



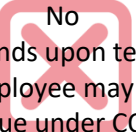














## Flexible Spending Accounts and Health Savings Account Comparison

2023

Description	General-Purpose Health Care Flexible Spending Account (HCFSA)	Limited-purpose Health Care Flexible Spending Account (LPFSA)	Health Savings Account (HSA)
<b>Description</b>	HCFSAs are a year-to-year <b>spending</b> account used to pay current year out-of-pocket medical, dental, vision expenses with pretax dollars.	LPFSAs are a year-to-year <b>spending</b> account used to pay current year out-of-pocket dental and vision expenses with pretax dollars. You can have an LPFSA if you make contributions to an HSA.	HSAs are a <b>savings</b> account used to pay for future expenses, or for current year medical, dental, vision expenses with pretax dollars. You can also enroll in a LPFSA if you are making contributions to an HSA.
<b>Tax Benefit</b>	Employee contributions and reimbursements for claims are tax-free.	Employee contributions and reimbursements for claims are tax-free.	Employee contributions, interest earnings and withdrawals for qualifying health care expenses are tax-free.
<b>Account Owner</b>	 Employer	 Employer	 Employee
<b>Portable upon termination of employment</b>	 No Coverage ends upon termination; except employee may qualify to continue under COBRA.	 No Coverage ends upon termination; except employee may qualify to continue under COBRA.	 Yes Employee owns the account and keeps the account at all times.
<b>Medical Plan Enrollment Requirement</b>	None Can be enrolled in any medical plan at employer or spouse's employer.	Must be enrolled in high-deductible health plan (HDHP) and have no other non-HDHP coverage.	Must be enrolled in high-deductible health plan (HDHP) and have no other non-HDHP coverage.
<b>Contributions to Account</b>	Employee pretax contributions and employer contributions allowed.	Employee pretax contributions and employer contributions allowed.	Employee pretax contributions; or employee after-tax contributions; and employer contributions allowed.

Description	General-Purpose Health Care Flexible Spending Account (HCFA)	Limited-purpose Health Care Flexible Spending Account (LPFA)	Health Savings Account (HSA)
<b>Contribution Limits</b>	<p style="text-align: center;"><b>\$3,050</b></p> <p>Note: If employer contributes, the amount can be added on top of <b>\$3,050</b>.</p>	<p style="text-align: center;"><b>\$3,050</b></p> <p>Note: If employer contributes, the amount can be added on top of <b>\$3,050</b>.</p>	<p>Individual Coverage - <b>\$3,850</b> Family Coverage - <b>\$7,750</b></p>
<b>Catch-Up Contribution</b>			<p>Age 55+ can contribute up to <b>\$1,000</b></p>
<b>Fund balance carry over at year end</b>	<p>Yes-If included by employer. Carryover Provision: Up to \$610 per year can be carried over into the next plan year. Grace Period: May continue to incur expenses for 2 ½ months following plan year end.</p>	<p>Yes-If included by employer. Carryover Provision: Up to \$610 per year can be carried over into the next plan year. Grace Period: May continue to incur expenses for 2 ½ months following plan year end.</p>	<p>Yes All amounts accumulate year-after-year.</p>
<b>Interest and Earnings</b>			<p>Yes HSA is a bank account under which earnings are tax free if used for qualified health care expenses.</p>
<b>Investment Options</b>			<p>Yes HSA funds can be invested and earnings are tax-free.</p>

Description	General-Purpose Health Care Flexible Spending Account (HCFSA)	Limited-purpose Health Care Flexible Spending Account (LPFSA)	Health Savings Account (HSA)
<b>Eligible Expenses</b>	Medical, Dental, Vision, Prescriptions, Over-the-Counter health care products	Dental, Vision, Over-the-counter or Prescriptions for dental/vision health care products	Medical, Dental, Vision, Prescriptions, Over-the-Counter health care products, Medicare and long-term care premiums, long-term care expenses, COBRA premiums
<b>Claim Review</b>	Required by IRS regulations and employee submits claims to administrator for review.	Required by IRS regulations and employee submits claims to administrator for review.	Not Required Employee keeps documentation of incurred expenses with personal tax records.
<b>Distributions for non-medical expenses</b>	Not permissible per IRS regulations 	Not permissible per IRS regulations 	Allowed per IRS regulations and subject to 20% penalty tax 
<b>Payment Amounts</b>	Plan will pay up to plan year election amount, less prior reimbursements.	Plan will pay up to plan year election amount, less prior reimbursements.	Employee can take distributions from account up to cash balance.
<b>Reimbursement Options</b>	Must submit claim to administrator with appropriate documentation via mobile app, online, fax or mail. May also use debit card at point of sale and provide documentation afterwards, if required under IRS regulations.	Must submit claim to administrator with appropriate documentation via mobile app, online, fax or mail. May also use debit card at point of sale and provide documentation afterwards, if required under IRS regulations.	May use debit card at point of sale, use bill pay, transfer to another account or otherwise take a distribution from account.
<b>Documentation Requirements</b>	Required with claim. Includes insurance plan explanation of benefits (EOB) or itemized statement of service from provider or merchant that shows provider name, patient name, date of service(s), itemized description of each service, dollar amount.	Required with claim. Includes insurance plan explanation of benefits (EOB) or itemized statement of service from provider or merchant that shows provider name, patient name, date of service(s), itemized description of each service, dollar amount.	Account holder retains documentation with personal tax records. Includes insurance plan explanation of benefits (EOB) or itemized statement of service from provider or merchant that shows provider name, patient name, date of service(s), itemized description of each service, dollar amount.