



	<b>DPRD Contribution</b>	<b>DPRD to match Employee Contribution</b>	<b>Employee Maximum Contribution</b>
<b>Family</b>	\$1,400.00	\$1,000.00	\$5,900.00
<b>Couple</b>	\$1,200.00	\$1,000.00	\$6,100.00
<b>Parent + Child/ren</b>	\$1,100.00	\$1,000.00	\$6,200.00
<b>Single</b>	\$500.00	\$500.00	\$3,150.00

**2024 Health Savings Account (HSA) Maximum Contribution**

<b>Single</b>	<b>\$4,150/yr.</b>	<b>Family \$8,300/yr.</b>
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	<b>Maximum Employee Contribution</b>	
<b>Limited Flex Spending Account</b>	\$3,200/ year	Can only be used for Dental and Vision expenses.

**\*Use or loss, \$610 carry over for 3 months**

**If you are NOT participating in the High Deductible Health Plan, you can participate in traditional flex spending account.**

	<b>Maximum Employee Contribution</b>
<b>Flex Spending Account</b>	\$3,200/ year

**\*Use or loss, \$610 carry over for 3 months**

**\*\*HSA, LFSA and FSA Contributions are pre-tax.**