



LOCAL GOVERNMENT RETIRED GROUP PRESCRIPTION PLAN DESIGN - PLAN YEAR 2026

Side-by-Side Rx Comparison	Aetna Freedom	Horizon NJ DIRECT	Aetna Freedom 10	Horizon NJ DIRECT 10	Aetna Freedom 15	Horizon NJ DIRECT 15
Retail: Generic Copayments	\$7	\$7	\$10	\$10	\$10	\$10
Retail: Preferred Brand Copayments	\$16	\$16	\$22	\$22	\$22	\$22
Retail: Non-Preferred Brand Copayments	\$35	\$35	\$44	\$44	\$44	\$44
Retail: Brand w/ Generic Equivalent ¹	Member pays difference	Member pays difference	Member pays difference	Member pays difference	Member pays difference	Member pays difference
Mail: Generic Copayments	\$18	\$18	\$5	\$5	\$5	\$5
Mail: Preferred Brand Copayments	\$40	\$40	\$28	\$28	\$28	\$28
Mail: Non-Preferred Brand Copayments	\$88	\$88	\$55	\$55	\$55	\$55
Mail: Brand w/ Generic Equivalent ¹	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)	\$1,351/\$2,702	\$1,351/\$2,702	\$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 Freedom 1525	Horizon NJ DIRECT 1525	Aetna Freedom 2030	Horizon NJ DIRECT 2030	Aetna HMO ²	Horizon HMO ²
Retail: Generic Copayments	\$7	\$7	\$3	\$3	\$6	\$6
Retail: Preferred Brand Copayments	\$16	\$16	\$18	\$18	\$12	\$12
Retail: Non-Preferred Brand Copayments	\$35	\$35	\$46	\$46	\$24	\$24
Retail: Brand w/ Generic Equivalent ¹	Member pays difference	Member pays difference	Member pays difference	Member pays difference	Member pays difference	Member pays difference
Mail: Generic Copayments	\$5	\$5	\$5	\$5	\$5	\$5
Mail: Preferred Brand Copayments	\$40	\$40	\$36	\$36	\$18	\$18
Mail: Non-Preferred Brand Copayments	\$88	\$88	\$92	\$92	\$30	\$30
Mail: Brand w/ Generic Equivalent ¹	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)	\$1,351/\$2,702	\$1,351/\$2,702	\$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 HMO 1525 ²	Horizon HMO 1525 ²	Aetna HMO 2030 ¹	Horizon HMO 2030 ¹	Aetna Liberty Plus	Horizon OMNIA
Retail: Generic Copayments	\$7	\$7	\$3	\$3	\$7	\$7
Retail: Preferred Brand Copayments	\$16	\$16	\$18	\$18	\$16	\$16
Retail: Non-Preferred Brand Copayments	\$35	\$35	\$46	\$46	\$35	\$35
Retail: Brand w/ Generic Equivalent ¹	Member pays difference	Member pays difference	Member pays difference	Member pays difference	Member pays difference	Member pays difference
Mail: Generic Copayments	\$5	\$5	\$5	\$5	\$18	\$18
Mail: Preferred Brand Copayments	\$40	\$40	\$36	\$36	\$40	\$40
Mail: Non-Preferred Brand Copayments	\$88	\$88	\$92	\$92	\$88	\$88
Mail: Brand w/ Generic Equivalent ¹	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)	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702



LOCAL GOVERNMENT RETIRED GROUP PRESCRIPTION PLAN DESIGN - PLAN YEAR 2026

Side-by-Side Rx Comparison	Aetna Freedom HDHigh	Horizon NJ Direct HDHigh	Aetna Freedom HDLow	Horizon NJ Direct HDLow
Retail: Generic Copayments	Subject to deductible and coinsurance	Subject to deductible and coinsurance	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 You pay the cost difference between the brand drug and the generic drug.

² 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.