

## SCHEDULE 1 – CWA PPO PLAN DESIGN

	CWA PPO Aetna	Aetna HMO	Aetna Liberty		Aetna Value HD4000*	Aetna Value HD1500*
	CWA PPO Horizon	Horizon HMO <sup>1</sup>	Horizon OMNIA		NJ DIRECT HD4000*	NJ DIRECT HD1500*
<b>Medical Cost Sharing</b>			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 <sup>8</sup> (if hired after 7/1/19)	\$100 <sup>2</sup>	None	\$1,500 <sup>7</sup>	\$4,000 <sup>7</sup>	\$1,500 <sup>7</sup>
In-Network Coinsurance	10% <sup>2</sup>		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 <sup>7</sup>	\$4,500 <sup>7</sup>	\$5,000/ \$10,000	\$2,500/ \$5,000
Out-of-Network Deductible (Individual/Family)	\$400/\$1,000				See In-Network Deductible <sup>3</sup>	See In-Network Deductible <sup>3</sup>
Out-of-Network Coinsurance <sup>4</sup>	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 <sup>5</sup>						\$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

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

<sup>6</sup> Applies to services that do not require a copayment.

<sup>7</sup> Family amounts are 2 x per member amounts listed in table.

<sup>8</sup> \$100 in network deductible has exclusions: 2<sup>nd</sup> 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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	CWA PPO Horizon	Horizon HMO <sup>1</sup>	Horizon OMNIA	NJ DIRECT HD4000*	NJ DIRECT HD1500*
<b>Prescription Drug Copayments</b>					
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 <sup>2</sup>	Member pays difference <sup>2</sup>	Member pays difference <sup>2</sup>	Member pays difference <sup>2</sup>		
Mail: Generic Copayments	\$18	\$5	\$18		
Mail: Brand Copayments	\$40	\$15	\$40		
Mail: Brand w/Generic available Copayments <sup>2</sup>	Member pays difference <sup>2</sup>	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	\$1,580/\$3,160			

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

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