SAVE ON TAXES with your FSA

Flexible spending account (FSA) worksheet

Use the tables below to help estimate your annual needs and tax savings for a health care and/or dependent care FSA. 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 a list of qualified medical expenses visit www.HealthEquity.com/qme. To see a list of qualified dependent care expenses visit www.HealthEquity.com/DCRAexpenses.

Health care FSA

	Eligible Expenses	Example estimate	Your estimated amount
Estimated annual expenses	Annual dental plan deductible	\$100	
	Dental fillings and crowns	\$150	
	Orthodontics	\$1500	
	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	
Your effective tax rate		x 0.30 (30%)*	Х
Savings estimate*		\$642	

Dependent care FSA (DCRA)

	Eligible Expenses	Example 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	
Your effective tax rate		x 0.30 (30%)*	Х
Savings estimate*	(\$1,440	

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For more information call: 866.346.5800

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