



STATE CWA RETIRED GROUP PRESCRIPTION PLAN DESIGN - PLAN YEAR 2026

This chart is only for members represented by the Communications Workers of America (CWA).

Side-by-Side Rx Comparison	Aetna Freedom Unity Direct	Horizon CWA NJ DIRECT	Aetna HMO ¹	Horizon HMO ¹
Retail: Generic Copayments	\$7	\$7	\$6	\$6
Retail: Preferred Brand Copayments	\$16	\$16	\$12	\$12
Retail: Non-Preferred Brand Copayments	\$35	\$35	\$24	\$24
Retail: Brand w/ Generic Equivalent ²	Member pays difference	Member pays difference	Member pays difference	Member pays difference
Mail: Generic Copayments	\$18	\$18	\$5	\$5
Mail: Preferred Brand Copayments	\$40	\$40	\$18	\$18
Mail: Non-Preferred Brand Copayments	\$88	\$88	\$30	\$30
Mail: Brand w/ Generic Equivalent ²	Member pays difference	Member pays difference	Member pays difference	Member pays difference
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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Side-by-Side Rx Comparison	Aetna Liberty Plus	Horizon OMNIA	Aetna Freedom HDHigh	Horizon NJ DIRECT HDHigh
Retail: Generic Copayments	\$7	\$7	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Retail: Preferred Brand Copayments	\$16	\$16		
Retail: Non-Preferred Brand Copayments	\$35	\$35		
Retail: Brand w/ Generic Equivalent ²	Member pays difference	Member pays difference		
Mail: Generic Copayments	\$18	\$18		
Mail: Preferred Brand Copayments	\$40	\$40		
Mail: Non-Preferred Brand Copayments	\$88	\$88		
Mail: Brand w/ Generic Equivalent ²	Member pays difference	Member pays difference		
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	\$1,351/\$2,702	\$1,351/\$2,702		



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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.

¹ Service areas for Horizon HMO plans are limited to New Jersey, New Castle County in Delaware, and bordering counties of Pennsylvania and New York. Aetna HMO plans are not limited to this service area and utilize Aetna's nationwide Aetna Select network.

² You pay the cost difference between the brand drug and the generic drug.

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This is a summary and not intended to provide all information. Although every attempt at accuracy is made, it cannot be guaranteed.