

SCHEDULE 1 – CWA PPO PLAN DESIGN

	CWA PPO Aetna	Aetna HMO	Aetna Liberty		Aetna Value HD4000*	Aetna Value HD1500*
	CWA PPO Horizon	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		
Specialist Care Copayment	\$15	\$15	\$15	\$30		
Emergency Room Copayment	\$150	\$100	\$100	\$100		
In-Network Deductible	\$100 ⁸ (if hired after 7/1/19)	\$100 ²	None	\$1,500 ⁷	\$4,000 ⁷	\$1,500 ⁷
In-Network Coinsurance	10% ²		None	20%	20% after deductible	20% after deductible
In-Network Coinsurance Maximum (Individual/Family)	\$800/\$2,000		None	None	\$1,000 / \$2,000	\$1,000 / \$2,000
In-Network Out-of-Pocket Maximum (Individual/Family)	\$6,320 / \$12,640	\$6,320/ \$12,640	\$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	175% CMS Exceptions: Mental Health after OOP Max, get 195 CMS (good thru 7/1/2021) & Obstetrics at 195 CMS until treatment completed					

* HD = High Deductible Health Plan ** Age 26 and under

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, preventative, obstetrics, pediatrics, any deductible applied to other services.

Note: Oral contraceptive coverage is available under the medical and prescription plans.

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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	\$18	\$5	\$18		
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)	\$1,580/\$3,160	\$1,580/\$3,160			

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² You pay the applicable generic copayment as listed above, plus the cost difference between the brand drug and the generic drug.

³ For maintenance prescription drugs, mail order is mandatory under the 2035 plans (Aetna Freedom2035, NJ DIRECT2035).