

## **CWA Members State Monthly Active Group Monthly Rates**

Effective 7/1/2019 to 12/31/2020

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Prog	gram #204
CWA UNITY DIRECT* #023* — PPO Plan with \$15 Primary Care Copayment	
Single	\$666.47
Member & Spouse/Partner	\$1,332.94
Family	\$1,906.10
Parent & Child	\$1,239.64
CWA UNITY DIRECT 2019* #024 — PPO Plan with \$15 Primary Care Copayment	•
Single	\$662.96
Member & Spouse/Partner	\$1,325.93
Family	\$1,896.07
Parent & Child	\$1,233.11
PRESCRIPTION DRUG PROGRAM #204	•
Single	\$114.68
Member & Spouse/Partner	\$229.35
Family	\$327.97
Parent & Child	\$213.30
Medical Plans Available with Prescription Drug Prog	gram #203
HORIZON HMO #011 — HMO Plan with \$15 Primary Care Copayment	
Single	\$735.14
Member & Spouse/Partner	\$1,470.28
Family	\$2,102.50
Parent & Child	\$1,367.36
PRESCRIPTION DRUG PROGRAM #203	·
Single	\$135.46
Member & Spouse/Partner	\$270.92
Family	\$387.42
Parent & Child	\$251.96
Medical Plans Available with Prescription Drug Prog	gram #209
OMNIA HEALTH PLAN #057 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care	Copayment for Tier 1
Single	\$554.95
Member & Spouse/Partner	\$1,109.90
Family	\$1,587.16
Parent & Child	\$1,032.21
PRESCRIPTION DRUG PROGRAM #209	·
Single	\$128.84
Member & Spouse/Partner	\$229.35
Family	\$327.97
Parent & Child	\$213.30

<sup>\*</sup> Members hired before July 1, 2019, will be enrolled in CWA UNITY DIRECT. Members hired after July 1, 2019, will be enrolled in CWA UNITY DIRECT 2019.



## **CWA Members State Monthly Active Group Monthly Rates**

Effective 7/1/2019 to 12/31/2020

PLAN/COVERAGE DESCRIPTION	TOTAL	
High Deductible Health Plans with Built-In Prescription Drug		
NJ DIRECT HD4000 #090 — High Deductible Health Plan with \$4,000 In-Network Deductible		
Single	\$473.28	
Member & Spouse/Partner	\$946.56	
Family	\$1,353.58	
Parent & Child	\$880.30	
NJ DIRECT HD1500 #091 — High Deductible Health Plan with \$1,500 In-Network Deductible		
Single	\$701.92	
Member & Spouse/Partner	\$1,403.84	
Family	\$2,007.49	
Parent & Child	\$1,305.57	

For copayments and deductibles, please refer to the *Plan Design Charts* on our website at: www.nj.gov/treasury/pensions