



**CWA MEMBERS  
STATE ACTIVE GROUP  
MEDICAL PLAN DESIGN - PLAN YEAR 2025**

Explore Your Benefits

Side-by-Side Medical Comparison	Aetna CWA Unity Freedom/ Unity Freedom 2019*	Horizon CWA Unity DIRECT/ DIRECT 2019*	Aetna HMO	Horizon HMO <sup>1</sup>	Aetna Liberty Plus		Horizon OMNIA	
					TIER 1	TIER 2	TIER 1	TIER 2
Primary Care Copayment	\$15	\$15	\$15	\$15	\$5	\$20	\$5	\$20
Specialist Care Copayment	\$30	\$30	\$30	\$30	\$20	\$35	\$20	\$35
Emergency Room Copayment	\$150 <sup>2</sup>	\$150 <sup>2</sup>	\$100	\$100	\$100	\$100	\$100	\$100
In-Network Deductible	\$100 <sup>3</sup> (if hired after 7/1/19)	\$100 <sup>3</sup> (if hired after 7/1/19)	\$100 for Durable Medical Equipment	\$100 for Durable Medical Equipment	None	\$1,500 <sup>4</sup>	None	\$1,500 <sup>4</sup>
In-Network Coinsurance	10% <sup>5</sup>	10% <sup>5</sup>	0%	0%	None	20%	None	20%
In-Network Coinsurance Maximum (Individual/Family)	\$800/\$2,000	\$800/\$2,000			None	None	None	None
In-Network Out-of-Pocket Maximum (Individual/Family)	\$7,360/\$14,720	\$7,360/\$14,720	\$7,360/\$14,720	\$7,360/\$14,720	\$2,500 <sup>4</sup>	\$4,500 <sup>4</sup>	\$2,500 <sup>4</sup>	\$4,500 <sup>4</sup>
Out-of-Network Deductible (Individual/Family)	\$400/\$1,000	\$400/\$1,000						
Out-of-Network Coinsurance <sup>6</sup>	30%	30%						
Out-of-Network Out-of-Pocket Maximum (Individual/Family) <sup>7</sup>	\$2,000/\$5,000	\$2,000/\$5,000						
Out-of-Network Inpatient Hospital Deductible	\$500/stay	\$500/stay						



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Side-by-Side Medical Comparison	Aetna Freedom HDHigh**	Horizon NJ DIRECT HDHigh**	Aetna Freedom HDLow**	Horizon NJ DIRECT HDLow**
Primary Care Copayment	20% coinsurance after deductible			
Specialist Care Copayment	20% coinsurance after deductible			
Emergency Room Copayment	20% coinsurance after deductible			
In-Network Deductible	\$4,150 <sup>4</sup>	\$4,150 <sup>4</sup>	\$1,650 <sup>4</sup>	\$1,650 <sup>4</sup>
In-Network Coinsurance	20% after deductible	20% after deductible	20% after deductible	20% after deductible
In-Network Coinsurance Maximum (Individual/Family)	None	None	None	None
In-Network Out-of-Pocket Maximum (Individual/Family)	\$5,150/\$10,300	\$5,150/\$10,300	\$2,650/\$5,300	\$2,650/\$5,300
Out-of-Network Deductible (Individual/Family)	See In-Network Deductible <sup>8</sup>			
Out-of-Network Coinsurance <sup>6</sup>	40%	40%	40%	40%
Out-of-Network Out-of-Pocket Maximum (Individual/Family) <sup>7</sup>	\$6,150/\$12,300	\$6,150/\$12,300	\$3,650/\$7,300	\$3,650/\$7,300
Out-of-Network Inpatient Hospital Deductible				

**Note:** Aetna CWA Unity Freedom and Horizon 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 Aetna CWA Unity Freedom or Horizon CWA Unity DIRECT. Members hired after July 1, 2019, will be enrolled in Aetna CWA Unity Freedom 2019 or Horizon CWA Unity DIRECT 2019.**

\*\* **HD = High Deductible Health 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> \$50 for adults referred to the emergency room by their primary care physician or for children (through age 19) referred by their pediatrician.

<sup>3</sup> \$100 in-network deductible has exclusions: 2nd wellness visit, preventive, obstetrics, pediatrics, and any deductible applied to other services.

<sup>4</sup> Family amounts are 2x member amounts listed in table.

<sup>5</sup> On select services.

<sup>6</sup> After deductible.

<sup>7</sup> All plans with out-of-network benefits have specified dollar limits for chiropractic, physical therapy, and acupuncture.

<sup>8</sup> Out-of-network deductible is combined with in-network deductible.

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