



LOCAL GOVERNMENT ACTIVE GROUP PRESCRIPTION PLAN DESIGN - PLAN YEAR 2026

Explore Your Benefits

Side-by-Side Rx Comparison	Aetna Freedom/ Freedom 2019*	Horizon NJ DIRECT/ NJ DIRECT 2019*	Aetna Freedom10	Horizon NJ DIRECT10	Aetna Freedom15	Horizon NJ DIRECT15
Retail: Generic Copayments	\$7	\$7	\$3	\$3	\$3	\$3
Retail: Preferred Brand Copayments	\$16	\$16	\$10	\$10	\$10	\$10
Retail: Non-Preferred Brand Copayments	Member pays difference ¹	Member pays difference ¹	\$10	\$10	\$10	\$10
Retail: Brand w/ Generic Equivalent	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: Preferred Brand Copayments	\$40	\$40	\$15	\$15	\$15	\$15
Mail: Non-Preferred Brand Copayments	Member pays difference ¹	Member pays difference ¹	\$15	\$15	\$15	\$15
Mail: Brand w/ Generic Equivalent	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 Freedom1525	Horizon NJ DIRECT1525	Aetna Freedom2030	Horizon NJ DIRECT2030	Aetna Freedom2035	Horizon NJ DIRECT2035
Retail: Generic Copayments	\$7	\$7	\$3	\$3	\$7 ²	\$7 ²
Retail: Preferred Brand Copayments	\$16	\$16	\$18	\$18	\$21 ²	\$21 ²
Retail: Non-Preferred Brand Copayments	\$35	\$35	\$46	\$46	Member pays difference ^{1,2}	Member pays difference ^{1,2}
Retail: Brand w/ Generic Equivalent	Member pays difference ¹	Member pays difference ¹	Member pays difference ¹	Member pays difference ¹	Member pays difference ^{1,2}	Member pays difference ^{1,2}
Mail: Generic Copayments	\$0	\$0	\$0	\$0	\$0	\$0
Mail: Preferred Brand Copayments	\$40	\$40	\$36	\$36	\$52	\$52
Mail: Non-Preferred Brand Copayments	\$88	\$88	\$92	\$92	Member pays difference ^{1,2}	Member pays difference ^{1,2}
Mail: Brand w/ Generic Equivalent	Member pays difference ¹	Member pays difference ¹	Member pays difference ¹	Member pays difference ¹	Member pays difference ^{1,2}	Member pays difference ^{1,2}
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 HMO	Horizon HMO ³	Aetna Liberty Plus	Horizon OMNIA	Aetna Freedom HDHigh**	Horizon NJ DIRECT HDHigh**
Retail: Generic Copayments	\$3	\$3	\$7	\$7	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Retail: Preferred Brand Copayments	\$10	\$10	\$16	\$16		
Retail: Non-Preferred Brand Copayments	\$10	\$10	\$35	\$35		
Retail: Brand w/ Generic Equivalent	Member pays difference ¹	Member pays difference ¹	Member pays difference ¹	Member pays difference ¹		
Mail: Generic Copayments	\$0	\$0	\$0	\$0		
Mail: Preferred Brand Copayments	\$15	\$15	\$40	\$40		
Mail: Non-Preferred Brand Copayments	\$15	\$15	\$88	\$88		
Mail: Brand w/ Generic Equivalent	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		



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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. Oral contraceptive coverage is available under the medical and prescription plans.

Local government employers can select from the SHBP's Prescription Drug Plans, purchase their own prescription drug coverage plan, or receive prescription drug coverage through the SHBP medical plan. Copayments shown above to the plans when coverage is through the SHBP's Prescription Drug Plans. If prescription drug coverage is through the medical plan: Coinsurance is 10% for Aetna Freedom, Horizon NJ DIRECT, Aetna Freedom 2019, Horizon NJ DIRECT 2019, Aetna Freedom10, Horizon NJ DIRECT10, Aetna Freedom15, and Horizon NJ DIRECT15; Coinsurance is 15% for Aetna Freedom1525, Horizon NJ DIRECT1525, Aetna Freedom2030, and Horizon NJ DIRECT2030; Coinsurance is 20% for Aetna Freedom2035 and NJ DIRECT2035. For High Deductible Health Plans, prescription drug coverage must be through the SHBP medical plan and are subject to the plan's deductible and coinsurance amounts.

* 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 For maintenance prescription drugs, mail order is mandatory under Aetna Freedom 2035 and Horizon NJ DIRECT2035.

⁴ 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.