



CWA Members
State Biweekly Active Group
Biweekly Rates
 Effective 12/19/2020 to 12/17/2021

| PLAN/COVERAGE DESCRIPTION | TOTAL |
|---|----------|
| Medical Plans Available with Prescription Drug Program #204 | |
| CWA UNITY DIRECT* #023 — PPO Plan with \$15 Primary Care Copayment | |
| Single | \$319.02 |
| Member & Spouse/Partner | \$638.05 |
| Family | \$912.42 |
| Parent & Child | \$593.39 |
| CWA UNITY DIRECT 2019* #024 — PPO Plan with \$15 Primary Care Copayment | |
| Single | \$317.34 |
| Member & Spouse/Partner | \$634.69 |
| Family | \$907.61 |
| Parent & Child | \$590.26 |
| PRESCRIPTION DRUG PROGRAM #204 | |
| Single | \$55.18 |
| Member & Spouse/Partner | \$110.36 |
| Family | \$157.81 |
| Parent & Child | \$102.63 |
| Medical Plans Available with Prescription Drug Program #203 | |
| HORIZON HMO #011 — HMO Plan with \$15 Primary Care Copayment | |
| Single | \$327.21 |
| Member & Spouse/Partner | \$654.43 |
| Family | \$935.84 |
| Parent & Child | \$608.62 |
| PRESCRIPTION DRUG PROGRAM #203 | |
| Single | \$62.02 |
| Member & Spouse/Partner | \$124.05 |
| Family | \$177.39 |
| Parent & Child | \$115.36 |
| Medical Plans Available with Prescription Drug Program #209 | |
| OMNIA HEALTH PLAN #057 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1 | |
| Single | \$248.37 |
| Member & Spouse/Partner | \$496.74 |
| Family | \$710.34 |
| Parent & Child | \$461.97 |
| PRESCRIPTION DRUG PROGRAM #209 | |
| Single | \$58.70 |
| Member & Spouse/Partner | \$117.42 |
| Family | \$167.89 |
| Parent & Child | \$109.19 |

* 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.



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| PLAN/COVERAGE DESCRIPTION | TOTAL |
|--|----------|
| High Deductible Health Plans with Built In Prescription Drug | |
| NJ DIRECT HD4000 #090 — <i>High Deductible Health Plan with \$4,000 In-Network Deductible</i> | |
| Single | \$211.71 |
| Member & Spouse/Partner | \$423.43 |
| Family | \$605.51 |
| Parent & Child | \$393.79 |
| NJ DIRECT HD1500 #091 — <i>High Deductible Health Plan with \$1,500 In-Network Deductible</i> | |
| Single | \$313.99 |
| Member & Spouse/Partner | \$627.99 |
| Family | \$898.03 |
| Parent & Child | \$584.03 |

For copayments and deductibles, please refer to the *Plan Design Charts* on our website at: www.nj.gov/treasury/pensions