



Explore Your Benefits

**STATE CWA RETIRED GROUP  
MEDICAL PLAN DESIGN - PLAN YEAR 2020  
HORIZON PLANS - MEDICAL COST SHARING**

This chart is only for members represented by the Communications Workers of America (CWA).

Medical Cost Sharing	CWA Unity DIRECT*	Horizon HMO <sup>1</sup>	Horizon OMNIA*		NJ DIRECT HD1500*	NJ DIRECT HD4000*
			TIER 1	TIER 2		
Primary Care Copayment	\$15	\$10	\$5	\$20	20% coinsurance after deductible	20% coinsurance after deductible
Specialist Care Copayment	\$15	\$10	\$15	\$30	20% coinsurance after deductible	20% coinsurance after deductible
Emergency Room Copayment	\$150 <sup>5</sup>	\$85	\$100	\$100	20% coinsurance after deductible	20% coinsurance after deductible
In-Network Deductible (Individual/Family)			\$0	\$1,500/\$3000	\$1,500/\$3000	\$4,000/\$8,000
In-Network Coinsurance <sup>2</sup>	10%	10%	None	20%	20% after deductible	20% after deductible
In-Network Coinsurance Maximum (Individual/Family)	\$800/\$2,000					
In-Network Out-of-Pocket Maximum (Individual/Family)	\$6,799/\$13,598	\$6,799/\$13,598	\$2,500/\$5,000	\$4,500/\$9,000	\$2,500/\$5,000	\$5,000/\$10,000
Out-of-Network Deductible (Individual/Family)	\$400/\$1,000					See In-Network Deductible <sup>3</sup>
Out-of-Network Coinsurance <sup>4</sup>	30%					40%
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	\$2,000/\$5,000				\$3,500/\$7,000	\$6,000/\$12,000
Out-of-Network Inpatient Hospital Deductible	\$500/stay					
Out of Network Reimbursement Rate	175% CMS Exceptions: Mental Health after OOP Max get 195% CMS (good through 7/1/2021) and Obstetrics <sup>6</sup> at 195% CMS until treatment completed					

\* **Medicare-eligible retirees and/or Medicare-eligible spouses of retirees will be enrolled in a corresponding plan.**

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

<sup>2</sup> On select services. Please see plan guidebook.

<sup>3</sup> Out-of-Network Deductible is combined with In-Network Deductible.

<sup>4</sup> After Deductible.

<sup>5</sup> \$50 for adults referred to the emergency room by their primary care physician and for pediatric (through age 19).

<sup>6</sup> Treatment must have started prior to July 1, 2019.

**Note:** Medicare enrollees can review the Medicare Advantage plan designs at Aetna's website: [www.aetnastatenj.com](http://www.aetnastatenj.com)



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	CWA Unity DIRECT	Horizon HMO <sup>1</sup>	Horizon OMNIA	NJ DIRECT HD1500	NJ DIRECT HD4000*
<b>Prescription Drug Copayments</b>					
Retail: Generic Copayments	\$7	\$6	\$7	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Retail: Preferred Brand Copayments	\$16	\$12	\$16		
Retail: Non-Preferred Brand Copayments		\$24	\$35		
Retail: Brand w/ Generic Equivalent	Member pays difference <sup>2</sup>	Member pays difference <sup>2</sup>	Member pays difference <sup>2</sup>		
Mail: Generic Copayments	\$5	\$5	\$18		
Mail: Preferred Brand Copayments	\$40	\$18	\$40		
Mail: Non-Preferred Brand Copayments	\$88	\$30	\$88		
Mail: Brand w/ Generic Equivalent	Member pays difference <sup>2</sup>	Member pays difference <sup>2</sup>	Member pays difference <sup>2</sup>		
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	\$1,351/\$2,702	\$1,351/\$2,702	\$1,630/\$3,260		

**Note:** Retail – 30 day supply. Mail – 90 day supply.

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

<sup>2</sup> You pay the cost difference between the brand drug and the generic drug.

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*This is a summary and not intended to provide all information. Although every attempt at accuracy is made, it cannot be guaranteed.*