



State Health Benefits Program (SHBP)
PRESCRIPTION PLAN DESIGN - PLAN YEAR 2026
MEDICARE ADVANTAGE AND MEDICARE SUPPLEMENTAL GROUP PLANS

	Aetna Medicare Advantage Plans			
Side-by-Side Rx Comparison	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	\$22	\$22	\$12	\$16
Retail: Non-Preferred Brand Copayments	\$44	\$44	\$24	\$35
Mail: Generic Copayments ¹	\$5	\$5	\$5	\$5
Mail: Preferred Brand Copayments ¹	\$28	\$28	\$18	\$40
Mail: Non-Preferred Brand Copayments ¹	\$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				
Side-by-Side Rx Comparison	Horizon NJ DIRECT 1525	Horizon NJ DIRECT 2030	Horizon HMO	Horizon HMO 1525	Horizon HMO 2030
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 ¹	\$5	\$5	\$5	\$5	\$5
Mail: Preferred Brand Copayments ¹	\$40	\$36	\$18	\$40	\$36
Mail: Non-Preferred Brand Copayments ¹	\$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.

¹ 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.

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