

2027 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

NJDPB Tax\$ave

The State of New Jersey Division of Pensions and Benefits (NJDPB) is pleased to work with Horizon Blue Cross Blue Shield of New Jersey (Horizon) in the administration of your Flexible Spending Account(s) (FSA) through Horizon MyWay®.

The Tax\$ave program is only available to eligible State employees. An eligible employee is any full-time employee of the State, or a State college or university, who is eligible to participate in the State Health Benefits Programs (SHBP) with Horizon or Aetna.

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 before and after-school care, babysitting, day care/preschool, summer day camp and adult dependent care.

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.

Note: Members enrolled in a high-deductible medical plan (HSA) cannot participate in a Medical FSA. However, members can elect to have a Dependent Care FSA with an HSA.

Important dates to remember

Your Open Enrollment dates are:

October 1-31, 2026

Your Period of Coverage dates are:

January 1, 2027 through December 31, 2027

Note: Eligible employees who do not enroll during the Open Enrollment Period are not permitted to participate in the program for the upcoming plan year unless they experience a qualifying life event.

As of July 1, 2024, Aetna is also a medical insurance carrier for the State of New Jersey employees. Enrolling in Aetna's medical plan will not affect your eligibility to enroll in the Horizon MyWay program.

For more information, visit HorizonBlue.com.



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 Medical 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

Contribution Limit per Employee

Minimum annual deposit: \$100

Maximum annual deposit: \$3,400

Example: If married, each spouse can elect a maximum of \$3,400.

Note: For 2027, the Unreimbursed Medical FSA election limit is currently set at \$3,400, pending official IRS guidance. Once announced, the election limit will adjust to match the final IRS limit.

Eligible expenses are not all-inclusive and are subject to change by the IRS, with the most recent change being the inclusion of over-the-counter medications and feminine hygiene products effective January 1, 2020. The IRS defines qualified medical expenses as amounts paid for the "diagnosis, cure, mitigation, treatment or prevention of disease, or for the purpose of affecting any structure or function of the body." 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 for rules regarding Flexible Spending Arrangements and irs.gov/pub/irs-pdf/p502.pdf for Qualifying Medical Expenses.

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

How a Dependent Care FSA works

Decide how much you want to set aside for before and after-school care, babysitting, day care/preschool, summer day camp and adult dependent care.

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

Dependent Care FSA

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: A married couple can elect a maximum of \$2,500 each if filing separately or one can elect \$5,000.

Eligible dependent care expenses:

- Before and after-school care
- Babysitting and nanny expenses. This can include paying an older sibling (age 19 or older) or other family member (not spouse, nor parent of child, nor your tax dependent) 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.
- Day care, 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.

Note: In order to comply with IRS non-discrimination testing requirements for the entire plan, contributions of highly compensated individuals (currently set by the IRS as earning \$165,000 or more) may be adjusted downward by the State during Plan Year 2027 to meet IRS requirements.

Keep in mind

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

Flexible savings account worksheet

Horizon 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 (Tax\$ave allows a maximum contribution of \$3,400 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		
• Before and after-school care ²	\$	
• Licensed day care, nursery school or preschool	\$	
• Summer day camps (overnight camp participant must acquire documentation from camp breaking out the cost of day camp; the overnight 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 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 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 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:

- Members currently enrolled for 2026 can log in to their FSA and select the "Enroll Now" button to enroll for the 2027 plan year (ONLY available during Open Enrollment Period).
- Call 1-877-765-8809 and follow the prompts (ONLY available during Open Enrollment Period).
- Download an enrollment form using the link below – or call 1-877-765-8811 to have one mailed to you – and return via one of the three ways below:

nj.gov/treasury/pensions/documents/taxsave/2027/2027-fsa-enrollment-form.pdf

Fax to: 1-833-710-5544

Send via secure email only to:

HorizonMyWay@healthaccountservices.com

Mail to:

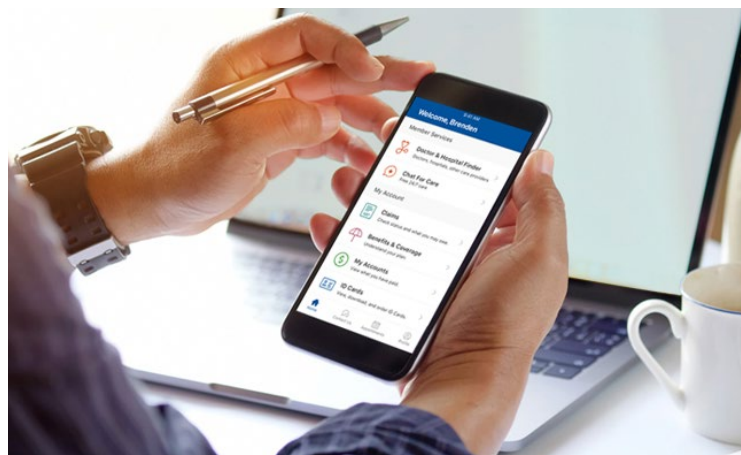
Horizon MyWay, P.O. Box 2340, Fargo, ND 58108-2340

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

For more information, contact Customer Service at **1-877-765-8811**, Monday through Friday, from 8 a.m. to 8 p.m., Eastern Time (ET).

Add your Horizon MyWay Visa® Debit Card to your mobile wallet.

You can conveniently add your Horizon MyWay Visa® Debit Card to your mobile wallet, including Apple Pay®, Google Pay™ and Samsung Pay™. Once added, your debit card can be used to securely pay for eligible expenses wherever mobile wallet payments are accepted. This provides a fast, easy and contactless way to access your Horizon MyWay funds while maintaining the same security protections offered by digital wallet technology.



The Horizon MyWay app

The **Horizon MyWay** app offers members a range of tools to manage their health spending and savings accounts.

You can log in to your Horizon MyWay account on the app by using the username and password that you set up to access HorizonBlue.com or the Horizon Blue app.

In the app, you can:

- View your account activity
- Submit claims
- Upload receipts and supporting documents

Note: The new Horizon MyWay app became available on July 1, 2026. If you still have the previous version installed on your device, uninstall it before downloading the new app.



Download the free **Horizon MyWay** app by scanning the QR Code or visiting the App Store® or Google Play™.



*There is no charge to download the Horizon MyWay 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 8 p.m., ET, to answer your questions. You can reach our automated service 24 hours a day by calling **1-877-765-8811**. Account information and helpful resources are available at HorizonBlue.com.

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Chinese (中文): 如需中文協助, 請致電 1-866-660-6528.



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