



Tax-Favored Benefit Spending Accounts Comparison

	Flexible Spending Account (FSA)	Health Saving Account (HSA)	Limited Use FSA	Dependent Care FSA
Pre-Tax Salary Reduction	Yes	Yes	Yes	Yes
Maximum Yearly Contribution	\$2,700 \$2,000 limit for orthodontia yearly	\$3,500 Single Coverage \$7,000 Two-Party of Family Coverage	\$2,700 \$2,000 limit for orthodontia yearly	\$5,000 or \$2,500 if married and filing taxes separately
Type of Medical Plan Required	Any	Helpside MedSave 1 or MedSave 2	Helpside MedSave 1 or MedSave 2, or other High Deductible Health Plan	
Additional Catch-Up Contribution	\$0	\$1,000 per year	\$0	
Contribution Source	Employee only	Employee and employer permitted	Employee only	Employee only
Eligible Expenses	Qualified medical, dental and vision expenses incurred during the coverage period (see IRS Publication 502 as a	Qualified medical, dental and vision expenses incurred after the coverage period begins (see IRS Publication 969)	Qualified dental, vision and post-medical plan deductible expenses incurred during the coverage period	Child care expenses that permit you or your spouse to work or look for work (see IRS Publication 503 as a guide)
Common Ineligible Expenses	Cosmetic procedures, vitamins and supplements and beauty products	Cosmetic procedures, vitamins and supplements and beauty products	Cosmetic procedures, vitamins and supplements and beauty products	Preschool is not an eligible expense unless the day care portion can be listed separately on the same receipt. Only the
Eligible Dependents	Legal spouse and any dependents that you claim for tax purposes	Legal spouse and any dependents that you claim for tax purposes	Legal spouse and any dependents that you claim for tax purposes	Dependents under age 13, or dependents with qualifying restrictions
Claim Substantiation	Required, administered by National Benefit Services	Employee responsibility	Required, administered by National Benefit Services	Required, administered by National Benefit Services
Reimbursement/Payment	Claim reimbursement for expenses	Debit card provided	Claim reimbursement for expenses	Claim reimbursement for payments
Carryover at Year End	No	Yes	No	No
Account Administrator	National Benefit Services	Optum Bank	National Benefit Services	National Benefit Services
Cashing Out Unused Amounts	No	Yes. Non-medical withdrawals are taxable and a 20% tax penalty applies	No	No
Associated Fees	\$18.00 annual fee for debit card	\$3.00 per month fee for HSA balances of less than \$5,000	\$18.00 annual fee for debit card	None
Portability	Employee forfeits balance at the end of the year or upon termination	HSA owned by employee and portable year to year and between jobs	Employee forfeits balance at the end of the year or upon termination	Employee forfeits balance at the end of the year or upon termination
Interest Bearing	No	Yes	No	No
Medicare Enrolled Employees	No participation restrictions	No contributions may be made	No contributions may be made	
Online Access	www.nbsbenefits.com	www.optumhealthfinancial.com	www.nbsbenefits.com	www.nbsbenefits.com
Combination of Plans Permitted	<input checked="" type="checkbox"/> FSA <input type="checkbox"/> HSA <input checked="" type="checkbox"/> Day Care <input type="checkbox"/> Lim Use FSA	<input type="checkbox"/> FSA <input checked="" type="checkbox"/> HSA <input checked="" type="checkbox"/> Day Care <input checked="" type="checkbox"/> Lim Use FSA	<input type="checkbox"/> FSA <input checked="" type="checkbox"/> HSA <input checked="" type="checkbox"/> Day Care <input checked="" type="checkbox"/> Lim Use FSA	Alone or with any combination to the left

These benefits are illustrated in summary form only. They should not be construed as complete in and of themselves. They are only for comparison and, in the case of discrepancy, the plan documents apply. Please refer to the individual Plan Descriptions for a complete description of benefits, limitations, and exclusions. FSA limits are accurate as of print date and subject to IRS regulations.