

real



savings



simple

VEBA HRA FSA Enrollment Guide



Flexible Spending Account (FSA)

It's like giving yourself a raise!

Using an FSA is a great way to stretch your benefit dollars. You simply set aside a portion of your earnings to pay for qualified medical and dependent care expenses. Money is deducted from your gross pay before taxes so you enjoy tax savings and increased take-home pay. And, you'll have quick and easy access to your FSA funds with the convenience of a prepaid benefits card.



It just takes a little planning to see what fits your needs. Estimate how much you'll spend in the coming year.



Tax Saving

With an FSA, simply determine a dollar amount that your employer will transfer to your FSA before calculating taxes each pay period (up to the annual limit set by the IRS).

The amount of your pay that goes into an FSA won't count as taxable income, so you'll have immediate tax savings.

Use the money in your FSA to pay for certain out-of-pocket expenses like deductibles and coinsurance. And, if you're paying for dependent care each month, you can put pre-tax money aside to cover those expenses as well.



Health FSA

A Health FSA pays for eligible out-of-pocket medical expenses. A Health FSA could save you money if you or your dependents:

- Have out-of-pocket expenses like co-pays, coinsurance, or deductibles for health, prescription, dental or vision plans
- Take prescription medications on an ongoing basis
- Wear glasses or contact lenses or are planning LASIK surgery
- Need orthodontia care, such as braces, or have dental expenses not covered by your insurance



Dependent Care FSA

A Dependent Care FSA allows reimbursement of dependent care expenses (such as daycare) incurred by eligible dependents. This benefit may make sense if you (and your spouse, if married) are working or in school, and:

- Your dependent children under age 13 attend daycare, after-school care or summer day camp
- You provide care for a person of any age whom you claim as a dependent on your federal income tax return and who is mentally or physically incapable of caring for himself or herself



VEBA HRA

Your employer deposits funds into a VEBA account, which is a tax-exempt irrevocable trust arrangement. It's paired with a Health Reimbursement Arrangement (HRA).

- You may use funds in the VEBA HRA to pay for eligible medical expenses now or in retirement.
- Unused funds roll over from year to year.
- You may invest a portion of your unused funds in the market which is a great way to save for retirement.
- Funds in the account continue to grow until claims are processed and funds are withdrawn.
- The IRS requires the VEBA HRA to be integrated with a group health plan; it may not be offered to employees, or spouses and/or dependents without group health coverage.

The Benefit Card

When you enroll in the plan, you'll receive the Benefit Card. **It's a quick and easy no-cost way to access your VEBA HRA and FSA funds.** Plus, using the card to pay for eligible expenses lets you keep cash in your wallet.

It works just like a credit or debit card. When you use it at the doctor's office or pharmacy, funds are automatically pulled from your FSA/VEBA and paid directly to the healthcare provider.

No more writing checks or paying cash. Use your Benefit Card for qualified health-care expenses, like:

- Prescription drug co-pays
- Health plan deductibles
- Office visit co-pays
- Coinsurance
- Lasik surgery
- Eyeglasses/contact lenses
- Dental and vision services

Pay off your health care bills with the card too. Simply write the Benefit Card number on your statement for services you received in the plan year and send it to your health care provider. Then, send us a copy of the itemized bill from your provider or insurance carrier. (Sorry, it's an IRS requirement.)



A Few Details and Tips

- **It's in the mail.** About two weeks after enrollment, you'll receive two Benefit Cards in a white envelope marked "do not throw away." If a family member throws away the cards mistaking them for a credit card solicitation, we will have to charge a **\$5 VISA replacement fee** for new cards.
- **Available Balance.** Your entire annual election for the Health FSA is available on your plan effective date. Funds for the Dependent Care FSA are available as they are deducted from your paycheck and contributed to the plan each month (money in, money out). VEBA HRAs are subject to fluctuations in market investments. You may spend up to 90% of your balance with the Benefit Card so you don't risk overdrawing the account.
- **Making a Purchase.** Check your account balance before making a purchase so you can split the cost if you'll be short. Use the card for the exact amount in your account, then pay the remaining amount separately.
- Use the card at designated **Information Identification Approval System (IIAS) locations.** Many major retail outlets, particularly pharmacies, are required to automatically identify and approve FSA-eligible items. In most cases, we won't ask for receipts as long as you shop at an approved location.
- **Three Words: Keep Your Receipts.** The IRS requires you to use the card only for eligible expenses under the VEBA HRA. The card is "merchant coded" so it won't work at gas stations or restaurants. There may be times we'll need to see a receipt to verify an expense. If you receive a receipt request, be sure to submit it as soon as possible to avoid having your card suspended.



What's an itemized receipt? According to IRS rules, an itemized receipt must include the merchant/provider name, patient name, description of services received or item purchased, date of service, and amount charged. Canceled checks, handwritten receipts, credit card receipts, or previous balance statements aren't considered itemized receipts.

The Benefit Card is So Easy!

- It's **automatic**—funds are automatically sent from your account to the provider.
- It's **instant.** One swipe and you're done!
- It's **easy.** Most expenses auto-approve so you don't need to follow up with documentation. (Keep your receipts because there may be expenses the IRS will require us to document.)
- It **saves you money!** No need to pay cash at the time of purchase or wait for reimbursement checks.
- It's in **real time** so you'll always know your balance. Check your balance often at bpas.com or on your smart phone or tablet.



BPAS Mobile App Anywhere. Anytime.

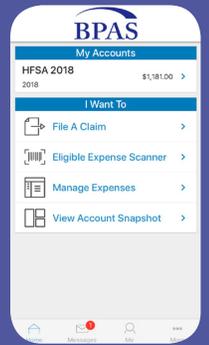


Check your account balance, file claims, and even upload receipts using the camera on your phone. Download the free BPAS mobile app by searching BPASClaims from the app store or marketplace.

To activate the app, you'll need a unique username and password.

- Your username is your first initial, last name, and last 4 digits of your Social Security Number (SSN).
- Your temporary password is your first name, the 2-letter abbreviation for the state you live in, and the last 5 digits of your SSN.

You'll then be prompted to create a new password and 4-digit PIN. The 4-digit PIN is all you'll need to use the app going forward.



Carryover or Extension

Your FSA may include a \$500 carryover or a grace period. Please review your Summary Plan Description to see if your plan includes either of these options:

- **\$500 Carryover**

The IRS has changed the "Use-or-Lose" rule that used to be required of FSAs. With the \$500 carryover option, you can roll up to \$500 of your unused FSA funds at the end of each plan year to use in the next plan year.

- **Grace Period**

The grace period allows you an additional 2.5 months beyond the end of the plan year to incur eligible health care expenses. In other words, you have a total of 14.5 months to utilize your 12-month election.

All eligible expenses incurred during the grace period will be paid out of your "prior" plan-year balance first. It helps you "use up" any remaining funds in your prior plan-year balance first. Once the prior plan-year balance is exhausted, claims will be applied toward the current plan year.

Note that not all plans include these options. Please review your Summary Plan Description to see if your plan includes the carryover or grace period.

Recurring Claims

A recurring claim allows you to submit your claim only once, but continue receiving reimbursements throughout the plan year. You may set up your Dependent Care and Orthodontia claims on recurring status.

To get your claim set up as recurring, select "Recurring Payment" on the claim form and submit a copy of your contract. Below is the information required for each type of recurring claim.

- Dependent Care claims can only be paid with funds that are available in your FSA at the time of the claim. The balance of the claim will continue to release as you contribute more funds to your account.
- Orthodontia. Submit a completed claim form and a copy of your orthodontia contract. The contract needs to show the charges, description of services, dates of service (can be a date range), and name of the patient. You'll need to submit a new contract each plan year.

We'll automatically generate a payment without any more effort on your part. For the fastest payment, we recommend signing up for direct deposit at bpas.com.



BPAS ClaimFinder. Get reimbursed faster, without paperwork!

BPAS ClaimFinder automatically collects receipts (substantiation) for your FSA/HRA claims. Just connect your insurance accounts with BPAS ClaimFinder and we'll autosubstantiate your claims. No need to upload receipts—we'll do it for you! We'll send you an email with a link to setup BPAS ClaimFinder after you complete your enrollment. Fast and easy.

What's Covered

Your VEBA HRA and FSA dollars can be used for a variety of out-of-pocket health care expenses. The following list is based on eligible and ineligible expenses used by Federal employees.

Eligible Expenses

BABY/CHILD TO AGE 13

- Lactation Consultant*
- Lead-Based Paint Removal
- Special Formula*
- Tuition: Special School/Teacher for Disability or Learning Disability*
- Well Baby /Well Child Care

DENTAL

- Dental X-Rays
- Dentures and Bridges
- Exams and Teeth Cleaning
- Extractions and Fillings
- Oral Surgery
- Orthodontia
- Periodontal Services

EYES

- Eye Exams
- Eyeglasses and Contact Lenses
- Laser Eye Surgeries
- Prescription Sunglasses
- Radial Keratotomy

HEARING

- Hearing Aids and Batteries
- Hearing Exams

LAB EXAMS/TESTS

- Blood Tests and Metabolism Tests
- Body Scans
- Cardiograms
- Laboratory Fees
- X-Rays

MEDICAL EQUIPMENT/SUPPLIES

- Air Purification Equipment*
- Arches and Orthotic Inserts
- Contraceptive Devices
- Crutches, Walkers, Wheel Chairs
- Exercise Equipment*
- Hospital Beds*
- Mattresses*
- Medic Alert Bracelet or Necklace
- Nebulizers
- Orthopedic Shoes*
- Oxygen*
- Post-Mastectomy Clothing
- Prosthetics
- Syringes
- Wigs*

MEDICAL PROCEDURES/SERVICES

- Acupuncture
- Alcohol and Drug/Substance Abuse (inpatient and outpatient care)
- Ambulance
- Fertility Enhancement and Treatment
- Hair Loss Treatment*
- Hospital Services
- Immunization
- In Vitro Fertilization
- Physical Examination (not employment-related)
- Reconstructive Surgery (*due to a congenital defect, accident, or medical treatment*)
- Service Animals
- Sterilization/Sterilization Reversal
- Transplants (including organ donor)
- Transportation*

MEDICATIONS

- Insulin
- Prescription Drugs

OBSTETRICS

- Breast Pumps and Lactation Supplies
- Doulas*
- Lamaze Class
- OB/GYN Exams
- OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)
- Pre- and Postnatal Treatments

PRACTITIONERS

- Allergist
- Chiropractor
- Christian Science Practitioner
- Dermatologist
- Homeopath
- Naturopath*
- Optometrist
- Osteopath
- Physician
- Psychiatrist or Psychologist

THERAPY

- Alcohol and Drug Addiction
- Counseling (not marital or career)
- Exercise Programs*
- Hypnosis
- Massage*
- Occupational
- Physical
- Smoking Cessation Programs*
- Speech
- Weight Loss Programs*

Ineligible Expenses

- Contact Lens or Eyeglass Insurance
- Cosmetic Surgery/Procedures
- Marriage or Career Counseling
- Lotions and Creams
- Personal Trainers
- Electrolysis

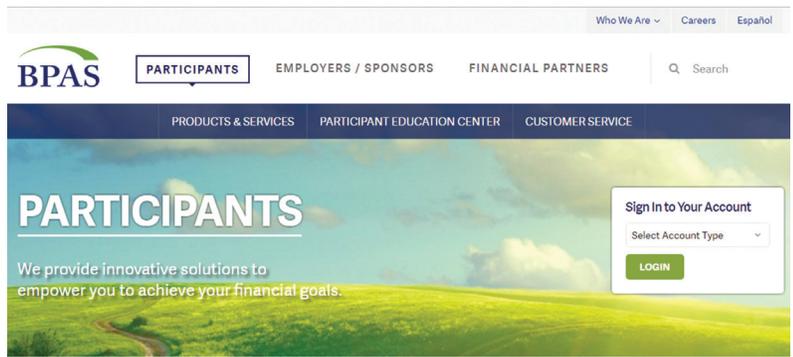
The IRS does not allow Over-the-Counter (OTC) medicines or drugs to be purchased under your plan unless accompanied by a prescription and the prescription is filled by a pharmacist.

Note: This list is not all-inclusive; other expenses not specifically mentioned may also qualify. Also, expenses marked with an asterisk () are "potentially eligible expenses" that require a Note of Medical Necessity from your health care provider to qualify for reimbursement. Please visit [irs.gov/publications/p502/](https://www.irs.gov/publications/p502/) for a full list of eligible and ineligible expenses. Publication 502 should be used as a reference guide only.*

Online Account Access

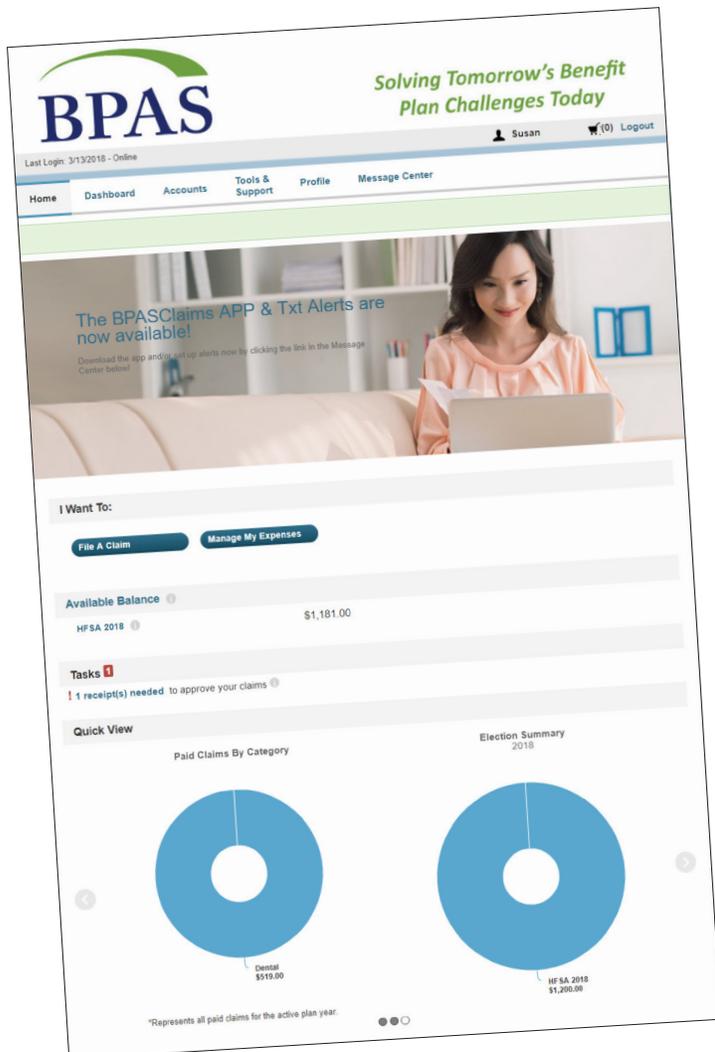
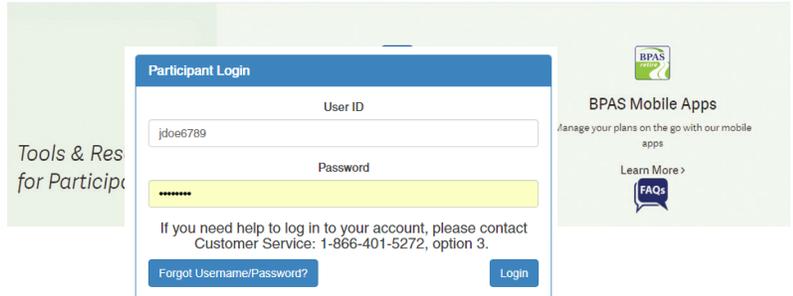
Enjoy access to online investment information and claims information at the click of a mouse. To get started, follow these easy steps:

1. At **bpas.com**, choose the **Participants** tab.
2. Under the **Sign into Your Account** box, choose **VEBA** for your account type.
3. Enter your User ID which is your Social Security Number (SSN) without dashes.
4. Enter your temporary password which is your date of birth (mmddyyyy).
5. Click Login. Once you login, the system will prompt you to create a new Username, Password, and a security question/answer for verification.
6. From the Account Summary menu, click **BPAS Claims**.
7. Click on **Access Reimbursement Accounts** to access your VEBA HRA and FSA plan information.



PERSONAL FINANCIAL PLANNING

We encourage you to take a multi-dimensional approach to financial wellness—from debt management through education and retirement planning.



BPAS Claims Home Page

Here you'll find everything you need to view your account balance, claims status and history, file claims, view summary information, update your profile and more.

- Easily access the **Available Balance** and **"I Want To"** sections from the home page.
- The **I Want To...** section contains the most frequently used options within the Consumer Portal.
- Use the **Available Balance** links to the **Account Summary** page to view and manage your accounts.
- The **Tasks** section displays alerts and relevant links that enable you to keep current on your accounts.
- The **Quick View** section graphically displays some of your key account information.

You can also hover over the tabs at the top of the page.

How Do I File a Claim and Upload a Receipt

1. Login to your account.
2. On the **Home Page**, select the “I want to... **File a Claim**” button.
3. Choose which account you want to **Pay From** (e.g., FSA) and who you want to **Pay To** (you or someone else) from the drop-down menus.
4. Upload valid documentation. Scan the documentation or receipt for the expense for which you'd like reimbursement. Save it as .jpg, gif, png, or pdf. Then select **Upload valid documentation** and follow the online instructions.
5. Follow the easy online instructions to enter your claim details. Choose **Upload** when completed.
6. You will see the **Transaction Summary** Screen. To submit more than one claim, click **Add Another Claim**, select the Account Type and complete the form using the instructions above.
7. When all claims are entered, click **Submit** to send the claim(s) for processing.
8. After uploading, you may also click **View Confirmation** and print the form for your records.
9. That's it! Watch your email in the next day or two for notification that your reimbursement is on the way.



How Do I Get My Reimbursement Faster?

The fastest way to get your money is to sign up online for direct deposit to your personal checking account. Before you begin, make sure that your employer is offering direct deposit setup online.

1. On the Home Page, under the Accounts tab, click Change Payment Method from the menu on the left.
2. You may add your bank account and update your payment method for each account.
3. The Payment Method Changed confirmation displays.

You may also file claims and upload receipts on-the-go with the BPAS Claims app and the camera on your phone or tablet!

Account	Eligible Amount	Submitted Claims	Paid	Pending	Denied	Available Balance
2017 Estimated Per Pay Period Deduction: \$50.00						
HFSA 2017	\$1,700.00	\$69.00	\$69.00	\$0.00	\$0.00	\$1,631.00
2016 Estimated Per Pay Period Deduction: \$83.33						
HFSA 2016	\$1,499.92	\$1,337.21	\$1,337.21	\$0.00	\$0.00	\$157.71
2014 Estimated Per Pay Period Deduction: \$35.71						
HFSA 2014						\$1,631.00

How Do I See My Available Claims Balance and Account Activity?

1. For your **Account Balance**, on the **Home Page**, choose **Available Balance**.
2. Choose to view your **Account Summary**, **Account Activity**, **Claims** (history and status) and **Payment** (history and status).

Date	Description	Amount	Running Balance	Notes
03/17/2017	Payroll Deduction *	\$50.00	\$1,631.00	
03/03/2017	Payroll Deduction *	\$50.00	\$1,700.00	
02/17/2017	Payroll Deduction *	\$50.00	\$1,631.00	
02/13/2017	Claim Submission	(\$20.00)	\$1,631.00	
02/04/2017	Claim Submission	(\$49.00)	\$1,651.00	
02/03/2017	Payroll Deduction *	\$50.00	\$1,700.00	
01/20/2017	Payroll Deduction *	\$50.00	\$1,700.00	
01/06/2017	Payroll Deduction *	\$50.00	\$1,700.00	
01/01/2017	Rollover Contribution	\$500.00	\$1,700.00	
01/01/2017	New Election	\$1,200.00	\$1,200.00	

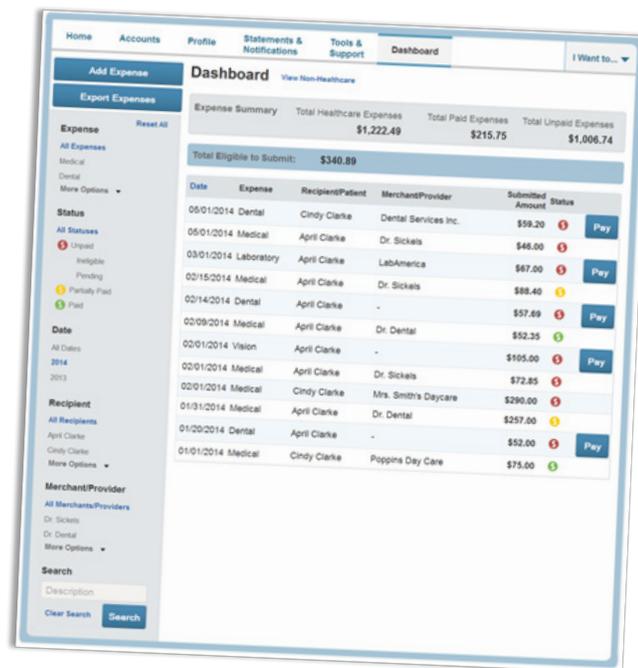
How Do I View or Access Documents & Forms?

1. On the Home Page, use the Tools & Support tab.
2. Click the form or document of your choice.

All Health Care Expense Activity in One Place

To view and manage ALL healthcare expense activity from EVERY source, use the **DASHBOARD**

1. On the **Home Page**, under the **Dashboard** tab, there's an easy-to-use consolidated view of health care expenses for ongoing management of medical claims, premiums, and debit card transactions.
2. Easily filter expenses by clicking on the **filter options** on the left side of the screen or by clicking on the field headers within the Dashboard.
3. Search for specific expenses using the **search field** on the bottom left side of the screen.
4. Export expenses to an Excel spreadsheet by clicking on the **Export Expenses** button on the upper left side of the page.



How Do I Add an Expense to the Dashboard?

1. Click the **Add Expense** button in the upper left side of the page.
2. Complete the expense detail fields. You may upload a copy of the receipt and add notes for your records.
3. Once the expense has been added to the Dashboard you may pay the expense, if desired.

How Do I Pay an Expense?

1. You may process payments/reimbursements for unpaid expenses directly from the **Dashboard**.
2. Expenses will be categorized. Initiate payment for unpaid expenses by clicking on the **Pay** button to the right of the expense detail.
3. Simply choose which expenses you would like paid. You'll be presented with the eligible accounts from which you can initiate payment.
4. When you click **Pay**, the claim details from the Dashboard will be pre-populated within the claim form. Review and edit the claim details as needed.
5. You may choose to pay yourself or pay the provider. Note, if you choose to pay yourself, be sure you have already paid your provider for the eligible services. Otherwise, you'll need to send payment to them separately.

How Do I Edit an Existing Expense in the Dashboard?

1. Edit expense details for all claims directly from the Dashboard.
2. Expand claim details by clicking on the expense line item from the Dashboard.
3. You'll be presented with option to add expense notes, update expense details, mark the expense as paid/unpaid, or remove the expense from the Dashboard.



How Do I View or Access Notifications?

1. On the Home Page, click Statements & Notifications.
2. Click any link of your choice. Statements, Notifications, Deposits, Receipt Requests, and more.

How Do I View or Access Plan Information?

1. On the Home Page, under the Accounts tab, click Account Summary from the menu on the left.
2. Click the applicable account and the Plan Rules open in another browser.

How do I participate in an FSA?

To participate, you must enroll within the timeframe established by your employer or annual Open Enrollment. If you have a life-event change (for example, birth or adoption of a child), then you may be able to enroll without waiting for annual Open Enrollment, if you enroll within 31 days of the change. It's important to note that you must enroll in the FSA each year. It doesn't automatically renew like other benefits.

What does it mean to incur expenses?

The IRS considers expenses to be "incurred" at the time you receive medical care or dependent care--not when you are formally billed or actually pay for services. Only eligible expenses you incur within the plan year, including any employer-allowed grace period, are eligible for reimbursement.

Who qualifies as an eligible dependent under the Dependent Care FSA?

An eligible dependent is any dependent for which an employee pays a provider to care for him/her while they are at work or looking for work. The dependent must be under the age of 13 or incapable of taking care of him/herself, and live in the employee's home for more than half of the year.

How often can I request reimbursements from my FSA?

You may request reimbursements as often as you incur qualified expense. Expenses must be incurred during the plan year (or grace period if applicable) and reimbursement must be requested before the end of the run-out period.

Can I change my election or stop contributing to my FSA during the plan year?

No. Federal regulations state that once you have enrolled in an FSA, you cannot change your election amount unless you have a qualifying life event. Your employer can give you a list of permitted life events.

What if I incur a large expense at the beginning of the plan year that will use funds I don't yet have in my FSA?

Under the "uniform coverage rule" created by the IRS, you'll have access to the full amount of your annual election to your Health FSA, even if you don't yet have the entire amount in your FSA. Your payroll deductions will continue throughout the plan year, even though you've already spent the funds. Under the Dependent Care FSA, however, you're only eligible to spend funds that are actually accrued in your account up to your maximum annual election. The uniform coverage rule doesn't apply to dependent care.

Do you offer direct deposit for reimbursements?

Yes. In fact, we prefer it. We offer direct deposit at no charge. You'll receive payments by direct deposit faster and cut down on costs and paper use as well.

Does the Benefit Card require a PIN?

No. Simply swipe the card as you would for any purchase with a credit card. You'll likely be asked for a signature. You may, however, request a PIN by calling 1-866-898-9795.

How Do I Report a Lost or Stolen Debit Card and/or Request a New Card?

1. On the Home Page, under the Profile tab, click Banking/Cards from the menu on the left.
2. Under the Debit Cards column, click Report Lost/Stolen or Order Replacement and follow instructions.

What if I use the card for an ineligible expense?

When you use the Benefit Card, you'll be required to submit receipts or documentation for the purchase. Upon receipt of your written claims documentation, each expenditure will be reviewed for eligibility. If you used the card for an ineligible medical expense, you'll be notified in writing to refund the cost of the ineligible expense. Your card will be suspended until you repay the full amount. By using your card, you agree to refund any ineligible amount in a timely manner. Therefore it's very important that you only use the card for eligible expenses to avoid losing your card privileges.

Can I get reimbursed if I don't use the Benefit Card?

Yes. You'll just need to submit a claim form and documentation either online or through the BPAS Mobile App, or send us a hard-copy claim via fax or mail.

If my employment is terminated during the plan year, can I claim FSA expenses through the rest of the plan year?

No. If you terminate your employment, eligibility under your FSA ends on your last date of employment. You'll only be able to submit claims for services incurred prior to your date of termination. Claims must be submitted within 90 days of termination. Some employers offer a period of time after employment ends for you to submit claims for dependent care. We recommend asking your employer about your options.

What's an itemized receipt?

According to IRS rules, an itemized receipt must include the merchant or provider name, patient name, description of the services received or item purchased, date of service, and amount charged. Canceled checks, handwritten receipts, card transaction receipts, or previous balance statements aren't considered itemized receipts.

Why do I need receipts for things I buy with the Benefit Card?

There will be times when we'll require a receipt to comply with the IRS guidelines even for debit card purchases. It's best to send an itemized statement or Explanation of Benefits (EOB) from your insurance carrier so we can verify the service you received complies with IRS rules.

Sometimes the bill from your doctor or dentist doesn't provide us with enough information to determine that the services are eligible for reimbursement. In such cases, we'll need to see an itemized receipt. For example, if you use the benefit card at the dentist, was it for a cleaning, which is eligible? Or for teeth whitening, which is ineligible? Or, if you had a procedure with your doctor, was it for a tummy tuck, which is ineligible? Or a biopsy, which is eligible? If it's unclear, we'll send you a receipt request. I

We'll send three notices asking for receipts. If we don't receive the documentation, we'll temporarily deactivate your Card until we receive the information that's required by the IRS. Please be sure we have your current email address. If you've lost documentation for a card purchase, you may contact the vendor for a reprint of your receipt.

How do I obtain information on the VEBA fund options?

The participant website has a wealth of information about the investments available in your Plan. From the **Fund Information** tab, select:

- **Fund Links.** Each investment option is displayed with the ability to view:
 - Historical prices
 - Fund fact sheets
 - Prospectus
 - Additional research
- **Fund Performance.** This option provides the performance for each fund offering in the plan. You may view each **fund's prospectus by clicking the P next to the fund name.** You may view an **online chart by clicking the C next to the fund name.** Anytime you see a fund name **underlined in blue** text, you can click on it to view performance information, expense ratios, and links to the fund fact sheet and prospectus.

How do I reach BPAS for additional assistance?

Call our highly-trained Customer Service team for help at 1-866-401-5272. You'll speak with a live, US-based person Monday through Friday from 8 am to 8 pm ET.

You may also access the automated voice response line 24 hours a day, 7 days a week. Just dial 1-800-530-1272. When prompted, enter your Social Security Number and Personal Identification Number (PIN). Initially, your PIN is the last 4 digits of your Social Security Number. We strongly urge you to change the assigned PIN as soon as possible. Your PIN is confidential and protects the security of your account.

What if I forget my PIN?

You may request a new PIN through the system. When you call 1-800-530-1272, enter your Social Security Number. The system will ask you if you have lost or forgotten your PIN. Your new PIN is assigned and will be sent to you in a confidential letter. You won't be able to access the system until you receive your new PIN (approximately 5 business days). If you don't enter a correct PIN within 4 tries, your account will be locked. Contact Customer Service at 1-866-401-5272 to reset your account.

How do I setup BPAS ClaimFinder?

Your data is encrypted with BPAS ClaimFinder allowing your information to remain secure, unalterable, and completely confidential. Watch your inbox for an email from ClaimFinder. To get started:

1. Have your insurance company credentials at your fingertips (user ID, password).
2. Open the email from ClaimFinder and complete the registration using the on-screen instructions
3. We'll take care of the rest--every time a carrier issues an EOB, we'll retrieve the information automatically for you.



Have other questions? Give us a call.

1-866-401-5272

Planning Worksheets

It just takes a little planning to see what fits your needs. Estimate how much you expect to spend in the coming year.



Health FSA Worksheet

Health insurance deductibles \$ _____

Coinsurance (usually 20%) and co-pays \$ _____

Eye care (glasses, contacts, solutions, exams) \$ _____

Routine physicals and exams (co-pays) \$ _____

Prescription drug co-pays \$ _____

Birth control methods \$ _____

Medical miles \$ _____

Dental services \$ _____

Medical supplies \$ _____

Orthodontia \$ _____

Other uninsured medical costs \$ _____
(e.g., acupuncture, laser eye surgery, sunscreen over SPF 15)

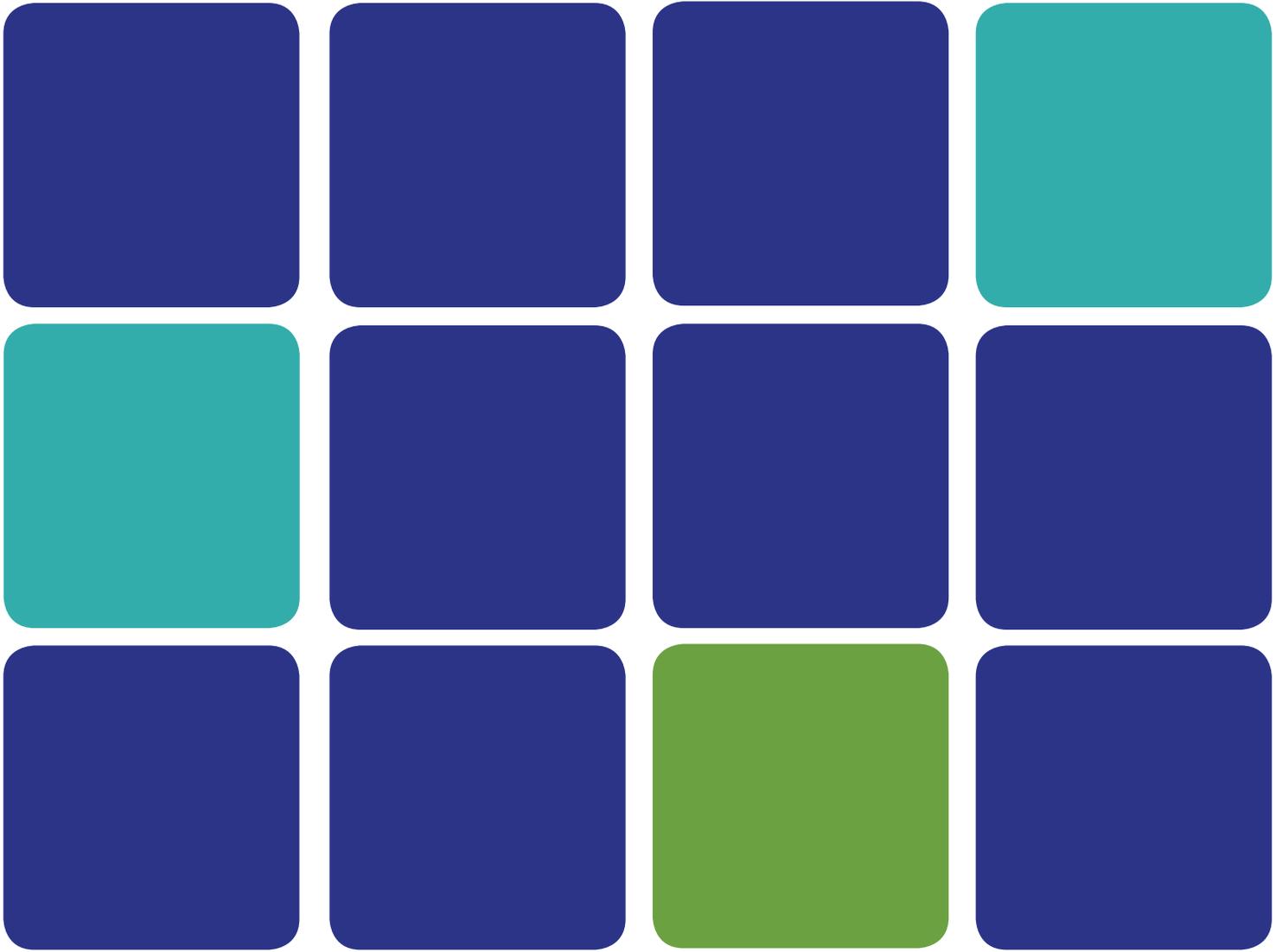
Estimated Annual Total \$ _____

Note: This worksheet is designed to help you estimate eligible medical care expenses not covered under any health insurance plan. This list contains some of the more common categories of medical expenses eligible under the plan. The expenses listed above may have limitations or conditions that must be met before reimbursement is permitted. If you have a question on whether an expense is covered under the Health FSA, please consult with BPAS before including it in your election. For a full list of eligible expenses, visit irs.gov/publications/p502/

Dependent Care Worksheet

		You	The Doe's
1	DC FSA		
A	Total annual family adjusted gross income	\$	\$75,000
B	Estimated cost for dependent care (up to \$5,000)	\$	\$5,000
C	Tax bracket	%	32.65%
D	Tax savings (multiply expenses in item B by the percentage in item C.		\$
2	Tax Credit		
A	Enter the amount in item 1(b) above (not to exceed \$3,000 for one child or \$6,000 for 2 or more children)	\$	\$6,000
B	Tax credit percentage (visit irs.gov/pub/irs-pdf/f2441.pdf) for current table	%	20%
C	Tax credit (multiply amount in 2A by the percentage in 2B)	\$	\$1,200
3	Comparison		
	Subtract item 2C from item 1D (if result is positive, DFSA is right for you	\$	\$

Expenses incurred for the care of dependents under age 13, or disabled or elderly dependents who spend at least 8 hours per day in your home are eligible for favorable tax treatment if the expenses are custodial (not educational) and incurred so you (you and your spouse, if married) may work at gainful employment. Services may be provided in or out of your home. If services are provided out of your home by a facility which cares for seven or more children, it must be a qualified day care center and meet local and state regulations.



Questions? Let's Talk.

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