



Explore Your Benefits

**CWA MEMBERS  
STATE ACTIVE GROUP  
MEDICAL PLAN DESIGN - PLAN YEAR 2026**

Side-by-Side Medical Comparison	26 Aetna CWA Unity Freedom	26 Horizon CWA Unity DIRECT	26 Aetna HMO	26 Horizon HMO <sup>1</sup>	26 Aetna Liberty Plus		26 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	\$110 (individual)/ \$220 (family) <sup>3</sup>	\$110 (individual)/ \$220 (family) <sup>3</sup>	\$100 per individual for Durable Medical Equipment	\$100 per individual 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>	None	None	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)	\$8,480/\$16,960	\$8,480/\$16,960	\$8,480/\$16,960	\$8,480/\$16,960	\$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)	\$750/\$1,500	\$750/\$1,500						
Out-of-Network Coinsurance <sup>6</sup>	30%	30%						
Out-of-Network Out-of-Pocket Maximum (Individual/Family) <sup>7</sup>	\$2,500/\$6,000	\$2,500/\$6,000						
Out-of-Network Inpatient Hospital Deductible	\$500/stay	\$500/stay						



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Side-by-Side Medical Comparison	26 Aetna Freedom HDHigh*	26 Horizon NJ DIRECT HDHigh*	26 Aetna Freedom HDLow*	26 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	\$4,200 <sup>4</sup>	\$4,200 <sup>4</sup>	\$1,700 <sup>4</sup>	\$1,700 <sup>4</sup>
In-Network Coinsurance	20% after deductible	20% after deductible	20% after deductible	20% after deductible
In-Network Coinsurance Maximum (Individual/Family)	\$1,000/\$2,000	\$1,000/\$2,000	\$1,000/\$2,000	\$1,000/\$2,000
In-Network Out-of-Pocket Maximum (Individual/Family)	\$5,200/\$10,400	\$5,200/\$10,400	\$2,700/\$5,400	\$2,700/\$5,400
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>	\$6,200/\$12,400	\$6,200/\$12,400	\$3,700/\$7,400	\$3,700/\$7,400
Out-of-Network Inpatient Hospital Deductible				

**Note:** For 26 Aetna CWA Unity Freedom and 26 Horizon CWA Unity DIRECT plans only: The copayment for in-network diagnostic imaging is \$50 per visit except for preventative and pregnancy-related imaging. Members and spouses who participate in NJWELL and complete the necessary health screenings and activities can earn a financial reward of \$350 each.

\* **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> \$110/\$220 in-network deductible is applicable to all services except for preventative care and services subject to copayments.

- <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.