



## STATE CWA RETIRED GROUP MEDICAL PLAN DESIGN - PLAN YEAR 2024

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

Side-by-Side Medical Comparison	Aetna Freedom Unity Direct*	Horizon CWA NJ DIRECT*	Aetna HMO <sup>1</sup>	Horizon HMO <sup>1</sup>
Primary Care Copayment	\$15	\$15	\$10	\$10
Specialist Care Copayment	\$15	\$15	\$10	\$10
Urgent Care Copayment	\$15	\$15	\$10	\$10
Emergency Room Copayment	\$150 <sup>2</sup>	\$150 <sup>2</sup>	\$85	\$85
In-Network Deductible (Individual/Family)	None	None	None	None
In-Network Coinsurance <sup>3</sup>	10%	10%	10%	10%
In-Network Coinsurance Maximum (Individual/Family)	\$800/\$2,000	\$800/\$2,000	None	None
In-Network Out-of-Pocket Maximum (Individual/Family)	\$8,099/\$16,198	\$8,099/\$16,198	\$8,099/\$16,198	\$8,099/\$16,198
Out-of-Network Deductible (Individual/Family)	\$400/\$1,000	\$400/\$1,000		
Out-of-Network Coinsurance <sup>4</sup>	30%	30%		
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	\$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 Liberty Plus*		Horizon OMNIA*		Aetna Freedom HDHigh*	Horizon NJ DIRECT HDHigh*
	TIER 1	TIER 2	TIER 1	TIER 2		
Primary Care Copayment	\$5	\$20	\$5	\$20	20% coinsurance after deductible	20% coinsurance after deductible
Specialist Care Copayment	\$15	\$30	\$15	\$30	20% coinsurance after deductible	20% coinsurance after deductible
Urgent Care Copayment	\$15	\$30	\$15	\$30	20% coinsurance after deductible	20% coinsurance after deductible
Emergency Room Copayment	\$100	\$100	\$100	\$100	20% coinsurance after deductible	20% coinsurance after deductible
In-Network Deductible (Individual/Family)	None	\$1,500/\$3,000	None	\$1,500/\$3,000	\$4,100/\$8,200	\$4,100/\$8,200
In-Network Coinsurance <sup>3</sup>	None	20%	None	20%	20%	20%
In-Network Coinsurance Maximum (Individual/Family)	None	None	None	None	None	None
In-Network Out-of-Pocket Maximum (Individual/Family)	\$2,500/\$5,000	\$4,500/\$9,000	\$2,500/\$5,000	\$4,500/\$9,000	\$5,100/\$10,200	\$5,100/\$10,200
Out-of-Network Deductible (Individual/Family)					See In-Network Deductible <sup>5</sup>	See In-Network Deductible <sup>5</sup>
Out-of-Network Coinsurance <sup>4</sup>					40%	40%
Out-of-Network Out-of-Pocket Maximum (Individual/Family)					\$6,100/\$12,200	\$6,100/\$12,200
Out-of-Network Inpatient Hospital Deductible					None	None



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Side-by-Side Medical Comparison	Aetna Freedom HDLow*	Horizon NJ DIRECT HDLow*
Primary Care Copayment	20% coinsurance after deductible	20% coinsurance after deductible
Specialist Care Copayment	20% coinsurance after deductible	20% coinsurance after deductible
Urgent Care Copayment	20% coinsurance after deductible	20% coinsurance after deductible
Emergency Room Copayment	20% coinsurance after deductible	20% coinsurance after deductible
In-Network Deductible (Individual/Family)	\$1,600/\$3,200	\$1,600/\$3,200
In-Network Coinsurance <sup>3</sup>	20%	20%
In-Network Coinsurance Maximum (Individual/Family)	None	None
In-Network Out-of-Pocket Maximum (Individual/Family)	\$2,600/\$5,200	\$2,600/\$5,200
Out-of-Network Deductible (Individual/Family)	See In-Network Deductible <sup>5</sup>	See In-Network Deductible <sup>5</sup>
Out-of-Network Coinsurance <sup>4</sup>	40%	40%
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	\$3,600/\$7,200	\$3,600/\$7,200
Out-of-Network Inpatient Hospital Deductible	None	None

\* Medicare-eligible retirees and/or Medicare-eligible spouses of retirees will be enrolled in a corresponding plan. Please view corresponding Medicare Retiree chart for more information.

<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. Aetna HMO plans are not limited to this service area and utilize Aetna's nationwide Aetna Select network.

<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> On select services. Please see plan guidebook.

<sup>5</sup> Out-of-network deductible is combined with in-network deductible.

<sup>4</sup> After deductible.

**Note:** Medicare enrollees can review the Medicare Advantage plan designs at Aetna's website: [www.aetnastatenj.com](http://www.aetnastatenj.com) All plans available to Medicare eligible members can be found on our website via the corresponding Medicare plan comparison chart.