



**State Health Benefits Program (SHBP)  
 PRESCRIPTION PLAN DESIGN - PLAN YEAR 2025  
 MEDICARE ADVANTAGE AND MEDICARE SUPPLEMENTAL GROUP PLANS**

	Aetna Medicare Advantage Plans			
<b>Side-by-Side Rx Comparison</b>	<b>Medicare Advantage PPO ESA 10 (Freedom 10)</b>	<b>Medicare Advantage PPO ESA 15 (Freedom 15)</b>	<b>Medicare Advantage Open Access HMO (HMO)</b>	<b>Medicare Advantage Open Access HMO 1525 (HMO 1525)</b>
Retail: Generic Copayments	\$10	\$10	\$6	\$7
Retail: Preferred Brand Copayments	\$22	\$22	\$12	\$16
Retail: Non-Preferred Brand Copayments	\$44	\$44	\$24	\$35
Mail: Generic Copayments <sup>1</sup>	\$5	\$5	\$5	\$5
Mail: Preferred Brand Copayments <sup>1</sup>	\$28	\$28	\$18	\$40
Mail: Non-Preferred Brand Copayments <sup>1</sup>	\$55	\$55	\$30	\$88
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



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	Horizon Medicare Supplemental Plans				
<b>Side-by-Side Rx Comparison</b>	<b>Horizon NJ DIRECT 1525</b>	<b>Horizon NJ DIRECT 2030</b>	<b>Horizon HMO</b>	<b>Horizon HMO 1525</b>	<b>Horizon HMO 2030</b>
Retail: Generic Copayments	\$7	\$3	\$6	\$7	\$3
Retail: Preferred Brand Copayments	\$16	\$18	\$12	\$16	\$18
Retail: Non-Preferred Brand Copayments	\$35	\$46	\$24	\$35	\$46
Mail: Generic Copayments <sup>1</sup>	\$5	\$5	\$5	\$5	\$5
Mail: Preferred Brand Copayments <sup>1</sup>	\$40	\$36	\$18	\$40	\$36
Mail: Non-Preferred Brand Copayments <sup>1</sup>	\$88	\$92	\$30	\$88	\$92
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	\$1,351/\$2,702

**Note:** Mail Order copay amounts are for prescriptions up to 90 days.

<sup>1</sup> 30-day copays for Specialty Pharmacy in the Employer Group Waiver Plan (EGWP) range from \$1 for generic, \$6-\$13 for preferred brand, and \$10-\$30 for non-preferred brand depending on retiree plan option.