

2023 State of New Jersey • Tax\$ave  
Flexible Spending Account (FSA)

Essential Guide



For more information, visit [HorizonBlue.com](https://www.HorizonBlue.com)





An FSA is a flexible account you set up for your anticipated eligible medical services and medical supply expenses not normally covered by [QWT KPUWTCPEG # & G R G P F G P V % C Z G D (5# G H K V C E E Q W P V W U G F V Q R C] 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 & G R G P F G P V % C Z G D (5# [QW D G P G H K V H T Q O J C X K P I N G U U V C Z C D N G K P E Q O G K P Y O P a y c h e c k This means more spendable pre-tax income to use toward your eligible medical and dependent care expenses.

Once you decide how much to contribute to your Unreimbursed Medical and /or & G R G P F G P V % C Z G D (5# your contributions are deducted in equal amounts from your paychecks during the plan year. Before signing up for an FSA, review this reference guide to understand how FSAs can save you and your family a UKIPKHKECPV COQWPV QH VCZ OQPG[

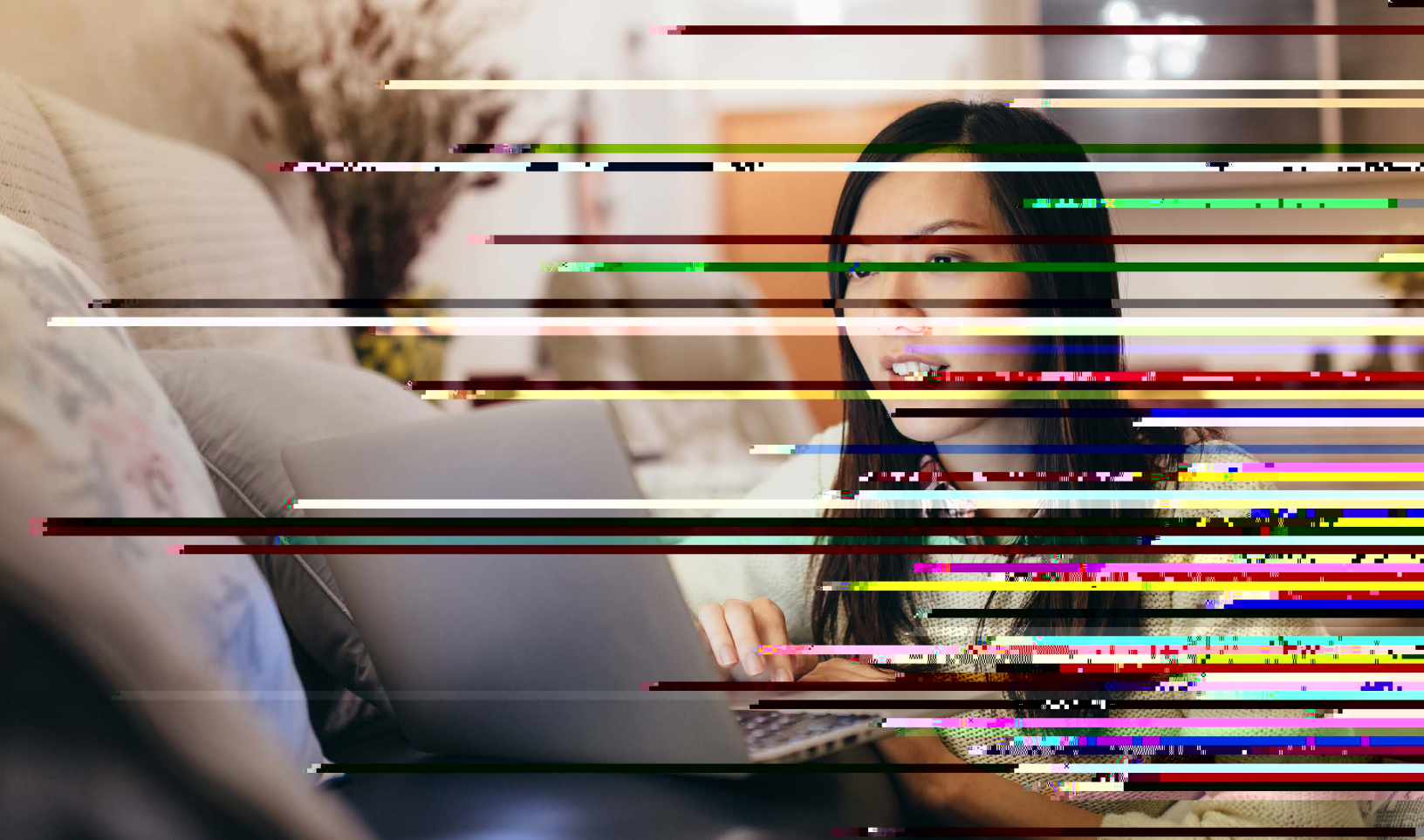
## Important Dates to Remember

- Open Enrollment: 1 E V Q D G T
- Period of Coverage: , C P W C T [ through & G E G O D G T
- Grace Period for Plan Year :  
January 1, 202 through / C T E J
- Run Out Period for Plan Year :  
January 1, 202 through # R T K N .
- Grace Period for Plan Year :  
January 1 through March 15,
- Run Out Period for Plan Year :  
January 1 through April 30, 2

## Have Questions? We're Here to Help.

### Customer Service

The Horizon MyWay customer service team is available from 8 a.m.



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 FSA(s) through Horizon MyWay.

With Horizon MyWay , you get 24/7 support:

- **Easy-to-Use Portal** – Enjoy a simple user experience when you sign in.
- **Mobile App** – Manage your account from the palm of your hand with the **Horizon Blue** app.
- **Expert Assistance** – Enjoy access to a dedicated team

## Tax\$ave FSA Initial Election Year Example:

Date of employment:	7/3/2
Enrollment form submitted:	8/2/ (last day to enroll)
Election:	\$2,500 Medical Expense Plan \$5,000 Dependent Care Plan
Effective date:	10/1 Medical Expense Plan – must incur expenses 10/1/2 – 3/15/ 9/1/ Dependent Care – must incur expenses 9/1/ – 3/15/
Medical Plan payroll deductions:	\$2,500/7 pay periods = \$357.14 per pay period
Dependent Care payroll deductions:	\$5,000/9 pay periods = \$555.55 per pay period

Medical Dependent Total Payroll











## FSA Fund Availability

### “Use-It-Or-Lose-It” Rule

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

This is based on the Use-It-Or-Lose-It Rule for Section 125 Cafeteria Plans, including Flexible Spending Accounts.

### For Unreimbursed Medical FSA

The maximum annual amount of reimbursement for eligible health care expenses is available throughout your period of coverage, so you don't have to wait for the cash to accumulate in your account.

### For & GRGPF GPV % CTG (5 #

The funds available to you depend on the actual funds in your account. Unlike an Unreimbursed Medical FSA, the entire maximum annual amount is not available until after your payroll deductions are received.

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EQPVTKD WVKQP KU CPF VJG[ RC[ VJGKT FC[ ECTG RTQXKFGT  
GXGT[ VYQ YGGMU #V VJG VKOG VJG RCTVKEKRCPV UWDOKVU  
VJGKT ENCKO VJG[ JCXG KP VJGKT CEEQWPV 6JG ENCKO YKNN  
DRTQEGWDFGFTGKODWTUG VJG RCTVKEKRCPV 9JGP  
VJG RCTVKEKRCPV U PGZV EQPVTKD WVKQP KU TGEKXGF CP  
CFFKVKQPCN YKNN DG TGKODWTUGF VQ VJG RCTVKEKRCPV  
YKVJQWV VJGO JCXKPI VQ EQORNGVG CP CFFKVKQPCN ENCKO  
HQTO

## Annual Contribution Limits

### For Unreimbursed Medical FSA:

Minimum Annual Deposit \$100  
Maximum Annual Deposit \$2,500

### For & GRGPF GPV % CTG (5 #

Minimum Annual Deposit \$250  
The maximum contribution depends on your  
VC,NKPI UVCVWU

- +H [QW CTG OCTTKGF CPF ,NKPI U your maximum annual deposit is \$2,500.
- If you are single and head of household,

Dependent Care FSA

The & G R G P F G P V % C T e W # to pay for  
eEUsoible dpendent Ccre Fexendses such as after-school





## Over-the-Counter (OTC) Expenses

- The IRS requires that a merchant-generated receipt or statement be provided as supporting documentation for each item purchased. The receipt or statement must include the date of purchase, name of the OTC item and the amount paid (not handwritten).
- The item must be purchased in a reasonable quantity with the intent that it will be used within the current calendar year.
- OTC expenses that have both a cosmetic/general health use and a medical use will require a Letter of Medical Necessity (F9090) signed by your health care provider.

## Vision Services

- +H [QW JCXG C XKUKQP DGPG,V RN B reimbursement of the full or initial payment amount may only be made during the plan year in which the expense is covered by your insurance plan, including care that extends beyond the current plan year. (QT TGH
- C EQR[ QH VJG 'ZRNCPCVKQP QH \$ GPG,V

## Dental Services

- The documentation submitted with your claim must indicate when the service was received, not billed.
- Balance forward or account payment statements will not be accepted as documentation.
- If the provider statement indicates an estimate of coverage submitted to the dental plan or payment R GPFKPI KPENWFG C EQR[ QH VJG 'ZRNCPCVKQP QH \$ GPG,V U (EOB) from your dental plan.

## Orthodontia Services

1 TVJQFQP VKE VTGCV OGPV FGUKIPGF V medical condition is reimbursable through your Unreimbursed Medical FSA if the proper documentation is provided. For fastest processing, submit a claim along with:

- A written statement, bill or invoice from the treating dentist/orthodontist showing the type and date the service was incurred, the name of the eligible individual receiving the service and the cost for the service
- A copy of the patient's contract with the dentist/orthodontist for the orthodontia treatment (only required if a participant requests reimbursement for the total program cost spread over a period of time)

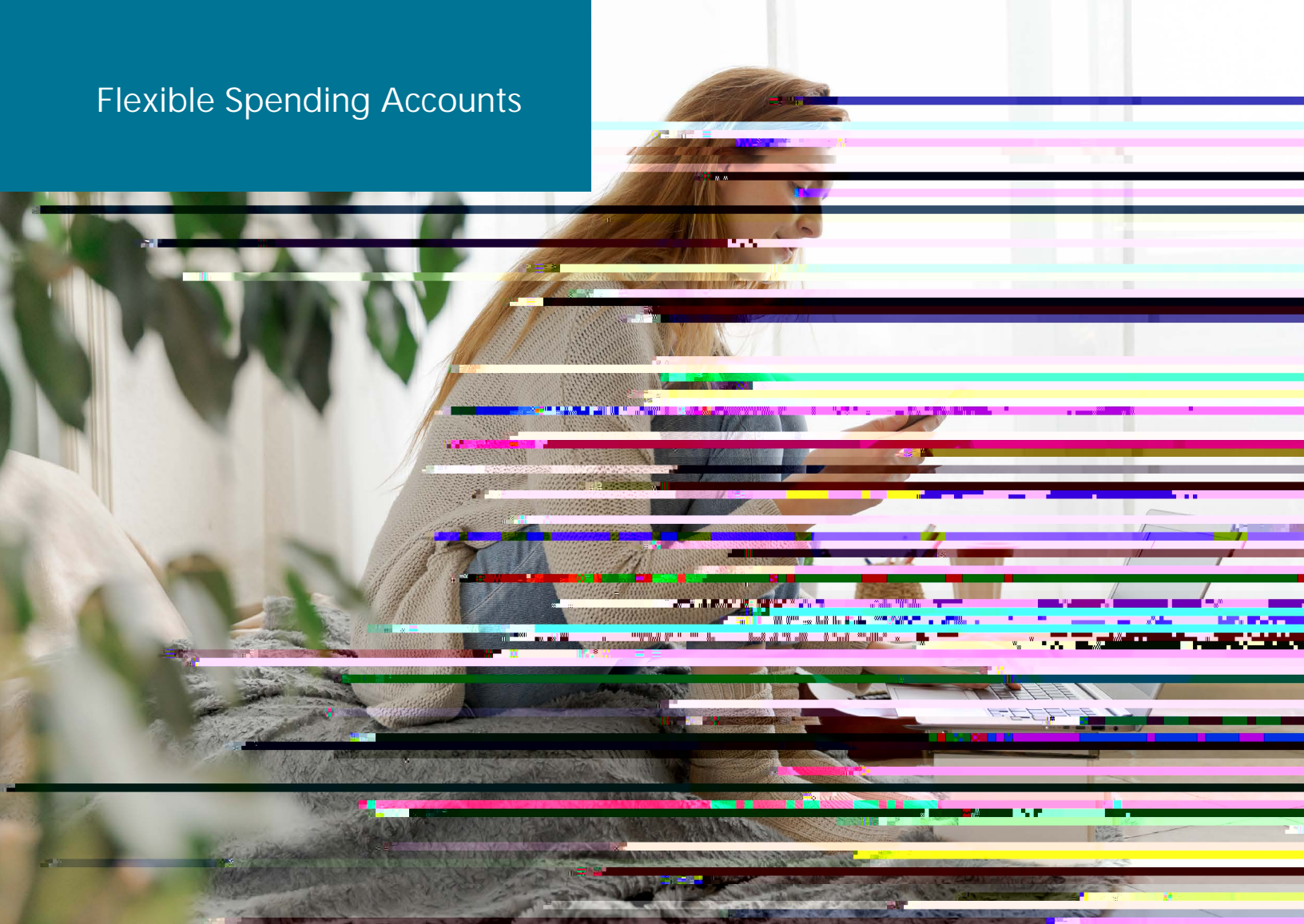
Reimbursement of the full or initial payment amount may only be made during the plan year in which the expense is covered by your insurance plan, including care that extends beyond the current plan year. (QT TGH

DTCEGU CTG ,TUV KPUVCNNGF (QT TGH

available under your employer's plan, including care that extends beyond the current plan year. (QT TGH

to the information provided following your enrollment, or call Customer Service at 1-888-215-0025 .

You must keep your documentation for a minimum of one year to submit upon request.



## Appeal Process

If you have a request for a mid-plan year election change, FSA reimbursement claim or other similar request denied, in full or in part, you have the right to appeal the decision by sending a written request within 30 days of the denial for review to:

Ricardo Arce  
Plan Administrator, Tax\$ave  
0 , &KXKUKQP QH 2G PUKQPU \$GPG,VU  
P.O. Box 295  
Trenton, NJ 08625-0295  
'OCK&N\$ 6CZ CXG"VTGCU PL IQX

Your appeal must include the date of the services, why you think your request should not have been denied and any additional documents, information or comments you think may have a bearing on your appeal.

Your appeal and supporting documentation will be T G X K G Y G F W R Q P T G E G K R V ; Q W Y K N N D results within 30 business days from receipt of your appeal. In unusual cases, such as when appeals require additional documentation, the review may take longer than 30 business days. If your appeal is approved, additional processing time is required V Q O Q F K H [ [ Q W T D G P G , V G N G E V K Q P U  
NOTE: Appeals are approved only if the extenuating circumstances and supporting documentation are within your employer's, insurance provider's and the IRS' regulations governing the plan.



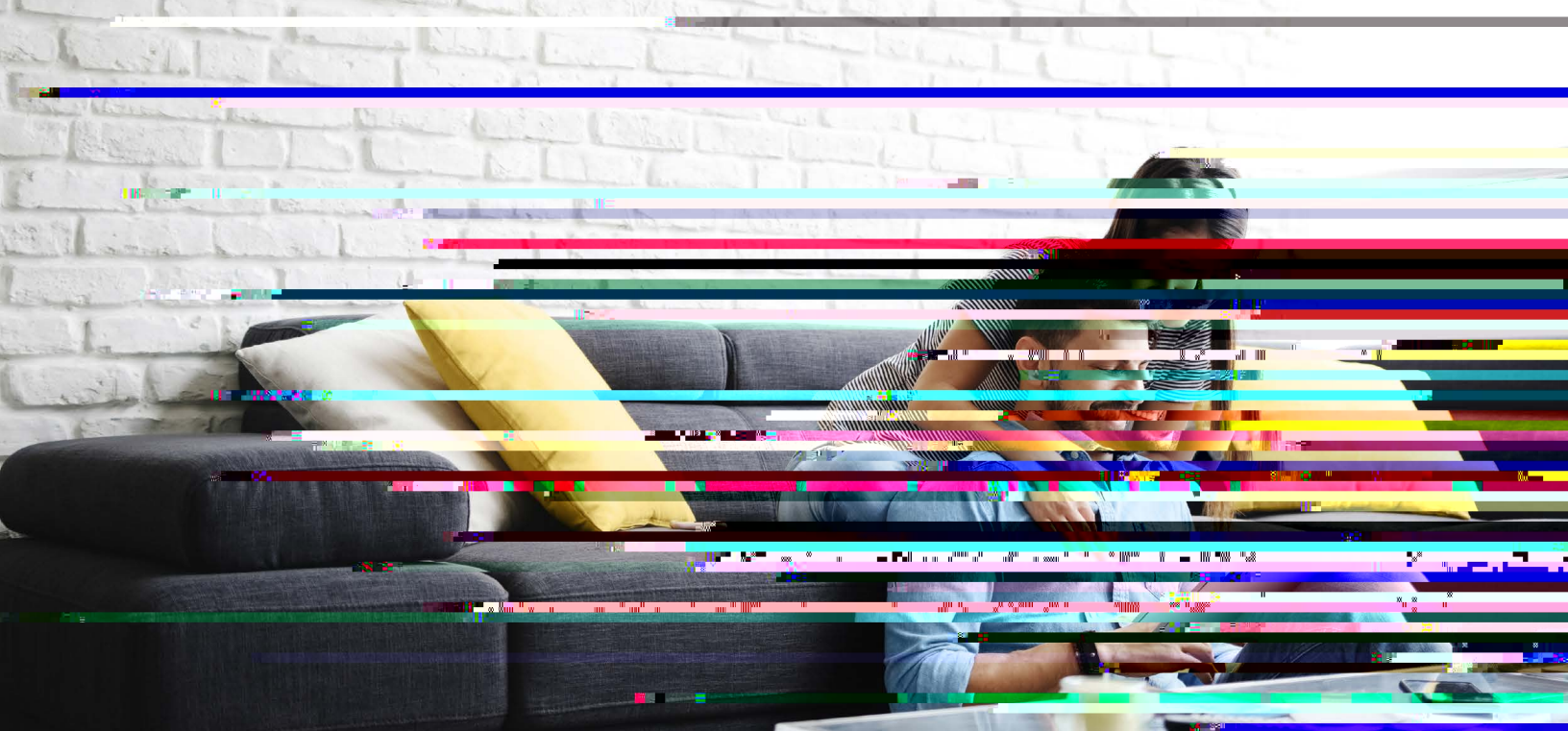
## Using Your FSA Dollars

When you pay for an eligible health care or dependent care expense, it makes sense to put your account to work right away. Horizon MyWay gives you several convenient reimbursement options.

Follow these steps to submit documentation for your expense:

1. Sign in to [HorizonBlue.com](https://HorizonBlue.com) and click My Accounts. In the top right corner, click Horizon MyWay, then go to your account.
2. # PQVK,ECVKQP KU FKURNC[GF QP [QWT CEEQWPV JQOG RCIG YJGP VJ  
Click Go to Claims Summary KP VJG PQ.VK,ECVKQP
3. Select the appropriate account from the Account drop-down menu.
4. In the Debit Card Claims Requiring Documentation section, click the Needs Receipt link next to the claim for which you want to provide documentation.
5. Click Upload Documentation .
6. Click Choose File.
7. 5GNGEV VJG ,NG [QW YKUOpen WRNQCF CPF ENKEM
8. Click Continue.
9. 6n4sSlumt]TJEMCET/Span0 ccount tates documake suentate it's corentatect <Lang (en-US)/MCID 914BDC/GS5 gs70.





With the convenient Horizon MyWay Visa Debit Card, you can pay for health  
ECTG GZRG PUGU CPF CEEGUU [QWT|CEEQWPV YJGPGXGT CPF YJGTGXGT [QW  
0Q YCKVKPI 0Q ENCKOU VQ ,NG |

Simply use your card when you want to pay for eligible health care expenses.  
Money for the expense is transferred directly from your account to your  
provider or merchant. You don't have to pay cash up front, submit a claim  
form or wait to be reimbursed.

### Easily monitor your account

You can check account balances, view transactions and use our online  
planning tools at [HorizonBlue.com](https://HorizonBlue.com) .

### How to use your card:

- You can use your debit card to pay your portion of eligible medical,  
FGPVCN |RTGUETKRVKQP CPF XKUKQP GZRG PUGU
- ;QW ECP WUG [QWT FGDKV ECTF CV RTQXKFGT QH,EGU
- (QT OGFKECN ENCKOU WUWCNN[ RTQEGUUGF D[ [QWT JGCNVJ RNCP |UKOR  
your debit card number on your doctor's bill and return it to the provider.
- You can also call your health care provider with your debit card number.

### If further documentation is requested

The Horizon MyWay Visa Debit Card can be used at all authorized medical  
providers. Most providers supply products and services that are known to be  
eligible medical products and services. When you buy a product or service  
from a provider in this category, medical claims are approved immediately  
and don't require any further documentation.

Some providers sell both eligible and ineligible products and services  
(e.g., dermatology and counseling services). When using your debit card  
with this type of provider, the debit card is acca6USwithon a 153.947 115.081 Tm(r)]TJ0 Tc1 0 0 1 27hG(MyW)37(ay)]TJ/TT0 10

# Flexible Savings Account Worksheet

\* QTK\QP \$%\$50, YCPVU VQ OCMG UWTG [QW JCXG VJG KPHQTOCVKQP [QW P  
Use this worksheet to help you plan your Horizon MyWay FSA so you can keep your out-of-pocket costs low.



# Election Change Events



At the beginning of the plan year, you elect a dollar amount to contribute to your account. This election can  
QPN[ DG EJCPIGF KH [QW GZRGTKGPEG C NKHG EJCPIG VJCV SWCNK, GU CU C  
After experiencing an Election Change Event, you have 30 days from the date of the event to contact your  
GORNQ[GT CPF EJCPIG [QWT GNGEVKQP COQWPV |

There are two restrictions to changes made as a result of an Election Change Event:

1. The change must correspond with the type of change (e.g., getting married increases the election amount; divorce decreases the amount).
2. 6JG PGY FQNNCT COQWPV ECPoV DG NGUG[CVJ CEPQ P V G KDOQWGFVQVTJ D G G Q WT G  
in the current plan year.

Events that allow you to change your Medical FSA election

## Events that increase election

- Marriage
- Birth or adoption of child
- Child who gains dependent status

## Events that decrease election

- Divorce
- %JKNF PQ NQPIGT SWCNK, GU CU C FGRGPF GPV
- Death of dependent

## Events that increase or decrease election

- Your spouse or dependent starts or ends a job
- Your spouse or dependent has an increase or decrease in work hours
- ;QW ICKP QT NQUG GNKIKDKNKV[ HQT GORNQ[GT URQPUQTGF JGCNVJ KPUW
- You receive a court order requiring you or another person to provide health coverage for an eligible child
- You, your spouse or dependent gain or lose Medicare or Medicaid coverage
- You go on or return from FMLA leave as allowed by FMLA requirements and plan rules

To request a change in your election, go to <https://www.nj.gov/treasury/pensions/pension-active-other.shtm> |, click on Tax\$ave & Commuter Tax\$ave drop down, and download the Horizon MyWay Change In Status Form. Fill out this form and submit as instructed on the form.





### Deferred Compensation (457 Plan)

2CTVKEKRCVKPI KP VJG (NGZKDNG \$GPG, VU 2NCP  
your maximum annual contribution to the 457 plan.  
6JCV KU (NGZKDNG \$GPG, VU 2NCP  
includible compensation\* from which the maximum  
deferrable amount is computed. You should contact  
the Deferred Compensation vendor or the Tax  
& GHGTTGF #PPWKV[ 6 & # RTQXKFG  
GHHGEV QH VJG (NGZKDNG \$GPG, VU 2NCP

\* Includible compensation is the gross income shown on your W-2 form.

### Notice of Administrator's Capacity

This notice advises FSA participants of the identity and relationship between your employer and its Contract Administrator, Horizon MyWay. We are not an insurance company. We have been authorized by your employer to provide administrative services for the FSA plans offered herein. We will process claims for reimbursement promptly. In the event there are delays in claims processing, you will have no greater rights in interest or other remedies against us than would otherwise be afforded to you by law.

### Social Security

Social Security consists of two components: the FICA or OASDI component (the tax for old-age, survivors and disability insurance) and the Medicare component. A separate maximum wage to which the tax is assessed applies to both tax components. There is no maximum taxable annual wage for Medicare. The maximum taxable annual wage for FICA is subject to annual regulatory change. If your annual salary after salary reduction is below the maximum wage cap for FICA, you are reducing the amount of taxes you pay CPF [QWT 5QEKCN 5GEWTKV[ DGGP, VU O retirement time.

However, the tax savings realized through the Flexible \$GPG, VU 2NCP IGP GTCNN[ QWVYGKIJ VJ reduction. Call Customer Service at 1-888-215-0025 for more information or contact your tax advisor.

### Have Questions? We're Here to Help.

The Horizon MyWay customer service team is available from 8 a.m. to 9 p.m., ET, to answer your questions. You can reach our automated service 24 hours a day by calling 1-888-215-0025 . Account information and