



Explore Your Benefits

**CWA MEMBERS
STATE ACTIVE GROUP
PRESCRIPTION PLAN DESIGN - PLAN YEAR 2024
HORIZON PLANS**

	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.

* **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.**

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

This publication is produced and distributed by the New Jersey Division of Pensions & Benefits — www.nj.gov/treasury/pensions
This is a summary and not intended to provide all information. Although every attempt at accuracy is made, it cannot be guaranteed.