



**STATE ACTIVE GROUP
PRESCRIPTION PLAN DESIGN - PLAN YEAR 2024**

Explore Your Benefits

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)	\$1,890/\$3,780	\$1,890/\$3,780				

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.

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.