

MoneyPlus Worksheets

To figure out how much to deposit in your MoneyPlus accounts, refer to the following worksheets. Calculate the amount you expect to pay during the plan year for eligible, uninsured, out-of-pocket medical and/or dependent care expenses. This calculated amount cannot exceed established IRS and plan limits. For a Medical Spending Account, there is no minimum and a **\$2,500** maximum. For a Dependent Care Spending Account there is no minimum, and the maximum depends on your tax filing status. If you are married and filing separately, your maximum annual deposit is \$2,500. If you are single and head of household, your maximum annual deposit is \$5,000. If you are married and filing jointly, your maximum annual deposit is \$5,000. If either you or your spouse earn less than \$5,000 a year, your maximum annual deposit is equal to the lower of the two incomes. If your spouse is a full-time student or incapable of self-care, your maximum annual deposit is \$3,000 a year for one dependent and \$5,000 a year for two or more dependents.

Be conservative in your estimates, since any money remaining in your accounts cannot be returned to you or carried forward to the next plan year.

Medical Spending Account Worksheet	
Estimate your eligible, uninsured out-of-pocket medical expenses for the plan year.	
UNINSURED MEDICAL EXPENSES	
Health insurance deductibles	\$ _____
Coinsurance or co-payments	\$ _____
Vision care	\$ _____
Dental care	\$ _____
Prescription drugs	\$ _____
Travel costs for medical care	\$ _____
Other eligible expenses	\$ _____
SUBTOTAL	\$ _____
myFBMC Card® annual, non-refundable \$10 fee	\$ _____
DIVIDE by the number of paychecks you will receive during the plan year.*	\$ _____
This is your per-pay-period contribution.	\$ _____
* If you are retiring or are enrolling after the plan year begins, divide by the number of pay periods remaining in the plan year. To participate in the MoneyPlus Medical Spending Account, you must have completed one year of continuous state-covered service by January 1 following an enrollment period. See Page 15 for details.	

Dependent Care Spending Account Worksheet	
Estimate your eligible dependent care expenses for the plan year. Remember that your calculated amount cannot exceed the calendar year limits established by the IRS.	
CHILD CARE EXPENSES	
Day care services	\$ _____
In-home care/au pair services	\$ _____
Nursery and preschool	\$ _____
After school care	\$ _____
Summer day camps	\$ _____
ELDER CARE SERVICES	
Day care center	\$ _____
In-home care	\$ _____
SUBTOTAL —Remember, your total contribution cannot exceed IRS limits for the plan year and calendar year.	\$ _____
DIVIDE by the number of paychecks you will receive during the plan year.*	\$ _____
This is your per-pay-period contribution.	\$ _____
* If you are retiring or are enrolling after the plan year begins, divide by the number of pay periods remaining in the plan year.	

DIRECT DEPOSIT — No one likes waiting for money; why are you?
MSA reimbursements are deposited into the checking or savings account of your choice within 48 hours of claim approval, and Direct Deposit has no fees!
Visit **www.myFBMC.com** or call Customer Care to enroll.

Please remember to include all applicable fees in your Medical Spending Account contribution if you plan to use your myFBMC Card® as a form of payment.