

## UNION NEGOTIATED AND NON-ALIGNED PLANS PRESCRIPTION PLAN DESIGN - PLAN YEAR 2026 STATE ACTIVE GROUP

Effective January 1, 2026, 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.

Side-by-Side Rx Comparison	Aetna Freedom/ Freedom 2019*	Horizon NJ DIRECT/ NJ DIRECT 2019*	Aetna HMO	Horizon HMO¹	Aetna Liberty Plus	Horizon OMNIA
Retail: Generic Copayments	\$7	\$7	\$3	\$3	\$7	\$7
Retail: Brand Copayments	\$16	\$16	\$10	\$10	\$16	\$16
Retail: Brand w/Generic available Copayments <sup>2</sup>	Member pays difference	Member pays difference	Member pays difference	Member pays difference	Member pays difference	Member pays difference
Mail: Generic Copayments	\$0	\$0	\$0	\$0	\$0	\$0
Mail: Brand Copayments	\$40	\$40	\$15	\$15	\$40	\$40
Mail: Brand w/Generic available Copayments <sup>2</sup>	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)	\$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 Freedom HDHigh**	Horizon NJ DIRECT HDHigh**	Aetna Freedom HDLow**	Horizon NJ DIRECT HDLow**
Retail: Generic Copayments				
Retail: Brand Copayments				
Retail: Brand w/Generic available Copayments	Subject to deductible	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Mail: Generic Copayments	and coinsurance			
Mail: Brand Copayments				
Mail: Brand w/Generic available Copayments				
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)				

Effective January 1, 2026, 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 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.
- <sup>2</sup> You pay the cost difference between the brand drug and the generic drug.