



<sup>1</sup>The amount you save in taxes will vary depending on the amount you set aside in the account, your annual earnings, whether or not you pay Social Security taxes, the number of exemptions and deductions you claim on your tax return, your tax bracket and your state and local tax regulations. Check with your tax advisor for information on whether your participation will affect your tax savings.





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Health Care Expenses, including:

- 213(a)(1) Expenses
- 213(b)(1) Expenses
- 213(b)(2) Expenses
- 213(b)(3) Expenses
- 213(b)(4) Expenses
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- 213(b)(99) Expenses
- 213(b)(100) Expenses

Expenses that may qualify include:

- Co-pays and coinsurance
- Deductibles
- Prescription medications
- LASIK surgery
- Glasses or contact lenses
- Orthodontia

2024 Contribution Limit

# \$3200

<sup>2</sup>The list of eligible expenses are set by federal regulations and are subject to change. Contact your Plan Administrator for more information or

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Before the plan year



