

2024 State of New Jersey • Tax\$ave Flexible Spending Account (FSA) Quick Reference Guide

FSA Benefits:

Tax Advantages

Easy Pay with Debit Card

Mobile App

24/7 Support

Introducing Horizon MyWay® FSA

The State of New Jersey is pleased to work with Horizon Blue Cross Blue Shield of New Jersey (Horizon) in the administration of your Flexible Spending Account(s) through Horizon MyWay.

Start Saving. Here's How.

A Medical FSA is an account you set up for your anticipated eligible medical services and medical supply expenses not normally covered by your insurance.

A Dependent Care FSA is a pre-tax benefit account used to pay eligible dependent care services, such as preschool, summer day camp, before or after-school programs, and child or adult daycare.

You can choose either – or both – an Unreimbursed Medical FSA and a Dependent Care FSA.

With either FSA, you benefit from having less taxable income in each of your paychecks, which means more spendable pre-tax income to use toward your eligible medical and dependent care expenses.

Is an FSA Right for You?

Medical: You'd like to supplement your health care savings pretax to pay for qualified out-of-pocket medical, dental, orthodontia, vision and prescription expenses.

Dependent Care: You have a qualifying child under 13 years old – or a relative who isn't physically or mentally capable of caring for themselves – who lives with you for more than half the year.

Important Dates to Remember

Your Open Enrollment dates are:

October 1-31, 2023

Your Period of Coverage dates are:

January 1, 2024 through December 31, 2024

Horizon MyWay FSA: How it Works

How a Medical FSA Works

Decide how much you want to set aside for medical, dental, orthodontia and vision costs within the plan year.

- Throughout the year, the amount you select will be withheld pretax from your pay and put into your FSA.
- Your total FSA contribution is available from day one, even if it has not all been deposited into your account.
- Pay your out-of-pocket medical bills using a Horizon MyWay Visa® Debit Card or get reimbursed by submitting a claim online.

Annual Contribution Limits

| Medical FSA | Dependent Care FSA |
|---|--|
| Contribution Limit per Employee Minimum annual deposit: \$100 Maximum annual deposit: \$2,500 Example: If married, each spouse can elect a maximum of \$2,500. | Contribution Limit per Household Minimum annual deposit: \$250 Married filing separately, maximum: \$2,500 Married filing jointly, maximum: \$5,000 Single and head of household, maximum: \$5,000 Example: Married couple can elect maximum of \$2,500 each if filing separately or one can elect \$5,000. |

Typical FSA-Eligible Medical Expenses:

- **Dental services:** Crowns/bridges, dental implants, dentures, teeth cleaning
- **Vision services:** Contact lenses, eye exams, glasses, prescription sunglasses
- **Insurance-related items:** Copays, deductibles, medical pre-existing conditions
- **Lab exams/tests:** Blood tests, CT scans, EKGs, MRIs
- **Prescription medications**
- **Over-the-counter (OTC) medications:** Allergy/sinus medications, aspirin, cough/cold/flu medicines
- **Obstetric services:** Lamaze, lactation consultant services
- **Other medical treatments/procedures:** Dialysis, acupuncture, hearing exams
- **Other practitioners:** Allergist, chiropractor, nurse practitioner
- **Other medical equipment supplies/services:** Blood sugar test kits/supplies, insulin, denture adhesives, rubbing alcohol, thermometers

Access a full list of eligible expenses at [HorizonBlue.com/expenses](https://www.horizonblue.com/expenses).

How a Dependent Care FSA Works

Decide how much you want to set aside for dependent care costs within the plan year.

- Throughout the year, the amount you select will be withheld pretax from your pay and put into your FSA.
- Once the money has been deposited, it's ready to use. Simply submit receipts for dependent care costs and get reimbursed up to the available balance in your account.

Typical FSA-Eligible Dependent Care Expenses:

- **Before and after school care**
- **Babysitting and nanny expenses.** Can include paying an older sibling or other family member to watch a child under age 13 after school or any time the participant is working or traveling to/from work, but must obtain social security number from caregiver to document expense.
- **Daycare, nursery school and preschool**
- **Summer day camp.** For overnight camp, participant must acquire documentation from the camp breaking out the cost of day and night portions. The night portion is not eligible for FSA reimbursement.
- **Care for your spouse or a relative** who is physically or mentally incapable of self-care and lives in your home. Must have lived with you for half the year and is your dependent.

Access a full list of eligible dependent care expenses at [HorizonBlue.com/dependentcare](https://www.horizonblue.com/dependentcare).

Eligible expenses are not all-inclusive, and are subject to change by the IRS. Qualified medical expenses are eligible for reimbursement through your FSA as long as they are not reimbursed through insurance or any other source.

For the most up-to-date information, please visit [irs.gov/publications/p969](https://www.irs.gov/publications/p969) for rules regarding Flexible Spending Arrangements and [irs.gov/pub/irs-pdf/p502.pdf](https://www.irs.gov/pub/irs-pdf/p502.pdf) for Qualifying Medical Expenses.

FSA Worksheet

This worksheet can help you plan your Horizon MyWay FSA so you can get the most of our your benefits while keeping your out-of-pocket costs low. Keep in mind that any unused funds at the end of the plan year or grace period will be returned to your employer, so it's important to estimate how much you should set aside for your FSA.

Medical Expense Worksheet

| Estimate your medical expenses (The IRS allows a maximum contribution of \$2,500 per individual) | | |
|---|-----------|--|
| Out-of-pocket medical expenses | | |
| • Out-of-pocket costs up to your deductible, along with copays or coinsurance | \$ | |
| • Prescription drugs | \$ | |
| • Over-the-counter medications | \$ | |
| • Medical supplies (e.g., insulin and diabetic supplies) | \$ | |
| Out-of-pocket dental, vision and hearing expenses | | |
| • Checkups and cleanings | \$ | |
| • Fillings, X-rays, crowns, bridges, dentures, inlays | \$ | |
| • Orthodontia | \$ | |
| • Eye exams | \$ | |
| • Prescription eyewear – glasses, contact lenses and cleaning solution | \$ | |
| • Corrective eye surgery – LASIK, cataract, etc. | \$ | |
| • Hearing aids and batteries | \$ | |
| Estimated total out-of-pocket health care expenses | \$ | |

| Estimate your annual tax savings from a Medical FSA | | |
|--|-----------|--|
| Enter your estimated total out-of-pocket health care expenses from above | \$ | |
| Enter your tax rate ¹ and multiply | x % | |
| This is your estimated annual tax savings by using a Medical FSA | \$ | |

Dependent Care Worksheet

| Estimate your dependent care expenses (The IRS allows a maximum contribution of \$5,000) | | |
|---|-----------|--|
| Dependent care expenses | | |
| • Licensed day care, nursery or preschool | \$ | |
| • Before and after school care ² | \$ | |
| • Summer day camp (overnight camp participants must acquire documentation from camp breaking out the cost of day and night portions. The night portion is not eligible for FSA reimbursement.) ² | \$ | |
| • Eldercare ³ | \$ | |
| • Other: | \$ | |
| Estimated total out-of-pocket dependent care expenses | \$ | |

| Estimate your annual tax savings from a Dependent Care FSA | | |
|--|-----------|--|
| Enter your estimated total out-of-pocket health care expenses from above | \$ | |
| Enter your tax rate ¹ and multiply | x % | |
| This is your estimated annual tax savings by using a Dependent Care FSA | \$ | |

¹ Depends on your tax filing status. Please consult your tax advisor with questions. ² Before and after school care by a licensed provider is considered childcare by the IRS. Summer day camps also count as childcare. Expenses for the night portion of overnight summer camps and tuition for kindergarten and first grade (or higher) generally do not qualify for dependent care credit. ³ When an elderly or disabled parent is considered a dependent on your taxes and you are covering more than 50% of their maintenance costs.

We've Made it Easy.

Enrolling is easy:

Visit HorizonBlue.com/enrollfsa and enter your date of birth and social security number. Then click Enter to access our online enrollment tool. (ONLY available through open enrollment period.)

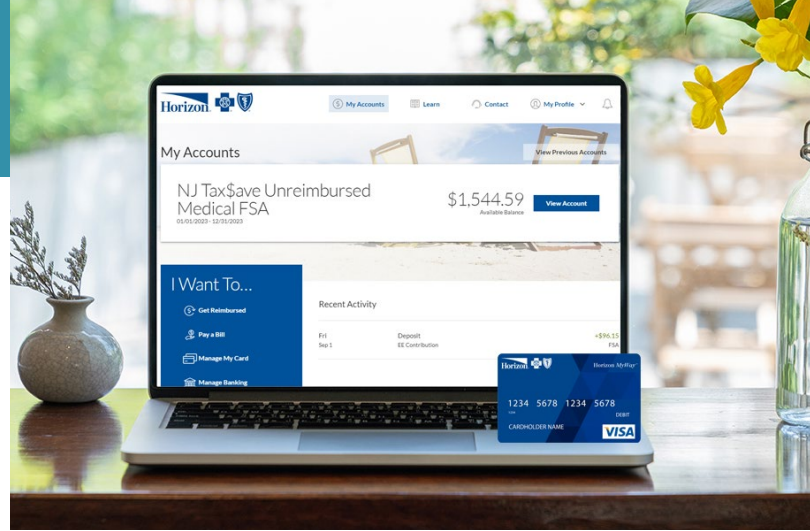
Ways to enroll:

- On the web at HorizonBlue.com/enrollfsa
- Call **1-866-999-3531** to have an Enrollment Form mailed to you
- Complete an Enrollment Form and fax to: **1-866-231-0214**
- Send via secure email only to: HorizonMyWay.Documents@Hellofurther.com
- Mail to:
Horizon MyWay
P.O. Box 14836
Lexington, KY 40511

Please verify that your medical and payroll information (first name, last name, social security and date of birth) match through your employer. Only sign up using your legal name.

With the Horizon Blue app, you can:

- Display, download, print and share your member ID card
- Get care and advice from health care professionals
- Conveniently submit and view medical claims
- Find doctors and hospitals, and even schedule appointments
- Use telemedicine to virtually meet with medical and behavioral health professionals
- Check if a treatment or service is covered
- Track your deductible, if applicable, and maximum out-of-pocket costs
- Email or chat with a Member Services Representative
- Pay your premium bill online and set up Auto Pay, if you are an Individual or a Medicare Supplement member who purchased insurance for yourself or your family directly through Horizon or Get Covered NJ



Make debit transactions even easier with Digital Pay.

Digital Pay allows you to add your Horizon MyWay Visa Debit Card to Apple Pay®, Google Pay® and Samsung Pay® digital wallets. It eliminates the need to carry a physical card. Instead, you can pay for qualified purchases or expenses using your mobile wallet, giving you added convenience and security. To learn more, visit [Digital Pay](#) online.



Horizon Blue app

The **Horizon Blue** app offers members a range of tools to manage their health spending and savings accounts. Download the free **Horizon Blue** app by texting **GetApp** to **422-272** or visit the App Store® or Google Play™.



*There is no charge to download the Horizon Blue app, but rates from your wireless provider may apply.



Have questions? We're here to help.

The Horizon MyWay customer service team is available from 8 a.m. to 9 p.m., Eastern Time, to answer your questions. You can reach our automated service 24 hours a day by calling **1-888-215-0025**. Account information and helpful resources are available at HorizonBlue.com.

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Spanish (Español): Para ayuda en español, llame al 1-866-660-6528 (TTY 711). Chinese (中文): 如需中文協助, 請致電 1-866-660-6528 (TTY 711).

