

2021 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 BCBSNJ) in the administration of your Flexible Spending Account(s) through Horizon MyWay.

Start Saving. Here's How.

An FSA is an account you set up for your anticipated eligible medical services, medical supplies and dependent care expenses not normally covered by your insurance. 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, 2020

Your Period of Coverage dates are:
January 1, 2021 through December 31, 2021

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.

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.

Annual Contribution Limits

| Medical FSA | Dependent Care FSA |
|---|--|
| Covers medical costs, dental, orthodontic care and vision. For a list of eligible expenses, visit HorizonBlue.com/expenses . | Covers daycare and certain other care expenses for children under age 13 and other dependents not capable of self-care. For a list of eligible expenses, visit HorizonBlue.com/dependentcare . |
| Employee contribution | Employee contribution |
| Minimum Annual Deposit: \$100 Maximum Annual Deposit: \$2,500 | Married Filing Separately, Maximum: \$2,500 Married Filing Jointly, Maximum: \$5,000 Single and Head of Household, Maximum: \$5,000 |

Keep in mind

For both Medical and Dependent Care FSAs, it's important to save all your receipts and explanation of benefits (EOB) statements to validate expenses, as required by the IRS.

Flexible Savings Account Worksheet

Horizon BCBSNJ wants to make sure you have the information you need to get the most out of your benefits. Use this worksheet to help you plan your Horizon MyWay FSA so you can keep your out-of-pocket costs low.

Any unused funds at the end of the year or grace period will be returned to your employer, so it's important to estimate how much you'll need for the year. Use the chart below 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 \$2,650 per individual.) | | |
| Estimate your annual cost for 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 camps (not overnight camp) 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 are considered child care by the IRS. Summer day camps also count as child care. Expenses for 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.



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.

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.
- You can also enroll by calling **1-866-999-3531**.

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.



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.



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

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