NJDPB Pensions & Benefits

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STATE CWA RETIRED GROUP
MEDICAL PLAN DESIGN - PLAN YEAR 2021
HORIZON PLANS - MEDICAL COST SHARING

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

	CWA Unity DIRECT*	Horizon HMO[1]	Horizon OMNIA*		NJ DIRECT HD1500*	NJ DIRECT HD4000*
Medical Cost Sharing			**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[5]	$85	$100	$100	20% coinsurance after deductible	20% coinsurance after deductible
In-Network Deductible (Individual/Family)	None	None	None	$1,500/$3000	$1,500/$3000	$4,000/$8,000
In-Network Coinsurance[2]	10%	10%	None	20%	20% after deductible	20% after deductible
In-Network Coinsurance Maximum (Individual/Family)	$800/$2,000	None	None	None	None	None
In-Network Out-of-Pocket Maximum (Individual/Family)	$7,199/$14,398	$7,199/$14,398	$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[3]	See In-Network Deductible[3]
Out-of-Network Coinsurance[4]	30%				40%	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				None	None

*** Medicare-eligible retirees and/or Medicare-eligible spouses of retirees will be enrolled in a corresponding 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] On select services. Please see plan guidebook.

[3] Out-of-Network Deductible is combined with In-Network Deductible.

[4] After Deductible.

[5] $50 for adults referred to the emergency room by their primary care physician and for pediatric (through age 19).

Note: Medicare enrollees can review the Medicare Advantage plan designs at Aetna's website: ***www.aetnastatenj.com***

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	CWA Unity DIRECT	Horizon HMO[1]	Horizon OMNIA	NJ DIRECT HD1500	NJ DIRECT HD4000*
Prescription Drug Copayments					
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	$35	$24	$35		
Retail: Brand w/ Generic Equivalent	Member pays difference[2]	Member pays difference[2]	Member pays difference[2]		
Mail: Generic Copayments	$18	$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[2]	Member pays difference[2]	Member pays difference[2]		
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	$1,351/$2,702	$1,351/$2,702	$1,351/$2,702		

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

[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.

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