



CWA MEMBERS STATE ACTIVE GROUP MEDICAL PLAN DESIGN - PLAN YEAR 2024

HA-1035-0424

Explore Your Benefits

Aetna Plan Options (Available July 1, 2024)	CWA Unity Freedom/ Unity Freedom 2019*	Aetna HMO	Aetna Liberty Plus		Freedom HDHigh**	Freedom HDLow**
Horizon Plan Options	CWA Unity DIRECT/ DIRECT 2019*	Horizon HMO ¹	Horizon OMNIA		NJ DIRECT HDHigh**	NJ DIRECT HDLow**
Medical Cost Sharing			TIER 1	TIER 2		
Primary Care Copayment	\$15	\$15	\$5	\$20	20% coinsurance after deductible	20% coinsurance after deductible
Specialist Care Copayment	\$30	\$15	\$20	\$35	20% coinsurance after deductible	20% coinsurance after deductible
Emergency Room Copayment	\$150 ⁷	\$100	\$100	\$100	20% coinsurance after deductible	20% coinsurance after deductible
In-Network Deductible	\$100 ⁶ (if hired after 7/1/19)	\$100 for Durable Medical Equipment	None	\$1,500 ⁵	\$4,100 ⁵	\$1,600 ⁵
In-Network Coinsurance	10% ²	0% ²	None	20%	20% after deductible	20% after deductible
In-Network Coinsurance Maximum (Individual/Family)	\$800/\$2,000		None	None	\$1,000/\$2,000	\$1,000/\$2,000
In-Network Out-of-Pocket Maximum (Individual/Family)	\$7,560/\$15,120	\$7,560/\$15,120	\$2,500 ⁵	\$4,500 ⁵	\$5,100/\$10,200	\$2,600/\$5,200
Out-of-Network Deductible (Individual/Family)	\$400/\$1,000				See In-Network Deductible ³	See In-Network Deductible ³
Out-of-Network Coinsurance ⁴	30%				40%	40%
Out-of-Network Out-of-Pocket Maximum (Individual/Family) ⁸	\$2,000/\$5,000				\$6,100/\$12,200	\$3,600/\$7,200
Out-of-Network Inpatient Hospital Deductible	\$500					

Note: Unity Freedom/CWA Unity DIRECT members and spouses who participate in NJWELL and complete the necessary health screenings and activities can earn a financial reward of \$350 each.

* **Members hired before July 1, 2019, will be enrolled in CWA Unity Freedom or CWA Unity DIRECT. Members hired after July 1, 2019, will be enrolled in CWA Unity Freedom 2019 or CWA Unity DIRECT 2019.**

** **HD = High Deductible Health Plan**

¹ Service areas for Horizon HMO plans are limited to New Jersey, New Castle County in Delaware, and bordering counties of Pennsylvania and New York.

² On select services.

³ Out-of-Network Deductible is combined with In-Network Deductible.

⁴ After Deductible.

⁵ Family amounts are 2 x per member amounts listed in table.

⁶ \$100 in network deductible has exclusions: 2nd wellness visit, preventive, obstetrics, pediatrics, and any deductible applied to other services.

⁷ \$50 for adults referred to the emergency room by their primary care physician or for children (through age 19) referred by their pediatrician.

⁸ All plans with out-of-network benefits have specified dollar limits for chiropractic, physical therapy, and acupuncture.



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CWA MEMBERS STATE ACTIVE GROUP PRESCRIPTION PLAN DESIGN - PLAN YEAR 2024

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Aetna Plan Options (Available July 1, 2024)	CWA Unity Freedom/ Unity Freedom 2019*	Aetna HMO	Aetna Liberty Plus	Freedom HDHigh**	Freedom HDLow**
Horizon Plan Options	CWA Unity DIRECT/ Unity DIRECT 2019*	Horizon HMO ¹	Horizon OMNIA	NJ DIRECT HDHigh**	NJ DIRECT HDLow**
Prescription Drug Copayments					
Retail: Generic Copayments	\$7	\$3	\$7	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Retail: Brand Copayments	\$16	\$10	\$16		
Retail: Brand w/Generic available Copayments ²	Member pays difference ²	Member pays difference ²	Member pays difference ²		
Mail: Generic Copayments	\$0	\$0	\$0		
Mail: Brand Copayments	\$40	\$15	\$40		
Mail: Brand w/Generic available Copayments ²	Member pays difference ²	Member pays difference ²	Member pays difference ²		
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	\$1,890/\$3,780	\$1,890/\$3,780	\$1,890/\$3,780		

Note: Retail – 30 day supply. Mail – 90 day supply. Oral contraceptive coverage is available under the medical and prescription plans.

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** HD = High Deductible Health Plan

¹ Service areas for the Horizon HMO plan are limited to New Jersey, New Castle County in Delaware, and bordering counties of Pennsylvania and New York.

² You pay the cost difference between the brand drug and the generic drug.

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