

HEALTH FLEXIBLE SPENDING ACCOUNT WORKSHEET

This worksheet will help you decide an appropriate election for a Health FSA. It can also be used to estimate the tax savings you will receive by using a Flexible Spending Account. For detailed tax rate information, consult your tax advisor. Estimate your total annual health care expenses for this Plan year, based on expenses to date and any additional expected expenses before the end of your Plan year. For this information, refer to medical bills, financial and bank records, and Explanation of Benefits statements (EOBs). Use this information to project expenses for next year.

INSURED EXPENSES PAID OUT-OF-POCKET DUE TO:

| | Expenses for this year | Estimated expenses next year |
|-----------------------|------------------------|------------------------------|
| Insurance deductibles | \$ _____ | \$ _____ |
| Insurance co-payments | \$ _____ | \$ _____ |
| Dental co-payments | \$ _____ | \$ _____ |
| Benefit limitations | \$ _____ | \$ _____ |

UNINSURED OUT-OF-POCKET EXPENSES:

| | | |
|---|----------|----------|
| Uncovered immunizations, vaccinations | \$ _____ | \$ _____ |
| Birth Control expenses | \$ _____ | \$ _____ |
| Routine exams and physicals | \$ _____ | \$ _____ |
| Orthodontic expenses | \$ _____ | \$ _____ |
| Vision exams | \$ _____ | \$ _____ |
| Eyeglasses & contacts | \$ _____ | \$ _____ |
| Hearing exams | \$ _____ | \$ _____ |
| Other _____ | \$ _____ | \$ _____ |
| Other _____ | \$ _____ | \$ _____ |
| TOTAL estimated out-of-pocket expenses for next plan year | | \$ _____ |
| TOTAL out-of-pocket expenses you are sure of and want to pay through a Health FSA | | \$ _____ |

ESTIMATED TAX SAVINGS FROM A HEALTH FSA

| | |
|--|----------|
| A. Total FSA Medical Expenses | \$ _____ |
| B. Enter Federal Tax Rate | _____ % |
| C. State Tax Rate | _____ % |
| D. FICA/Medicare Tax Rate | 7.65 % |
| E. Add lines B, C, and D and enter total | _____ % |
| F. Multiply line A by line E and enter | \$ _____ |

Line F is your estimated TOTAL Annual Tax Savings from a Health FSA.

BE CONSERVATIVE IN YOUR ESTIMATE!

IT IS IMPORTANT TO PUT NO MORE OF YOUR GROSS SALARY DOLLARS INTO AN FSA THAN YOU ARE SURE YOU WILL USE DURING THE YEAR.

2009 FEDERAL TAX RATES

| Filing Status: | Taxable Income: | Approximate Rate: |
|-------------------|-----------------------|---|
| | \$0 - \$8,350 | 10% of the amount over \$0 |
| Single | \$8,350 - \$33,950 | \$835.00 plus 15% of the amount over \$8,350 |
| Single | \$33,950 - \$82,250 | \$4,675.00 plus 25% of the amount over \$33,950 |
| Single | \$82,250 - \$171,550 | \$16,750.00 plus 28% of the amount over \$82,250 |
| Head of Household | \$0 - \$11,950 | 10% of the amount over \$0 |
| Head of Household | \$11,950 - \$45,500 | \$1,195.00 plus 15% of the amount over \$11,950 |
| Head of Household | \$45,500 - \$117,450 | \$6,227.50 plus 25% of the amount over \$45,500 |
| Head of Household | \$117,450 - \$190,200 | \$24,215.00 plus 28% of the amount over \$117,450 |
| Married, Joint | \$0 - \$16,700 | 10% of the amount over \$0 |
| Married, Joint | \$16,700 - \$67,900 | \$1,670.00 plus 15% of the amount over \$16,700 |
| Married, Joint | \$67,900 - \$137,050 | \$9,350.00 plus 25% of the amount over \$67,900 |
| Married, Joint | \$137,050 - \$208,850 | \$26,637.50 plus 28% of the amount over \$137,050 |
| Married, Separate | \$0 - \$8,350 | 10% of the amount over \$0 |
| Married, Separate | \$8,350 - \$33,950 | \$835.00 plus 15% of the amount over \$8,350 |
| Married, Separate | \$33,950 - \$68,525 | \$4,675.00 plus 25% of the amount over \$33,950 |
| Married, Separate | \$68,525 - \$104,425 | \$13,318.75 plus 28% of excess over \$68,525 |

