



HEALTHCARE OMBUDSPERSON PROGRAM

HEALTHCARE CONNECTION | JUNE 2025

HEALTH INSURANCE COVERAGE WHILE TRAVELLING



Summer vacation season is upon us, and while nobody wants to see a vacation ruined by illness or injury, sometimes things happen that require medical care away from home. The good news for CWA state employees in all plans except the HMO is that you and your covered dependents have access to providers in all 50 states. So, if you need to find a doctor, urgent care facility, or hospital while traveling, checking the Aetna or Horizon websites to find an in-network provider nearby is easy, and you will only be responsible for paying the same out-of-pocket costs you would pay if you were home. Your OptumRX prescription coverage will also work at any in-network pharmacy should you need to get a prescription filled.

In a true medical emergency, regardless of which plan you have, you should always seek immediate treatment at the nearest emergency room or by calling 911. Federal and state laws require that any true emergency claims be billed to you as in-network, regardless of the provider's participation in your plan.

For those who may be traveling internationally this summer, know that you also have coverage. For those enrolled in an Aetna medical plan, emergency services sought outside of America are covered as in-network. For those enrolled in a Horizon medical plan, all eligible medical expenses incurred while out of the country will be reimbursed at the same level of benefits as when you are in the United States. Generally, you must pay all expenses at the time services are performed. You should use participating health care professionals/facilities to receive the highest level of benefits and reduce your out-of-pocket expense. For Horizon plan members traveling abroad, you can also call Blue Cross Blue Shield Global Core® Service Center at 1-804-673-1177 to find a participating health care professional/facility.

A great tip before you travel is to ensure you have the Aetna or Horizon Blue and OptumRX apps installed on your smartphone. This gives you quick and easy access to a provider search and allows you to add your insurance membership cards to your phone's wallet app, so you'll never need to worry about misplacing your insurance cards.

JUNE IS MEN'S MENTAL HEALTH AWARENESS MONTH



Did you know that men are significantly less likely than women to seek treatment for mental health issues? Frequently, the stigma surrounding help when depression or substance abuse arises prevents men from getting the support they need to live healthier, happier lives and perform their duties at work and home to the best of their abilities. Myths suggesting that “real men” never share their feelings or should “man up” and use willpower alone to overcome an addiction can make seeking treatment seem weak, but asking for help when needed shows real strength.

Mental health issues can cause irreparable harm to families and hinder job and career growth. While it can be challenging to view mental health issues the same way we view physical issues, just as a broken bone or heart attack will prevent you from living a full life without treatment, the same is true for depression, addiction, and other mental health issues. Your CWA Healthcare Ombudsperson can connect you with resources such as AbleTo, Forge Health, Recovery Centers of America, or FHE Health and ensure you receive quality care at an affordable cost. They can also connect you with a CWA staff representative to help you understand your rights under the law and our contract, ensuring that concerns about job protection do not become an obstacle to your recovery.

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DID
YOU KNOW?

New Hearing Aid Benefit

The State Health Benefit Program now covers hearing aids prescribed by a physician or audiologist. Over-the-counter hearing aids aren't covered and there is a \$2,500 limit per ear every 60 months. Hearing aids qualify as Durable Medical Equipment (DME), so a copay or co-insurance may apply as per your plan.



HEALTHCARE 101: EXPLANATION OF BENEFITS



An **Explanation of Benefits (EOB)** is a document sent by your health insurer after a claim has been processed. An **EOB is not a bill**, but it is an important tool in helping you better understand how your insurance works. Information listed on an EOB includes what services were provided to you, what the service provider charged the insurance, what services your insurance did or did not cover, what amount your insurance agreed to pay the service provider, and the amount that you are potentially responsible to pay. It is important to review your EOBs and make sure that the information they contain is correct. If you need help understanding an EOB, your Healthcare Ombudsperson is ready to assist you.

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