State Health Benefits Program (SHBP)
PRESCRIPTION PLAN DESIGN - PLAN YEAR 2024
medicare advantage and medicare supplemental group plans

|  | Aetna Medicare Advantage Plans |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| Side-by-Side Rx Comparison | Medicare <br> Advantage PPO ESA 10 (Freedom 10) | Medicare <br> Advantage PPO ESA 15 (Freedom 15) | Medicare Advantage Open Access HMO (HMO) | Medicare Advantage Open Access HMO 1525 (HMO 1525) |
| Retail: Generic Copayments | \$10 | \$10 | \$6 | \$7 |
| Retail: Preferred Brand Copayments | \$22 | \$22 | \$12 | \$16 |
| Retail: Non-Preferred Brand Copayments | \$44 | \$44 | \$24 | \$35 |
| Mail: Generic Copayments ${ }^{1}$ | \$5 | \$5 | \$5 | \$5 |
| Mail: Preferred Brand Copayments ${ }^{1}$ | \$28 | \$28 | \$18 | \$40 |
| Mail: Non-Preferred Brand Copayments ${ }^{1}$ | \$55 | \$55 | \$30 | \$88 |
| Prescription Drug annual Out-of-Pocket Maximum (Individual/ Family) | \$1,351/\$2,702 | \$1,351/\$2,702 | \$1,351/\$2,702 | \$1,351/\$2,702 |

## State Health Benefits Program (SHBP) <br> PRESCRIPTION PLAN DESIGN - PLAN YEAR 2024 <br> MEDICARE ADVANTAGE AND MEDICARE SUPPLEMENTAL GROUP PLANS

|  | Horizon Medicare Supplemental Plans |  |  |  |  |  |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: |

Note: Mail Order copay amounts are for prescriptions up to 90 days.
 plan option.

