available at: [Eligible Health Care FSA Expenses — FSAFEDS](#).

For more information for special needs families, consult the [Guide for Families Enrolled in the DOD EFMP Program and USCG Special Needs Program](#).

Q23. How do I enroll in DCFSA and/or HCFSa?

Enroll online at [FSAFEDS.gov](#) during the Federal Benefits Open Season from mid-November through mid-December — specific dates are announced by OPM prior to Open Season — or when experiencing a qualifying life event (QLE).

Note: Members of the uniformed services will have access to Health Care Flexible Spending Accounts for the first time in plan year 2025. Eligible members of the uniformed services can enroll during a Special Enrollment Period that will be held from March 3-31, 2025, at [FSAFEDS.gov](#). After plan year 2025, members of the uniformed services can enroll during Federal Benefits Open Season or after a QLE.

Q24. Can I sign up for both a DCFSA and an HCFSa in the same year?

Yes. You can sign up for both a DCFSA and an HCFSa each year if you meet the eligibility requirements for both FSAs. Enrollment generally happens during Federal Benefits Open Season, from mid-November to mid-December, but can also happen if you experience a qualifying life event (QLE).

Note: Members of the uniformed services will be eligible for an HCFSa for the first time via a special enrollment period from March 3-31, 2025. After plan year 2025, members of the uniformed services can enroll during the Federal Benefits Open Season or after a QLE.

Learn more about DCFSA eligibility [here](#).

Learn more about HCFSa eligibility [here](#).

Q25. What is Federal Benefits Open Season?

Federal Benefits Open Season refers to a length of time set by the U.S. Office of Personnel Management (OPM) to enroll in Federal benefits. This is in addition to TRICARE Open Season. Specific dates are announced by OPM prior to Open Season. Opening an HCFSa or DCFSA is

voluntary, and your participation will NOT automatically renew each year. You must actively choose to enroll and contribute each year. Your elections during Open Season are effective for the benefit period that follows.

Q26. Can I enroll outside of Open Season?

It depends on the circumstance. You can only enroll outside of Federal Benefits Open Season if you:

- Qualify for a [belated enrollment](#).
- Experience a [qualifying life event](#).
- Are a new or newly eligible employee before Oct. 1 of any benefit period.

Q27. What is a belated enrollment?

If you were unable to enroll during the entire Federal Benefits Open Season for reasons outside of your control, you may qualify for a belated enrollment. Belated enrollment is generally available from the end of Open Season in December through early January. The U.S. Office of Personnel Management (OPM) sets the specific belated enrollment dates each year.

To qualify, belated enrollment requests must involve specific reasons for consideration, such as:

- Being outside the U.S. during Open Season without access to internet or phone.
- Having a personal situation (hospitalization, major illness, death in the family, etc.) that prevented enrollment during Open Season.
- Waiting on a retirement decision.

More information on belated enrollment is available [here](#).

Q28. Do I have to reenroll in FSAs every year?

You must reenroll in both the HCFSA and the DCFSA every year to continue to use the benefits. Reenrollment in an HCFSA allows you to carry over \$660* to the next calendar year. There is no carryover for a DCFSA.

*Carryover amount is subject to Internal Revenue Service limits, which vary by tax year.

Q29. What is a qualifying life event (QLE)?

A qualifying life event (QLE) is a certain circumstance when you can make a change to your DCFSA or HCFSA enrollment or election amount. As a rule, you cannot enroll, disenroll or change your DCFSA or HCFSA election amount during the benefit period (outside of Federal Benefits Open Season) unless you are experiencing a QLE. The IRS determines what is

characterized as a QLE. Examples include a change in legal marital status, birth of a child, permanent change of station (PCS) and deployment.

Learn more about QLEs in the [Qualifying Life Events Quick Reference Guide](#).

Q30. Can I change my FSA election?

After Federal Benefits Open Season, you can change your HCFSA or DCFSA election only if you experience a qualifying life event (QLE). Learn more about QLEs in the [Qualifying Life Events Quick Reference Guide](#).

Q31. Can I disenroll from my FSA?

You may only disenroll in a dependent care or health care FSA if you experience a qualifying life event (QLE). QLEs are certain circumstances when you can make changes to your account, including enrolling, disenrolling or changing your election amount. The IRS determines what is characterized as a QLE.

Learn more about QLEs in the [Qualifying Life Events Quick Reference Guide](#).

Q32. Are there considerations that an enrollee needs to be aware of when using an FSA while OCONUS?

No, there are no special considerations for OCONUS individuals. FSAFEDS does not have any licensing requirements for health care or dependent care providers that would impact OCONUS or CONUS families. Claims for reimbursement can be submitted in other languages and currencies if necessary, although the English language and U.S. dollar are preferred.

Q33. If a member of the uniformed services does not have access to the internet (e.g., due to deployment or training), can a spouse or other individual be authorized to enroll and submit claims on behalf of the member?

Yes, a spouse or other individual may enroll in a DCFSA and/or HCFSA on behalf of the member if they have a valid power of attorney to perform this action. Additionally, after enrollment, FSAFEDS provides the ability for members of the uniformed services to authorize access to their account for a spouse or other individual to submit claims and for other account maintenance. Simply log into your FSAFEDS account, then complete and submit the [online Authorized Individuals Form](#) to extend access to an authorized individual.

Q34. What are the most common expenses covered by an HCFSA?

The IRS determines which expenses are considered eligible or ineligible. Some common items that HCFSA funds can be used for include:

- Medical expenses — copays, coinsurance and deductibles
- Dental expenses — exams, cleanings, X-rays and orthodontia
- Vision expenses — exams, contact lenses and supplies, eyeglasses and laser eye surgery
- Wellness services — massage therapy, chiropractor and acupuncture
- Prescription medications and over-the-counter medications
- Over-the-counter health care items — bandages, pregnancy tests and, blood pressure monitors

A complete list of eligible and ineligible expenses can be found at [FSAFEDS.gov](https://www.fsa.feds.gov).
For more information on eligible expenses, visit the [HCFSA Eligible Expenses Guide](#).

Q35. What expenses are not covered?

The IRS determines what expenses are considered eligible or ineligible. Some common ineligible expenses include:

- Insurance premiums
- Diet foods
- Teeth whitening or bleaching
- Toothpaste, toothbrush or floss
- Diapers and regular formula

A complete list of eligible and ineligible expenses can be found at [FSAFEDS.gov](https://www.fsa.feds.gov).
For more information on eligible expenses, the [HCFSA Eligible Expenses Guide](#).

Q36. Is respite care or in-home nursing care an eligible HCFSA expense?

In-home nursing services that require a provider to come to your home or your dependent's home to provide care are eligible HCFSA expenses. However, nursing home care that occurs at a nursing care facility and respite care are ineligible expenses. Home health care benefits such as respite care may be available through the Extended Care Health Option (ECHO) program. For more information, visit [tricare.mil](https://www.tricare.mil).

Q37. Can I use a health care FSA to cover my spouse's or family's health care expenses?

Yes. You can use your HCFSA to pay for eligible expenses incurred by yourself, your spouse and dependents that you claim on your tax return. This includes dependent parents, children or other qualifying relatives who meet the criteria set by the Internal Revenue Service. You may also submit claims for eligible health care expenses incurred by your adult children through age 26.

Q38. What expenses are eligible for reimbursement only if medically necessary?

Some services and products are only available for reimbursement when your provider certifies that it is medically necessary. A Letter of Medical Necessity (LOMN) must indicate your specific medical condition, a description of the recommended treatment and the length of treatment required. Examples of products or services that require an LOMN include:

- Allergy treatments or products (HEPA filters, Air purifier, etc.)
- Cosmetic procedures or surgeries (for birth defects, accidents and/or disease)
- Home medical equipment (such as reclining chairs, special mattresses, humidifiers and vaporizers)
- Health club dues (as treatments for medical conditions diagnosed by licensed health care professionals)
- Supplements (for the treatment of medical conditions)
- Weight loss programs (for the treatment of medical conditions). Weight loss foods are not eligible.
- Wigs for hair loss due to chemotherapy or radiation treatment

Download the template provided by [FSAFEDS](https://www.FSAFEDS.gov) and request that your medical provider fill in the required information. A sample Letter of Medical Necessity form can be found [FSAFEDS.gov](https://www.FSAFEDS.gov).

To learn more about which expenses require a Letter of Medical Necessity, visit [FSAFEDS.gov](https://www.FSAFEDS.gov).

Q39. How do I submit a claim?

HCFSAs claims are submitted using receipts or explanations of benefits (EOBs) that show proof of service or purchase. Receipts can be obtained from your provider or from the store where you purchased the HCFSAs-eligible products. Claims can be submitted using the following methods:

- **FSAFEDS Mobile App:** You can use the app to submit claims conveniently.
- **Online Claims Submissions:** Submit claims electronically through the FSAFEDS website.
- **Mail and Fax:** You can use traditional methods for submitting paper claims.

Q40. What information needs to be included on my receipt for HCFSAs reimbursement?

Documentation for HCFSAs expenses required by the IRS includes a third-party receipt or an Explanation of Benefits that contains the following information:

- Patient's Name — the name of the person who received the service or for whom the item was purchased. For retail store purchases, this information may be excluded.
- Provider's Name — the provider who delivered the service or the merchant where the item was purchased
- Date of Service — the date services were provided or the item was purchased

- Type of Service — a detailed description of the service provided or item purchased, although a pharmacy prescription receipt is sufficient for prescriptions
- Cost — the amount paid for the service or product and/or the portion that is not reimbursed through your insurance carrier

Q41. Are there any fees?

Members of the uniformed services will not be charged any administrative or enrollment fees.

Q42. The FSAFEDS site says we could save up to 30%. Is that accurate?

Possibly. The amount of tax savings will vary due to multiple factors. It depends on an individual's or household's tax situation. An HCFSA or DCFSA can reduce your taxable income and/or reduce the burden of health care or dependent care costs. It is recommended that you seek guidance from a [MilTax expert](#) and/or a DoD [personal financial counselor](#) to learn more about how an FSA might benefit you.

Q43. Will funds contributed to an FSA lower a participant's taxable income, potentially impacting eligibility for SNAP and BNA?

While FSAs lower your taxable income, FSA contributions are included as part of your family's gross income. They may be included in calculations for public assistance programs such as the Supplemental Nutrition Assistance Program (SNAP) and Women, Infants, and Children (WIC), or for determining eligibility for certain DoD benefits like the Basic Needs Allowance (BNA) or the Family Supplemental Assistance Program (FSSA). Before opening an FSA, if you are a member of the uniformed services, you should consider meeting with a [personal financial manager](#) or [counselor](#) to review your family's financial situation and learn how an FSA could impact your cash flow and eligibility for other programs.

- More information on SNAP is available at: <https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program>.
- More information on BNA is available at: <https://finred.usalearning.gov/Benefits/BNA>.

Q44. How and when will I see savings resulting from my FSA?

The savings associated with an FSA are generated by reducing your taxable income, which can lead to lower overall taxes.

By contributing to FSAs, your taxable income decreases by the contribution amount. For example, if your annual salary is \$50,000 and you contribute \$3,300 to an HCFSA and \$5,000 to a DCFSA, you will only be taxed on \$41,700. This reduces the amount of your income that is that is subject to taxation.

Q45. Who can I talk to about FSAs and whether they fit my family's needs?

For Service members in the Army, Marine Corps, Navy, Air Force and Space Force, we strongly recommend talking to a [MilTax expert](#) and/or a [DoD personal financial manager](#) or [counselor](#) to review your family's specific financial and tax situations.

Coast Guard members can speak to Coast Guard personal financial managers or tax consultants through [CG SUPRT](#).

Q46. As an individual Service member, should I contribute? As a Service member with a family, should I contribute?

When deciding whether to enroll, make informed decisions based on your specific needs concerning whether and how to take advantage of this benefit. Educational materials are available to ensure eligible participants understand this benefit and the financial and tax consequences of participating.

If you are a Service member in the Army, Marine Corps, Navy, Air Force or Space Force, consult a [MilTax expert](#) and/or a [DoD personal financial manager](#) or [counselor](#) to review your family's unique circumstances. These services are free for Service members and their families.

If you are in the Coast Guard, speak to Coast Guard personal financial manager or tax consultant through [CG SUPRT](#).

Q47. Can participants set their own HCFSAs contribution pace?

Yes. Once you decide how much to contribute, you can determine the pace of deductions. For example, you can elect to have contributions accelerated in a smaller number of pay periods or you can choose to have an equal amount contributed each pay period. However, regardless of the pace of deductions, the total HCFSAs amount you elect is available at the beginning of the year, even if that amount has not yet been fully deducted from your pay.

Q48. How long is the reimbursement period from claim submission to approval to payment?

Payment typically occurs within one business week after the claim has been processed and approved for reimbursement.

The full amount of your HCFSAs election is available at the start of the year, and you can submit claims for health care expenses up to the elected amount in your HCFSAs account as early as Jan. 1 if you enrolled during Open Season. If you enroll during the plan year after a Qualifying Life Event (QLE), depending on the type of QLE, your funds will be available anytime between the day after enrollment and the month following enrollment.

FSAFEDS will process your claim and reimburse the amount available in your account. If you submit a claim that cannot be fully covered by your HCFSA, you will be reimbursed the amount that can be covered. You will be responsible for the rest.

Q49. How long do I have after incurring an expense to submit the request for reimbursement?

HCFSA claims must be submitted by April 30 of the year following the plan year. Any funds remaining in the account after April 30 will be forfeited, except for \$660,* which can be carried over to the next year if you reenroll. Participants can submit claims based on any schedule they choose if their receipts are valid and for service dates within the plan year (Jan. 1 through Dec. 31).

Note: For participants in the 2025 Special Enrollment Period, eligible claims must have service dates between the day after enrollment through Dec. 31.

*The carryover amount is subject to Internal Revenue Service limits, which vary by tax year.

Q50. How will I get reimbursed?

You can choose to be reimbursed by check or direct deposit. Set up direct deposit during enrollment or once enrolled through your FSAFEDS account. If you do not have direct deposit set up, a check will be mailed to your home address within two to five business days.

Q51. My spouse does not earn an income. Does this affect my eligibility to enroll in an HCFSA?

No. HCFSAs do not have a spousal income requirement, unlike DCFSAs.

Q52. Can my spouse and I both contribute to an HCFSA?

If both you and your spouse are eligible for an HCFSA through your employer(s) and maintain two separate accounts, the maximum household contribution is \$6,600 (\$3,300* per participant).

*The maximum election is subject to Internal Revenue Service limits, which vary by tax year.

Q53. I planned my election, but experienced a life status change. Can I change my election amount or stop contributions?

These life events are called Qualifying Life Events (QLEs), and experiencing one may allow you to change your HCFSA election contributions. If something changes your eligibility, you should initiate a qualifying life event within 60 days of the QLE. Additional information on QLEs is available at [FSAFEDS.gov](https://www.fsaheads.gov).

Q54. My family and I are on TRICARE Prime. How does an HCFSa work with TRICARE Prime?

In general, TRICARE Prime requires a Primary Care Manager (PCM) for all appointments and referrals, but has minimal out-of-pocket costs. An HCFSa can be used for additional costs not covered by TRICARE, such as drugstore items and wellness services for both you and your family.

Learn more about eligible expenses for an HCFSa in the [HCFSa Eligible Expenses Guide](#).

Q55. My family is on TRICARE Select. How does an HCFSa work with TRICARE Select?

TRICARE Select is a self-managed care option, which means you manage your own health care and can receive care from any TRICARE-authorized provider. However, you can pay higher out-of-pocket costs like copays when you receive care outside the established network of providers. Learn more about eligible expenses for an HCFSa in the [HCFSa Eligible Expenses Guide](#).

Q56. How does an HCFSa work with TRICARE Overseas?

There are no special requirements to use an HCFSa with TRICARE Overseas. FSAFEDS does not have any licensing requirements for health care providers that would impact overseas members of the uniformed services and their families. HCFSa-eligible expenses are dependent on whether you are enrolled in Prime or Select.

Q57. How does an HCFSa work if I have "Other Health Insurance" (OHI) in addition to TRICARE?

If you have an OHI, your primary insurance will pay first and then the claim will be submitted to TRICARE to pay for services or supplies covered under your TRICARE plan. Any cost leftover after TRICARE pays can be covered with an HCFSa, as long as the expense is HCFSa eligible.

In these cases, ensure that the itemized bill includes both OHI and TRICARE payments so that you are not double reimbursed by TRICARE and FSAFEDS for the same expense. This will also support claim processing.

Q58. Which tax brackets will benefit the most? Are there some that may not benefit?

The benefit to individuals and families will vary based on a variety of factors, including income, out-of-pocket health care costs, number of dependents (if applicable), and more. To estimate how much you can save with an HCFSa, check out the [HCFSa Savings Calculator](#) at [FSAFEDS.gov](#). Prior to enrolling in an HCFSa, it is strongly recommended that you seek counsel from a [MilTax](#)

[expert](#) and/or a personal financial manager or counselor who can address your individual situation and help you learn how an HCFSa might benefit you.

If you are a Service member in the Army, Marine Corps, Navy, Air Force or Space Force, consult a [MilTax expert](#) and/or a [DoD personal financial manager](#) or [counselor](#). Schedule an individual consultation with a DoD personal financial counselor at your [DoD installation](#) or via [Military One Source](#). These services are free to Service members and their families.

If you are a Coast Guard member, speak to a Coast Guard personal financial manager or consult [CG SUPRT](#).