NJDPB Pensions & Benefits

Explore Your Benefits

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

	CWA Unity DIRECT/ DIRECT 2019*	Horizon HMO[1]	Horizon OMNIA		NJ DIRECT HD4000*	NJ DIRECT HD1500**
Medical Cost Sharing			**TIER 1**	**TIER 2**		
Primary Care Copayment	$15	$15	$5	$20	20% coinsurance after deductible	20% coinsurance after deductible
Specialist Care Copayment	$15	$15	$15	$30	20% coinsurance after deductible	20% coinsurance after deductible
Emergency Room Copayment	$150[9]	$100	$100	$100	20% coinsurance after deductible	20% coinsurance after deductible
In-Network Deductible	$100[8] (if hired after 7/1/19)	None	None	$1,500[7]	$4,000[7]	$1,500[7]
In-Network Coinsurance	10%[2]	10%[2]	None	20%	20% after deductible	20% after deductible
In-Network Coinsurance Maximum (Individual/Family)	$800/$2,000		None	None	None	None
In-Network Out-of-Pocket Maximum (Individual/Family)	$6,840/$13,680	$6,840/$13,680	$2,500[7]	$4,500[7]	$5,000/$10,000	$2,500/$5,000
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				$6,000/$12,000	$3,500/$7,000
Out-of-Network Inpatient Hospital Deductible	$500					
Employer Health Savings Account Funding[5]						$300
Out of Network Reimbursement Rate[11]	175% CMS Exceptions: Mental Health after OOP Max get 195% CMS (good through 7/1/2021) and Obstetrics at 195%[10] CMS until treatment completed				After deductible, 60% of reasonable and customary allowance	After deductible, 60% of reasonable and customary allowance

Note: 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 CWA Unity DIRECT. Members hired after July 1, 2019, will be enrolled in CWA Unity DIRECT 2019.**

** **HD = High Deductible Health 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.

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

4 After Deductible.

5 Health Savings Accounts can be used for qualified medical expenses without federal tax liability.

6 Applies to services that do not require a copayment.

7 Family amounts are 2 x per member amounts listed in table.

8 $100 in network deductible has exclusions: 2nd wellness visit, preventive, obstetrics, pediatrics, and any deductible applied to other services.

9 $50 for adults referred to the emergency room by their primary care physician and for pediatric (through age 19).

10 If services started prior to July 1, 2019. If obstetric services started after July 1, 2019, reimbursement rate is 175%.

11 All plans with out-of-network benefits have specified dollar limits for chiropractic, physical therapy, and acupuncture.

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	CWA Unity DIRECT/ DIRECT 2019*	Horizon HMO[1]	Horizon OMNIA	NJ DIRECT HD4000*	NJ DIRECT HD1500**
Prescription Drug Copayments					
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[2]	Member pays difference[2]	Member pays difference[2]	Member pays difference[2]		
Mail: Generic Copayments	$0	$0	$0		
Mail: Brand Copayments	$40	$15	$40		
Mail: Brand w/Generic available Copayments[2]	Member pays difference[2]	Member pays difference[2]	Member pays difference[2]		
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	$1,710/$3,420	$1,710/$3,420	$1,710/$3,420		

Note: Retail – 30 day supply. Mail – 90 day supply. Oral contraceptive coverage is available under the medical and prescription plans.

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**** HD = High Deductible Health 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] You pay the cost difference between the brand drug and the generic drug.

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