



Explore Your Benefits

**CWA MEMBERS  
STATE ACTIVE GROUP  
PRESCRIPTION PLAN DESIGN - PLAN YEAR 2023  
HORIZON PLANS**

	CWA Unity DIRECT/ Unity DIRECT 2019*	Horizon HMO <sup>1</sup>	Horizon OMNIA	NJ DIRECT HD4000*	NJ DIRECT HD1500**
<b>Prescription Drug Copayments</b>					
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 <sup>2</sup>	Member pays difference <sup>2</sup>	Member pays difference <sup>2</sup>	Member pays difference <sup>2</sup>		
Mail: Generic Copayments	\$0	\$0	\$0		
Mail: Brand Copayments	\$40	\$15	\$40		
Mail: Brand w/Generic available Copayments <sup>2</sup>	Member pays difference <sup>2</sup>	Member pays difference <sup>2</sup>	Member pays difference <sup>2</sup>		
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	\$1,820/\$3,640	\$1,820/\$3,640	\$1,820/\$3,640		

**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**

<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> You pay the cost difference between the brand drug and the generic drug.