

*Medical and Dependent Care Expenses*





# MEDICAL FSA

for reimbursement upon the first day of your plan year.

receive a tax free reimbursement.


• Assuming 15% Federal tax, 7.65% FICA Tax (Social Security and Medicare)

# QUALIFIED EXPENSES

MEDICAL, DENTAL  
& VISION

VISION\*

SPECIAL NEEDS\*

MEDICAL\*

OVER-THE-COUNTER ITEMS\*

DENTAL\*

DIABETIC SUPPLIES\*

BIRTH CONTROL  
DEVICES\*

HEARING\*

PHYSICAL  
IMPAIRMENTS\*

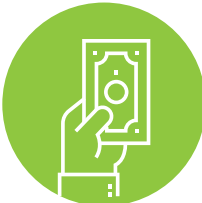
THERAPY\*

MENSTRUAL PRODUCTS\*



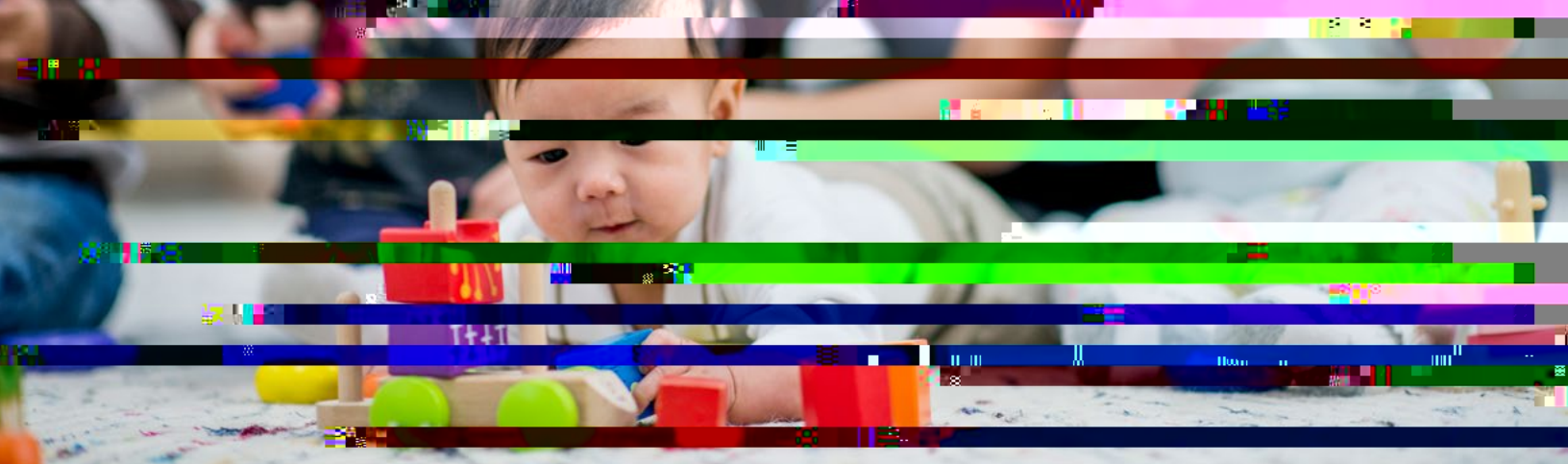


PLEASE NOTE:



**CALCULATE SAVINGS**

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# DEPENDENT CARE FSA

		<i>(\$5,000 divided by 52 weeks)</i>	-96.15
			\$403.85
			-91.47

• Assuming 15% Federal tax, 7.65% FICA Tax (Social Security and Medicare)

**DEPENDENT ELIGIBILITY**

**SERVICE REQUIREMENTS**

## A New Way to Manage Benefits

