



Explore Your Benefits

**LOCAL GOVERNMENT ACTIVE GROUP
 PRESCRIPTION PLAN DESIGN - PLAN YEAR 2026
 AETNA AND HORIZON PLANS**

Side-by-Side Rx Comparison	Aetna HMO ³	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)		

Notes: 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 apply 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 Freedom 10, Horizon NJ DIRECT 10, Aetna Freedom 15, and Horizon NJ DIRECT 15; Coinsurance is 15% for Aetna Freedom 1525, Horizon NJ DIRECT 1525, Aetna Freedom 2030, and Horizon NJ DIRECT 2030; Coinsurance is 20% for Aetna Freedom 2035 and NJ DIRECT 2035. For High Deductible Health Plans, prescription drug coverage must be through the SHBP medical plan and is 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 DIRECT 2035.

³ 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.



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**LOCAL GOVERNMENT ACTIVE GROUP
 PRESCRIPTION PLAN DESIGN - PLAN YEAR 2026
 26 AETNA PLANS AND 26 HORIZON PLANS**

Side-by-Side Rx Comparison	26 Aetna HMO ³	26 Horizon HMO ³	26 Aetna Liberty Plus	26 Horizon OMNIA	26 Aetna Freedom HDHigh*	26 Horizon NJ DIRECT HDHigh*
Retail: Generic Copayments	\$10	\$10	\$10	\$10	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Retail: Preferred Brand Copayments	\$20	\$20	\$20	\$20		
Retail: Non-preferred Brand Copayments	\$75	\$75	\$75	\$75		
Retail: Brand w/ Generic available Copayments	Member pays the difference ¹	Member pays the difference ¹	Member pays the difference ¹	Member pays the difference ¹		
Retail: Specialty Copayments	\$75	\$75	\$75	\$75		
Mail: Generic Copayments	\$10	\$10	\$10	\$10		
Mail: Preferred Brand Copayments	\$50	\$50	\$50	\$50		
Mail: Non-preferred Brand Copayments	\$150	\$150	\$150	\$150		
Mail: Brand w/ Generic available Copayments	Member pays the difference ¹	Member pays the difference ¹	Member pays the difference ¹	Member pays the difference ¹		
Mail: Specialty Copayments (30-day supply)	\$75	\$75	\$75	\$75		
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		

**LOCAL GOVERNMENT ACTIVE GROUP
PRESCRIPTION PLAN DESIGN - PLAN YEAR 2026
26 AETNA PLANS AND 26 HORIZON PLANS**

Side-by-Side Rx Comparison	26 Aetna Freedom HDLow*	26 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: Specialty Copayments		
Mail: Generic Copayments		
Mail: Preferred Brand Copayments		
Mail: Non-preferred Brand Copayments		
Mail: Specialty Copayments (30-day supply)		
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)		

Notes: Retail – 30 day supply. Mail – 90 day supply.

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

For all plans excluding the HDLow and HDHigh plan, mail order is mandatory for maintenance prescriptions.

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 apply 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 26 Aetna Freedom, 26 Horizon NJ DIRECT, 26 Aetna Freedom 10, 26 Horizon NJ DIRECT 10, 26 Aetna Freedom 15, and 26 Horizon NJ DIRECT 15; Coinsurance is 15% for 26 Aetna Freedom 1525, 26 Horizon NJ DIRECT 1525, 26 Aetna Freedom 2030, and 26 Horizon NJ DIRECT 2030; Coinsurance is 20% for 26 Aetna Freedom 2035 and 26 NJ DIRECT 2035. For High Deductible Health Plans, prescription drug coverage must be through the SHBP medical plan and is subject to the plan's deductible and coinsurance amounts.

* **HD = High Deductible Health Plan**

¹ You pay the cost difference between the brand drug and the generic drug.

³ 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.