



**UNION NEGOTIATED AND NON-ALIGNED PLANS
PRESCRIPTION PLAN DESIGN - PLAN YEAR 2025
STATE ACTIVE GROUP**

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: Brand Copayments				
Retail: Brand w/Generic available Copayments				
Mail: Generic Copayments				
Mail: Brand Copayments				
Mail: Brand w/Generic available Copayments				
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)				

Note: Retail – 30 day supply. Mail – 90 day supply. Oral contraceptive coverage is available under the medical and prescription plans.

* **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 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.

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