

Side-by-Side Rx Comparison	Aetna Freedom	Horizon NJ DIRECT	Aetna Freedom 10	Horizon NJ DIRECT 10	Aetna Freedom 15	Horizon NJ DIRECT 15
Retail: Generic Copayments	\$7	\$7	\$10	\$10	\$10	\$10
Retail: Preferred Brand Copayments	\$16	\$16	\$22	\$22	\$22	\$22
Retail: Non-Preferred Brand Copayments	\$35	\$35	\$44	\$44	\$44	\$44
Retail: Brand w/ Generic Equivalent ¹	Member pays difference					
Mail: Generic Copayments	\$18	\$18	\$5	\$5	\$5	\$5
Mail: Preferred Brand Copayments	\$40	\$40	\$28	\$28	\$28	\$28
Mail: Non-Preferred Brand Copayments	\$88	\$88	\$55	\$55	\$55	\$55
Mail: Brand w/ Generic Equivalent ¹	Member pays difference					
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	\$1,351/\$2,702	\$1,351/\$2,702



Side-by-Side Rx Comparison	Aetna Freedom 1525	Horizon NJ DIRECT 1525	Aetna Freedom 2030	Horizon NJ DIRECT 2030	Aetna HMO²	Horizon HMO ²
Retail: Generic Copayments	\$7	\$7	\$3	\$3	\$6	\$6
Retail: Preferred Brand Copayments	\$16	\$16	\$18	\$18	\$12	\$12
Retail: Non-Preferred Brand Copayments	\$35	\$35	\$46	\$46	\$24	\$24
Retail: Brand w/ Generic Equivalent¹	Member pays difference					
Mail: Generic Copayments	\$5	\$5	\$5	\$5	\$5	\$5
Mail: Preferred Brand Copayments	\$40	\$40	\$36	\$36	\$18	\$18
Mail: Non-Preferred Brand Copayments	\$88	\$88	\$92	\$92	\$30	\$30
Mail: Brand w/ Generic Equivalent¹	Member pays difference					
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	\$1,351/\$2,702	\$1,351/\$2,702



Side-by-Side Rx Comparison	Aetna HMO 1525 ²	Horizon HMO 1525 ²	Aetna HMO 2030 ²	Horizon HMO 2030 ²	Aetna Liberty Plus	Horizon OMNIA
Retail: Generic Copayments	\$7	\$7	\$3	\$3	\$7	\$7
Retail: Preferred Brand Copayments	\$16	\$16	\$18	\$18	\$16	\$16
Retail: Non-Preferred Brand Copayments	\$35	\$35	\$46	\$46	\$35	\$35
Retail: Brand w/ Generic Equivalent ¹	Member pays difference	Member pays difference	Member pays difference	Member pays difference	Member pays difference	Member pays difference
Mail: Generic Copayments	\$5	\$5	\$5	\$5	\$18	\$18
Mail: Preferred Brand Copayments	\$40	\$40	\$36	\$36	\$40	\$40
Mail: Non-Preferred Brand Copayments	\$88	\$88	\$92	\$92	\$88	\$88
Mail: Brand w/ Generic Equivalent ¹	Member pays difference	Member pays difference	Member pays difference	Member pays difference	Member pays difference	Member pays difference
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	\$1,351/\$2,702	\$1,351/\$2,702



Side-by-Side Rx Comparison	Aetna Freedom HDHigh	Horizon NJ DIRECT HDHigh	Aetna Freedom HDLow	Horizon NJ DIRECT HDLow	
Retail: Generic Copayments					
Retail: Preferred Brand Copayments					
Retail: Non-Preferred Brand Copayments					
Retail: Brand w/ Generic Equivalent					
Mail: Generic Copayments	Subject to deductible	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	
Mail: Preferred Brand Copayments	and coinsurance				
Mail: Non-Preferred Brand Copayments					
Mail: Brand w/ Generic Equivalent					
Prescription Drug annual Out- of-Pocket Maximum (Individual/ Family)					

 You pay the cost difference between the brand drug and the generic drug.
Service areas for Horizon HMO plans are limited to New Jersey, New Castle County in Delaware, and bordering counties of Pennsylvania and New York. Aetna HMO plans are not limited to this service area and utilize Aetna's nationwide Aetna Select network.

> This publication is produced and distributed by the New Jersey Division of Pensions & Benefits — www.nj.gov/treasury/pensions This is a summary and not intended to provide all information. Although every attempt at accuracy is made, it cannot be guaranteed.