



Explore Your Benefits

**STATE CWA RETIRED GROUP  
MEDICAL PLAN DESIGN - PLAN YEAR 2019  
AETNA AND HORIZON PLANS - MEDICAL COST SHARING**

This chart is only for members represented by the Communications Workers of America (CWA) who attain 25 years of service on or after July 2, 2019, and retire on or after July 1, 2019.

	CWA Unity Freedom*	Aetna HMO*	Aetna Value HD4000**
	CWA Unity DIRECT*	Horizon HMO <sup>1</sup>	NJ DIRECT HD4000**
<b>Medical Cost Sharing</b>			
Primary Care Copayment	\$15	\$10	20% coinsurance after deductible
Specialist Care Copayment	\$15	\$10	20% coinsurance after deductible
Emergency Room Copayment	\$150 <sup>5</sup>	\$85	20% coinsurance after deductible
In-Network Deductible (Individual/Family)			\$4,000/\$8,000
In-Network Coinsurance <sup>2</sup>	10%		20% after deductible
In-Network Coinsurance Maximum (Individual/Family)	\$800/\$2,000		
In-Network Out-of-Pocket Maximum (Individual/Family)	\$6,549/\$13,098	\$6,549/\$13,098	\$5,000/\$10,000
Out-of-Network Deductible (Individual/Family)	\$400/\$1,000		See In-Network Deductible <sup>3</sup>
Out-of-Network Coinsurance <sup>4</sup>	30%		40%
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	\$2,000/\$5,000		\$6,000/\$12,000
Out-of-Network Inpatient Hospital Deductible	\$500/stay		
Out of Network Reimbursement Rate	175% CMS Exceptions: Mental Health after OOP Max get 195% CMS (good through 7/1/2021) and Obstetrics <sup>6</sup> at 195% CMS until treatment completed		

\* Medicare-eligible retirees and/or Medicare-eligible spouses of retirees will be enrolled in an Aetna Medicare Advantage plan if this plan is selected.

\*\* Medicare-eligible retirees and/or retirees with Medicare-eligible spouses cannot enroll in a High Deductible Health Plan.

\*\*\* Age 26 and under

<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> On select services.

<sup>3</sup> Out-of-Network Deductible is combined with In-Network Deductible.

<sup>4</sup> After Deductible.

<sup>5</sup> \$50 for adults referred to the emergency room by their primary care physician and for pediatric (through age 19).

<sup>6</sup> Treatment must have started prior to July 1, 2019.

**Note:** Medicare enrollees can review the Medicare Advantage plan designs at Aetna's website: [www.aetnastatenj.com](http://www.aetnastatenj.com)



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	CWA Unity Freedom	Aetna HMO	Aetna Value HD4000
	CWA Unity DIRECT	Horizon HMO <sup>1</sup>	NJ DIRECT HD4000
<b>Prescription Drug Copayments</b>			
Retail: Generic Copayments	\$7	\$6	Subject to deductible and coinsurance
Retail: Preferred Brand Copayments	\$16	\$12	
Retail: Non-Preferred Brand Copayments		\$24	
Retail: Brand w/ Generic Equivalent	Member pays difference <sup>2</sup>	Member pays difference <sup>2</sup>	
Mail: Generic Copayments	\$18	\$5	
Mail: Preferred Brand Copayments	\$40	\$18	
Mail: Non-Preferred Brand Copayments		\$30	
Mail: Brand w/ Generic Equivalent	Member pays difference <sup>2</sup>	Member pays difference <sup>2</sup>	
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	\$1,580/\$3,160	\$1,351/\$2,702	

<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> Non-Medicare eligible retirees pay the applicable generic copayment as listed above, plus the cost difference between the brand drug and the generic drug.