



DISCLAIMER

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COMPARISON OF HEALTH CARE ACCOUNTS

	Health Savings Account (HSA)	Health Reimbursement Arrangement (HRA)	Health Flexible Spending Account (FSA)	Dependent Care Assistance Program (DCAP)	Limited Purpose Flexible Spending Account (LPFSA)
Account ownership	Employee/ Individual	Employer (held in employee’s name)	Employer (held in employee’s name)	Employer (held in employee’s name)	Employer (held in employee’s name)
Deposits made by	Employer, employee or both	Employer	Employer, employee or both	Employer, employee or both	Employer, employee or both
Separate account	Required; IRA-type account	Not required; paid from employer assets	Not required; paid from employer assets	Not required; paid from employer assets	Not required; paid from employer assets
Expenses covered	Medical, dental, vision, prescription & over-the-counter expenses. COBRA, retiree medical insurance premiums, LTC premiums or expenses <i>Reference: IRC § 213(d)</i>	Medical, dental, vision, prescription & over-the-counter expenses. Post-tax insurance premiums <i>Reference: IRC § 213(d)</i>	Medical, dental, vision, prescription & over-the-counter expenses <i>Reference: IRC § 213(d)</i>	Caregiver costs for dependent care expenses while at work <i>Reference: IRC § 129</i>	Typically limited to qualifying dental and vision expenses only; can also cover post-deductible medical and prescription expenses <i>Reference: IRC § 213(d)</i>
Accompanying plan requirements	Must be covered by qualified HDHP and not covered by any plan that covers medical expenses under the deductible HDHP Minimum Deductible 2019: \$1,350 single; \$2,700 family HDHP Minimum Deductible 2020: \$1,350 single; \$2,700 family	Generally, must be integrated with group medical plan meeting health care reform requirements	None	None	None, though usually paired with HSA and qualified HDHP

	Health Savings Account (HSA)	Health Reimbursement Arrangement (HRA)	Health Flexible Spending Account (FSA)	Dependent Care Assistance Program (DCAP)	Limited Purpose Flexible Spending Account (LPFSA)
Contribution limits	Calendar year limits: <ul style="list-style-type: none"> • 2019: \$3,500 single; \$7,000 family; \$1,000 Catch Up • 2020: \$3,550 single; \$7,100 family; \$1,000 Catch Up 	None	\$2,750 per plan year with potential for annual inflation increases. The limit is per person. Employers may elect a lower contribution limit.	\$5,000 per calendar year if single or married filing jointly, \$2,500 if married filing separately	\$2,700 per plan year with potential for annual inflation increases. The limit is per person. Employers may elect a lower contribution limit.
Portability	Full portability required	Portability allowed at employer's discretion	None	None	None
Rollover	Full rollover required	Rollover allowed at employer's discretion	\$500 rollover allowed at employer's discretion	None	\$500 rollover allowed at employer's discretion
Funds availability	As deposits are credited	As deposits are credited; may be credited in a lump sum	Full annual election available on first day of coverage (uniform coverage)	As deposits are credited	Full annual election available on first day of coverage (uniform coverage)
Claim adjudication	Not allowed; though participants must retain receipts	Required	Required	Required	Required
Compatibility with other savings accounts	May be paired with HRA, FSA if they are limited to amounts over deductible, or to dental/ vision only; may be paired with DCAP, PRA	May be paired with FSA, DCAP, PRA. If paired with an HSA, must be limited to amounts over the deductible or to dental/vision only	May be paired with HRA, DCAP, PRA. If paired with an HSA, must be limited to amounts over the deductible or to dental/vision only	May be paired with HSA, HRA, FSA, PRA	May be paired with HSA to stay compliant with IRS regulations. Limited to amounts over the deductible and/or to dental/vision only.
Employer contributions	Can be made on behalf of current employees (account extends to spouse and dependents)	Can be made on behalf of current and former employees, their spouses and dependents, and spouses and dependents of deceased employees	Can be made on behalf of current employees (account extends to spouse and dependents)	Can be made on behalf of current employees (account extends to spouse and dependents)	Can be made on behalf of current employees (account extends to spouse and dependents)
ERISA plan	Generally no	Yes	Yes	No	Yes
COBRA	Does not apply	Applies	Applies	Does not apply	Applies
Retirees	Can be covered	Can be covered	Cannot be covered	Cannot be covered	Cannot be covered
Debit card usage	Yes	Yes	Yes	No	Yes
Contributions for Medicare participants	Contributions cannot be made once an individual has Medicare coverage.	No limits on contributions	No limits on contributions	No limits on contributions	No limits on contributions
Usage for ineligible expenses	Allowed. Amounts included in income; and subject to 20% penalty unless after account beneficiary's death, disability or attaining age 65	Not allowed	Not allowed	Not allowed	Not allowed

	Health Savings Account (HSA)	Health Reimbursement Arrangement (HRA)	Health Flexible Spending Account (FSA)	Dependent Care Assistance Program (DCAP)	Limited Purpose Flexible Spending Account (LPFSA)
Distributions for expenses incurred after individual is no longer eligible	Can be made	Can be made at employer's discretion, or if COBRA is elected	Can be made if COBRA is elected	Can be made for remainder of plan year at employer's discretion	Can be made if COBRA is elected
Coverage for sole proprietors, partners and 2% or more S-corp owners	Yes, but not eligible to participate in pre-tax cafeteria plan used to fund HSA in the workplace	Cannot be covered	Cannot be covered	Cannot be covered	Cannot be covered