## CWA Members State Active Group
### Medical Plan Design - Plan Year 2020
#### Horizon Plans - Medical Cost Sharing

<table>
<thead>
<tr>
<th>Medical Cost Sharing</th>
<th>CWA Unity DIRECT/ DIRECT 2019*</th>
<th>Horizon HMO¹</th>
<th>Horizon OMNIA</th>
<th>NJ DIRECT HD4000*</th>
<th>NJ DIRECT HD1500**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Copayment</td>
<td>$15</td>
<td>$15</td>
<td>$5</td>
<td>$20</td>
<td></td>
</tr>
<tr>
<td>Specialist Care Copayment</td>
<td>$15</td>
<td>$15</td>
<td>$15</td>
<td>$30</td>
<td></td>
</tr>
<tr>
<td>Emergency Room Copayment</td>
<td>$150⁰</td>
<td>$100</td>
<td>$100</td>
<td>$100</td>
<td></td>
</tr>
<tr>
<td>In-Network Deductible</td>
<td>$100⁴ (if hired after 7/1/19)</td>
<td>$100</td>
<td>None</td>
<td>$1,500⁷</td>
<td>$1,500⁷</td>
</tr>
<tr>
<td>In-Network Coinsurance</td>
<td>10%²</td>
<td>None</td>
<td>20%</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>In-Network Coinsurance Maximum (Individual/Family)</td>
<td>$800/$2,000</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>In-Network Out-of-Pocket Maximum (Individual/Family)</td>
<td>$6,520/$13,040</td>
<td>$6,520</td>
<td>$2,500⁷</td>
<td>$5,000/$10,000</td>
<td>$2,500/$5,000</td>
</tr>
<tr>
<td>Out-of-Network Deductible (Individual/Family)</td>
<td>$400/$1,000</td>
<td>See In-Network Deductible⁶</td>
<td>See In-Network Deductible⁹</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-of-Network Coinsurance⁴</td>
<td>30%</td>
<td>40%</td>
<td>40%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-of-Network Out-of-Pocket Maximum (Individual/Family)</td>
<td>$2,000/$5,000</td>
<td>$6,000</td>
<td>$3,500/$7,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-of-Network Inpatient Hospital Deductible</td>
<td>$500</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer Health Savings Account Funding⁵</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$300</td>
</tr>
</tbody>
</table>

**Medical Cost Sharing Exceptions:**

1. 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.
2. HD = High Deductible Health Plan
3. Service areas for Horizon HMO plans are limited to New Jersey, New Castle County in Delaware, and bordering counties of Pennsylvania and New York.
4. On select services.
5. Out-of-Network Deductible is combined with In-Network Deductible.
6. After Deductible.
7. Applies to services that do not require a copayment.
8. Family amounts are 2 x per member amounts listed in table.
9. Applies to other services.
10. $100 in network deductible has exclusions: 2nd wellness visit, preventive, obstetrics, pediatrics, and any deductible applied to other services.
11. Out-of-Network Deductible is combined with In-Network Deductible.
12. $50 for adults referred to the emergency room by their primary care physician and for pediatric (through age 19).
13. If services started prior to July 1, 2019. If obstetric services started after July 1, 2019, reimbursement rate is 175%.
14. 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.
<table>
<thead>
<tr>
<th>Prescription Drug Copayments</th>
<th>CWA Unity DIRECT/ DIRECT 2019*</th>
<th>Horizon HMO¹</th>
<th>Horizon OMNIA</th>
<th>NJ DIRECT HD4000*</th>
<th>NJ DIRECT HD1500**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail: Generic Copayments</td>
<td>$7</td>
<td>$3</td>
<td>$7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retail: Brand Copayments</td>
<td>$16</td>
<td>$10</td>
<td>$16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retail: Brand w/Generic available Copayments²</td>
<td>Member pays difference²</td>
<td>Member pays difference²</td>
<td>Member pays difference²</td>
<td>Subject to deductible and coinsurance</td>
<td>Subject to deductible and coinsurance</td>
</tr>
<tr>
<td>Mail: Generic Copayments</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mail: Brand Copayments</td>
<td>$40</td>
<td>$15</td>
<td>$40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mail: Brand w/Generic available Copayments²</td>
<td>Member pays difference²</td>
<td>Member pays difference²</td>
<td>Member pays difference²</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)</td>
<td>$1,630/$3,260</td>
<td>$1,630/$3,260</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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

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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This is a summary and not intended to provide all information. Although every attempt at accuracy is made, it cannot be guaranteed.