



STATE ACTIVE GROUP PRESCRIPTION PLAN DESIGN - PLAN YEAR 2027

Effective January 1, 2026, GLP-1 weight loss drugs Wegovy, Saxenda, and Zepbound have a \$45 copayment for a 30-day retail supply and a \$135 copayment for a 90-day mail-order supply. (This does not apply to the HDHigh and HDLow plans.)

Side-by-Side Rx Comparison	26 Aetna Freedom	26 Horizon NJ DIRECT	26 Aetna Freedom 15	26 Horizon NJ DIRECT 15	26 Aetna Freedom 1525	26 Horizon NJ DIRECT 1525
Retail: Generic Copayments	\$10	\$10	\$10	\$10	\$10	\$10
Retail: Preferred Brand Copayments	\$20	\$20	\$20	\$20	\$20	\$20
Retail: Non-preferred Brand Copayments	\$75	\$75	\$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	Member pays the difference ¹	Member pays the difference ¹
Retail: Specialty Copayments	N/A ³	N/A ³	N/A ³	N/A ³	N/A ³	N/A ³
Mail: Generic Copayments	\$10	\$10	\$10	\$10	\$10	\$10
Mail: Preferred Brand Copayments	\$50	\$50	\$50	\$50	\$50	\$50
Mail: Non-preferred Brand Copayments	\$150	\$150	\$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	Member pays the difference ¹	Member pays the difference ¹
Mail: Specialty Copayments (30-day supply)	\$75 ³	\$75 ³	\$75 ³	\$75 ³	\$75 ³	\$75 ³
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	\$2,120/\$4,240	\$2,120/\$4,240



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Side-by-Side Rx Comparison	26 Aetna Freedom 2030	26 Horizon NJ DIRECT 2030	26 Aetna Freedom 2035	26 Horizon NJ DIRECT 2035	26 Aetna HMO	26 Horizon HMO ²
Retail: Generic Copayments	\$10	\$10	\$10	\$10	\$10	\$10
Retail: Preferred Brand Copayments	\$20	\$20	\$20	\$20	\$20	\$20
Retail: Non-preferred Brand Copayments	\$75	\$75	\$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	Member pays the difference ¹	Member pays the difference ¹
Retail: Specialty Copayments	N/A ³	N/A ³	N/A ³	N/A ³	N/A ³	N/A ³
Mail: Generic Copayments	\$10	\$10	\$10	\$10	\$10	\$10
Mail: Preferred Brand Copayments	\$50	\$50	\$50	\$50	\$50	\$50
Mail: Non-preferred Brand Copayments	\$150	\$150	\$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	Member pays the difference ¹	Member pays the difference ¹
Mail: Specialty Copayments (30-day supply)	\$75 ³	\$75 ³	\$75 ³	\$75 ³	\$75 ³	\$75 ³
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	\$2,120/\$4,240	\$2,120/\$4,240



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Side-by-Side Rx Comparison	26 Aetna Liberty Plus	26 Horizon OMNIA	26 Aetna Freedom HDHigh*	26 Horizon NJ DIRECT HDHigh*	26 Aetna Freedom HDLow*	26 Horizon NJ DIRECT HDLow*
Retail: Generic Copayments	\$10	\$10	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Retail: Preferred Brand Copayments	\$20	\$20				
Retail: Non-preferred Brand Copayments	\$75	\$75				
Retail: Brand w/ Generic available Copayments	Member pays the difference ¹	Member pays the difference ¹				
Retail: Specialty Copayments	N/A ³	N/A ³				
Mail: Generic Copayments	\$10	\$10				
Mail: Preferred Brand Copayments	\$50	\$50				
Mail: Non-preferred Brand Copayments	\$150	\$150				
Mail: Brand w/ Generic available Copayments	Member pays the difference ¹	Member pays the difference ¹				
Mail: Specialty Copayments (30-day supply)	\$75 ³	\$75 ³				
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	\$2,120/\$4,240	\$2,120/\$4,240				

Effective January 1, 2026, GLP-1 weight loss drugs Wegovy, Saxenda, and Zepbound have a \$45 copayment for a 30-day retail supply and a \$135 copayment for a 90-day mail-order supply. (This does not apply to the HDHigh and HDLow plans.)

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 plans, mail order is mandatory for maintenance prescriptions.

* **HD = High Deductible Health Plan.**

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

² 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.

³ All specialty prescriptions must be filled at Optum Specialty Pharmacy. Call 1-888-341-8579 to speak with an Optum patient care coordinator.