NJDPB Pensions & Benefits

UNION NEGOTIATED AND NON-ALIGNED PLANS - RETIRED GROUP PRESCRIPTION PLAN DESIGN - PLAN YEAR 2026

This chart is only for retirees covered under certain negotiated labor agreements and non-aligned retirees.

Side-by-Side Rx Comparison	Aetna Freedom	Horizon NJ DIRECT	Aetna HMO[1]	Horizon HMO[1]
Retail: Generic Copayments	$7	$7	$6	$6
Retail: Preferred Brand Copayments	$16	$16	$12	$12
Retail: Non-Preferred Brand Copayments	$35	$35	$24	$24
Retail: Brand w/ Generic Equivalent[2]	Member pays difference	Member pays difference	Member pays difference	Member pays difference
Mail: Generic Copayments	$18	$18	$5	$5
Mail: Preferred Brand Copayments	$40	$40	$18	$18
Mail: Non-Preferred Brand Copayments	$88	$88	$30	$30
Mail: Brand w/ Generic Equivalent[2]	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

NJDPB Pensions & Benefits

UNION NEGOTIATED AND NON-ALIGNED PLANS - RETIRED GROUP PRESCRIPTION PLAN DESIGN - PLAN YEAR 2026

This chart is only for retirees covered under certain negotiated labor agreements and non-aligned retirees.

Side-by-Side Rx Comparison	Aetna Liberty Plus	Horizon OMNIA	Aetna Freedom HDHigh*	Horizon NJ DIRECT HDHigh*
Retail: Generic Copayments	$7	$7	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Retail: Preferred Brand Copayments	$16	$16		
Retail: Non-Preferred Brand Copayments	$35	$35		
Retail: Brand w/ Generic Equivalent[2]	Member pays difference	Member pays difference		
Mail: Generic Copayments	$18	$18		
Mail: Preferred Brand Copayments	$40	$40		
Mail: Non-Preferred Brand Copayments	$88	$88		
Mail: Brand w/ Generic Equivalent[2]	Member pays difference	Member pays difference		
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	$1,351/$2,702	$1,351/$2,702		

NJDPB Pensions & Benefits

UNION NEGOTIATED AND NON-ALIGNED PLANS - RETIRED GROUP PRESCRIPTION PLAN DESIGN - PLAN YEAR 2026

This chart is only for retirees covered under certain negotiated labor agreements and non-aligned retirees.

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

Note: Retail – 30 day supply. Mail – 90 day supply.

[1] 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.

[2] You pay the cost difference between the brand drug and the generic drug.