

SAVE ON TAXES WITH YOUR FLEXIBLE SPENDING ACCOUNT (FSA)

Use these worksheets to help estimate your tax savings for a health care and/or dependent care FSA and as a guide to help you estimate your election amounts. Please note that the examples given are only a guide for completing the worksheet. Your FSA election amounts should be based on an estimate of your own expenses.

To see qualified expenses, visit the resource center at www.healthequity.com or see *IRS Publication 502—Medical and Dental Expenses* at www.irs.gov.

HEALTH CARE FSA			
	Eligible Expenses	Sample Estimate	Your Estimated Amount
Estimated annual expenses	Annual dental plan deductible	\$100	
	Dental fillings and crowns	\$150	
	Orthodontics (braces)	\$1,500	
	Annual health plan deductible	\$300	
	Chiropractor visits		
	Counselor or therapist visits		
	Doctor's office visits	\$60	
	Contact lenses and solutions	\$30	
	Corrective eye surgery		
	Prescription sunglasses/glasses		
Estimated election amount*	Estimated Expense Total:	\$2,140	
Taxes (40%)		x 0.40	
Savings estimate*		\$856	

DEPENDENT CARE FSA			
	Eligible Expenses	Sample Estimate	Your Estimated Amount
Estimated annual expenses	Day care	\$4,800	
	Before/After school programs		
	Preschool		
	Elder care		
Estimated election amount*	Estimated Expense Total:	\$4,800	
Taxes (40%)		x 0.40	
Savings estimate*		\$1,920	

*Estimated savings are based on an assumed combined federal and state income tax bracket of 40%. Actual savings will depend on your taxable income and tax status. This information is intended to be used for FSA education purposes only. You should consult your tax adviser or accountant regarding your own personal situation and as to whether participating in an FSA is right for you.