



Horizon Blue Cross Blue Shield of New Jersey

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## Cost Summary Flexible Spending Accounts - FSA

### Monthly administration fee / month per participant

#### Based on percentage enrollment as follows:

Less than 10%	\$5.50
10% — 24%	\$5.00
25% — 49%	\$4.50
50% or greater	\$4.00

#### **Included services:**

- Online Enrollment/Payroll submission
- Educational seminars
- Toll free 800 number
- 24-hr IVR access for up-to-date account information
- Online Website Tools
- Reimbursement check processing
- Monthly financial reporting to employer
- Direct Deposit

#### **Debit Card:**

- Additional fee per month, per participant:    \$100.00

#### **Enrollment Communications:**

- Electronic Enrollment Materials    No Fee
- Paper Enrollment Workbooks        \$1.00 each

Monthly administrative fees are determined on a per participant basis. A participant is defined as an employee participating in the Health Care Reimbursement Account or Dependent Care Reimbursement Account. There is no duplicate charge if an employee participates in more than one account. **(Minimum Monthly Fee - \$25.00).**