

Sign into your Horizonblue.com account and then Click on “Horizon MyWay”

Dashboard

Get Care >

ID Cards

Claims >

Benefits & Coverage >

Wellness >

Prescriptions

Document Center >

Horizon MyWay®

Welcome, Ivy

FIND CARE & COST



Search for doctors, hospitals, and other health care professionals and facilities.

Go to Find Care & Cost

ID CARDS

IVY DAYNE

?

Guide Me Library

Step 2

Dashboard

My Care >

My Cards

My Claims >

My Benefits & Coverage >

My Wellness >

My Prescriptions

My Document Center >

Horizon MyWay®

Horizon  

Search

FAQ Email

Coverage

Active - 26 CWA UNITY DIRECT F/T SHBP 0090600-0000

Flexible Spending Account (FSA)

Type of Flexible Spending Account

Medical FSA

Effective Date 01/01/2026 - 12/31/2026

Available Balance \$0.00

To access your account information

View & Manage Your Account

Click on View & Manage Your Account

Step 3

Contact Us

Ivy Payne

(0)

Logout

Horizon  

Horizon MyWay®

Home

Accounts

Tools & Support

Message Center 14

It's Open Enrollment Time!

Enroll Now

Open enrollment

Tasks 1

Click on “Enroll Now”

HOMEEXPENSESACCOUNTSTOOLS & SUPPORTSTATEMENTS & NOTIFICATIONSPROFILE

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Enrollment

Are you ready to enroll?[Begin Your Enrollment Now](#)

Enrolling in a Pre-Tax Benefit plan allows you to save Federal, State, Social Security and Medicare taxes on dollars you put into the plan.

Review your available plans to find out how to best use these programs. To learn more about the benefits offered, click on the appropriate Plan Description link below.

NJ Tax\$ave Unreimbursed Medical FSA

[Plan Description](#)

The Unreimbursed Medical Account is a tax-advantaged way to pay for out-of-pocket health care expenses. This benefit allows you to reimburse yourself for eligible expenses with "pre-tax" dollars, which means that you get a tax deduction for these expenses before you ever file your tax return. You don't pay federal income or Social Security taxes on this money and, in most states, you don't pay state taxes either.¹

Authorized by the IRS, these accounts let you set aside money from your salary before taxes are withheld. As you incur health care expenses throughout the year, you submit a claim for those expenses, and are reimbursed with tax-free dollars from your account(s).

The Unreimbursed Medical Spending Account reimburses you for out-of-pocket health care expenses for medical, dental, vision, or hearing expenses.

When you use these accounts, your taxable income is reduced, therefore you will pay less in income taxes.

NJ Tax\$ave Dependent Care FSA

[Plan Description](#)

The Dependent Care Spending Account is a tax-advantaged way to pay for work-related daycare expenses. This benefit allows you to reimburse yourself for eligible expenses with "pre-tax" dollars, which means that you get a tax deduction for these expenses before you ever file your tax return. You don't pay federal income or Social Security taxes on this money and, in most states, you don't pay state taxes either.¹

Authorized by the IRS, these accounts let you set aside money from your salary before taxes are withheld. As you incur daycare expenses throughout the year, you submit a claim for those expenses, and are reimbursed with tax-free dollars from your account(s).

The Dependent Care Spending Account reimburses you for dependent daycare expenses you incur in order to allow you (or you and your spouse) to work.

When you use these accounts, your taxable income is reduced, therefore you will pay less in income taxes.

Questions?

Click on “Begin Your Enrollment Now”

Step 5



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Profile

steps:

1

2

3

4

5

6

* = required field

First Name: Ivy

Middle Initial: N

Last Name: Payne

Participant Account ID:

Home Address:

Country: United States

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

Mailing Address:

Country:

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

Home Phone:

Birth Date:
(mm/dd/yyyy)

Gender:

Marital Status:

Email Address:

Do you have any dependents? ☐ Yes ☒ No

Continue

Confirm your information & at this point you can add dependents if you'd like them to have their own card

Step 6



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Plan Rules

steps: **1** 2 3 4 5 6

It is important to be aware of some of the basic rules of these accounts before you enroll.

Make sure you keep these in mind when you are making your elections. Unreimbursed Medical FSAs feature a \$100 minimum deposit up to the \$3,400 plan year limit, with full funds available on day one. **If you are enrolled in a High Deductible Health Plan (HDHP) you are not eligible to enroll for the Unreimbursed Medical FSA.**

Dependent Care FSAs require a \$250 minimum deposit up to \$5,000 per household, with funds accessible as payroll deductions post.

Account balances are subject to the IRS "Use-It-Or-Lose-It" rule.

We also encourage you to review the Summary Plan Description for more detailed rules regarding these Pre-tax Accounts.

NJ Tax\$ave Unreimbursed Medical FSA

Annual Contribution Limits

For Unreimbursed Medical FSA per Employee:

Minimum annual deposit: \$100

Maximum annual deposit: \$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.

****Please note if you elect the full \$3,400, we will adjust your election based on the change in IRS guidance to the new maximum election limit for 2027.**

"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 FSAs.

☐ I have read and understand the [NJ Tax\\$ave Unreimbursed Medical FSA rules](#)

NJ Tax\$ave Dependent Care FSA

For Dependent Care FSA

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.

Example: A participant's bi-weekly Dependent Care FSA contribution is \$400 and they pay their day care provider \$500 every two weeks. At the time the participant submits their claim, they have \$400 in their account. The claim will be processed and reimburse the participant \$400. When the participant's next contribution is received, an additional \$100 will be reimbursed to the participant, without them having to complete an additional claim form.

Example: Child attends summer camp and the cost for camp is \$3,000. At the beginning of the plan year an election of \$3,000 was made; each payroll deduction is \$115.38 (based on 26 pay cycles). In July, you file a dependent care claim in the amount of \$3000. Your year to-date contributions are \$1,615.32. A claim will pay out or \$1,615.32 and subsequent claim payments will be made in the amount of \$115.38 on each pay

This is the screen explains the FSA limits - please note if you elect the full \$3,400, we will adjust your election based on the change in the IRS guidance to the maximum election limit for 2027

Step 7



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Elections

steps:

1

2

3

4

5

6

Enter your actual elections in the field provided. To calculate the total elections, tax savings, and estimated per pay period deduction select the calculate button.

If you choose to not enroll in a plan leave the field blank.

	Your Election	Max Employee Election
NJ Tax\$ave Unreimbursed Medical FSA ?		\$3,400.00
NJ Tax\$ave Dependent Care FSA ?		\$5,000.00
Total election for the year:		
Total tax savings for the year *:		Calculate
Estimated per pay period deduction:		

* Tax savings estimate is based on a 30% tax rate. True tax savings will be based on your individual circumstances.



Questions?

Contact Horizon MyWay at: (877) 765-8811 or toll free at: (877) 765-8811 or HorizonMyWay@healthaccountservices.com

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Make your contribution here - you can calculate your costs here as well.

Step 8



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Payment Method

steps:

1

2

3

4

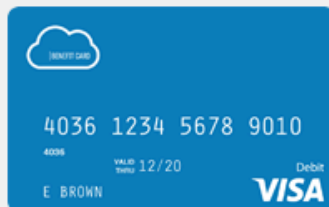
5

6

Select the method in which you would like to be reimbursed.

☒ **Debit Card**

Your Debit Card provides convenient access to your benefit dollars. Use the card to pay qualified medical expenses for you and your qualified dependents.



If you choose to be reimbursed using the Debit Card, please answer the questions below.

1) What alternate reimbursement method would you like to use for the reimbursement of claims that are filed online?

- ☒ Check
☐ Direct Deposit

2) Are any of your dependents using, or would like to use separate debit cards?

- ☒ Yes
☐ No

[Continue](#)



Questions?

Contact Horizon MyWay at (877) 765-8811 or toll free at (877) 765-8811 or

Choose your your Debit Card and your choice of alternate reimbursement

Step 9

You can choose if you'd like your dependent to have their own card.



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Issue Dependent Cards

steps: 1 2 3 4 5 6

Select the dependents you would like to have a separate debit card issued to. For each dependent selected, specify the address the card should be sent to and the plans that dependent should have access to use the debit card for. If a dependent is not listed, you must add that dependent on Step 2 of this enrollment process.

Name	Issue Card?	Plan Access	Ship To
	☒	☒ Medical FSA	Participant Address
	☐	☒ Medical FSA	Participant Address

[Continue](#)



Questions?

Contact Horizon MyWay at: (877) 765-8811 or toll free at: (877) 765-8811 or
HorizonMyWay@healthaccountservices.com

Step 10

11012011



Home | My Account | My Profile | My Enrollment | My Claims | My Documents | My Settings



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Enrollment Verification

steps:

1

2

3

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You must click submit at the bottom of this page to complete your enrollment.

Profile

[Edit Information](#)

Name: Ivy Payne

Home Address:

Mailing Address:

Home Phone:

Birth Date:

Gender:

Marital Status:

Email Address:

Do you have any dependents? Yes

Dependents

[Edit Information](#)

Full Name	SSN	Birth Date	Gender	Full Time Student	Relationship

Enrollment Elections

[Edit Information](#)

	Employee Contribution	Company Contribution	Auto File Health Care Claims?
NJ TaxSave Unreimbursed Medical FSA			No
NJ TaxSave Dependent Care FSA			-
Total Election for the year:			
Estimated per pay period reduction : *			
* Begins on the first pay date of the Plan Year.			

Method of Reimbursement

[Edit Information](#)

Enrollment Verification