



**School Employees' Health Benefits Program (SEHBP)
 PRESCRIPTION PLAN DESIGN - PLAN YEAR 2024
 MEDICARE ADVANTAGE AND MEDICARE SUPPLEMENTAL GROUP PLANS**

Side-by-Side Rx Comparison	Aetna Medicare Advantage Plans			
	Medicare Advantage PPO ESA 10 (Freedom 10)	Medicare Advantage PPO ESA 15 (Freedom 15)	Medicare Advantage Open Access HMO (HMO)	Medicare Advantage Open Access HMO 1525 (HMO 1525)
Retail: Generic Copayments	\$10	\$10	\$6	\$7
Retail: Preferred Brand Copayments	\$21	\$21	\$13	\$17
Retail: Non-Preferred Brand Copayments	\$42	\$42	\$26	\$36
Mail: Generic Copayments	\$5	\$5	\$5	\$5
Mail: Preferred Brand Copayments	\$31	\$31	\$19	\$41
Mail: Non-Preferred Brand Copayments	\$52	\$52	\$31	\$91
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	\$1,411/\$2,822	\$1,411/\$2,822	\$1,411/\$2,822	\$1,411/\$2,822



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Side-by-Side Rx Comparison	Horizon Medicare Supplemental Plans				
	NJ DIRECT1525	NJ DIRECT2030	Horizon HMO	Horizon HMO1525	Horizon HMO2030
Retail: Generic Copayments	\$7	\$3	\$6	\$7	\$3
Retail: Preferred Brand Copayments	\$17	\$19	\$13	\$17	\$19
Retail: Non-Preferred Brand Copayments	\$36	\$48	\$26	\$36	\$48
Mail: Generic Copayments	\$5	\$5	\$5	\$5	\$5
Mail: Preferred Brand Copayments	\$41	\$37	\$19	\$41	\$37
Mail: Non-Preferred Brand Copayments	\$91	\$95	\$31	\$91	\$95
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	\$1,411/\$2,822	\$1,411/\$2,822	\$1,411/\$2,822	\$1,411/\$2,822	\$1,411/\$2,822

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