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Tax Advantages

Easy Pay with Debit Card

Mobile App

24/7 Support

ou 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,

Your Period of Coverage dates are:

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Flexible Savings Account Worksheet

* QTK\QP \$%\$50, YCPVU VQ OCMG UWTG [QW JCXG VJG KPHQTOCVKQP [QW P 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 6CZ CXG CNNQYU C OCZKOWO EQPVT KDWVKQP QH		
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 6CZ CXG CNNQYU C OCZKOWO EQPVT KDWVKQP		
Dependent care expenses		
• Licensed day care, nursery or preschool	\$	
• Before and after-school care ²	\$	
• Summer day camps (not overnight camp) ²	\$	
• Eldercare ³	\$	
r 1 V J G T	\$	
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 dependent 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 & GRGPFU QP [QWT VCZ ,NKPI UVCVWU 2NGCUG EBAEBA and after-school care by a licensed provider are considered child care

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. It allows you to pay for your expenses using your mobile wallet, giving you added convenience and security. To learn more, visit Digital Pay online.

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- 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.

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 CPF &C\$CQH OCVEJ VJTQWIJ [QWT GORNQ[GT
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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 1-866-999-3531. Our online 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