



STATE ACTIVE GROUP PRESCRIPTION PLAN DESIGN - PLAN YEAR 2026

Side-by-Side Rx Comparison	Aetna Freedom/ Freedom 2019*	Horizon NJ DIRECT/ NJ DIRECT 2019*	Aetna Freedom15	Horizon NJ DIRECT15	Aetna Freedom1525	Horizon NJ DIRECT1525
Retail: Generic Copayments	\$7	\$7	\$3	\$3	\$7	\$7
Retail: Brand Copayments	\$16	\$16	\$10	\$10	\$16	\$16
Retail: Brand w/Generic available Copayments	Member pays difference ¹	Member pays difference ¹	Member pays difference ¹	Member pays difference ¹	Member pays difference ¹	Member pays difference ¹
Mail: Generic Copayments	\$0	\$0	\$0	\$0	\$0	\$0
Mail: Brand Copayments	\$40	\$40	\$15	\$15	\$40	\$40
Mail: Brand w/Generic available Copayments	Member pays difference ¹	Member pays difference ¹	Member pays difference ¹	Member pays difference ¹	Member pays difference ¹	Member pays difference ¹
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	\$2,120/\$4,240	\$2,120/\$4,240	\$2,120/\$4,240	\$2,120/\$4,240	\$2,120/\$4,240	\$2,120/\$4,240



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Side-by-Side Rx Comparison	Aetna Freedom2030	Horizon NJ DIRECT2030	Aetna Freedom2035	Horizon NJ DIRECT2035	Aetna HMO	Horizon HMO ²
Retail: Generic Copayments	\$3	\$3	\$7 ³	\$7 ³	\$3	\$3
Retail: Brand Copayments	\$18	\$18	\$21 ³	\$21 ³	\$10	\$10
Retail: Brand w/Generic available Copayments	Member pays difference ¹	Member pays difference ¹	Member pays difference ^{1, 3}	Member pays difference ^{1, 3}	Member pays difference ¹	Member pays difference ¹
Mail: Generic Copayments	\$0	\$0	\$0	\$0	\$0	\$0
Mail: Brand Copayments	\$36	\$36	\$52 ³	\$52 ³	\$15	\$15
Mail: Brand w/Generic available Copayments	Member pays difference ¹	Member pays difference ¹	Member pays difference ^{1, 3}	Member pays difference ^{1, 3}	Member pays difference ¹	Member pays difference ¹
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	\$2,120/\$4,240	\$2,120/\$4,240	\$2,120/\$4,240	\$2,120/\$4,240	\$2,120/\$4,240	\$2,120/\$4,240



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Side-by-Side Rx Comparison	Aetna Liberty Plus	Horizon OMNIA	Aetna Freedom HDHigh**	Horizon NJ DIRECT HDHigh**	Aetna Freedom HDLow**	Horizon NJ DIRECT HDLow**
Retail: Generic Copayments	\$7	\$7	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Retail: Brand Copayments	\$16	\$16				
Retail: Brand w/Generic available Copayments	Member pays difference ¹	Member pays difference ¹				
Mail: Generic Copayments	\$0	\$0				
Mail: Brand Copayments	\$40	\$40				
Mail: Brand w/Generic available Copayments	Member pays difference ¹	Member pays difference ¹				
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	\$2,120/\$4,240	\$2,120/\$4,240				

GLP-1 weight loss drugs Wegovy, Saxenda, and Zepbound have a \$45 copayment for a 30-day retail supply and a \$135 copayment for a 90-day mail-order supply.

Note: Retail - 30 day supply. Mail - 90 day supply. Oral contraceptive coverage is available under the medical and prescription plans

* **Members hired before July 1, 2019, will be enrolled in Aetna Freedom or Horizon NJ DIRECT. Members hired after July 1, 2019, will be enrolled in Aetna Freedom 2019 or Horizon NJ DIRECT 2019.**

** **HD = High Deductible Health Plan.**

¹ You pay the cost difference between the brand drug and the generic drug.

² Service areas for the Horizon HMO plan are limited to New Jersey, New Castle County in Delaware, and bordering counties of Pennsylvania and New York.

³ For maintenance prescription drugs, mail order is mandatory under Horizon NJ DIRECT2035 and Aetna Freedom2035.

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