



Explore Your Benefits

**LOCAL EDUCATION ACTIVE GROUP
MEDICAL PLAN DESIGN - PLAN YEAR 2019
AETNA AND HORIZON PLANS - PRESCRIPTION DRUG COPAYMENTS**

| | Aetna Freedom Zero | Aetna Freedom10 | Aetna Freedom15 | Aetna Freedom1525 | Aetna Freedom2030 | Aetna Freedom2035 | Aetna HMO | Aetna HMO1525 | Aetna HMO2030 | Aetna HMO2035 | Aetna Value HD1500* |
|--|-------------------------------------|-----------------|-----------------|-------------------|-------------------|---------------------------------------|--------------------------|------------------------------|------------------------------|---------------------------------------|---------------------------------------|
| | NJ DIRECT ZERO | NJ DIRECT10 | NJ DIRECT15 | NJ DIRECT1525 | NJ DIRECT2030 | NJ DIRECT2035 | Horizon HMO ¹ | Horizon HMO1525 ¹ | Horizon HMO2030 ¹ | Horizon HMO2035 ¹ | NJ DIRECT HD1500* |
| Prescription Drug Copayments⁶ | | | | | | | | | | | |
| Retail: Generic Copayments | \$3 | \$3 | \$3 | \$7 | \$3 | \$7 ⁷ | \$3 | \$7 | \$3 | \$7 ⁷ | Subject to deductible and coinsurance |
| Retail: Preferred Brand Copayments | \$10 | \$10 | \$10 | \$16 | \$18 | \$21 ⁷ | \$10 | \$16 | \$18 | \$21 ⁷ | |
| Retail: Non-Preferred Brand Copayments | Member pays difference ⁹ | \$10 | \$10 | \$35 | \$46 | Member pays difference ^{7,9} | \$10 | \$35 | \$46 | Member pays difference ^{7,9} | |
| Mail: Generic Copayments | \$5 | \$5 | \$5 | \$18 | \$5 | \$18 ⁷ | \$5 | \$18 | \$5 | \$18 ⁷ | |
| Mail: Preferred Brand Copayments | \$15 | \$15 | \$15 | \$40 | \$36 | \$52 ⁷ | \$15 | \$40 | \$36 | \$52 ⁷ | |
| Mail: Non-Preferred Brand Copayments | Member pays difference ⁹ | \$15 | \$15 | \$88 | \$92 | Member pays difference ^{7,9} | \$15 | \$88 | \$92 | Member pays difference ^{7,9} | |
| Prescription Drug annual Out-of-Pocket Maximum (Individual/Family) | \$1,580/\$3,160 | \$1,580/\$3,160 | \$1,580/\$3,160 | \$1,580/\$3,160 | \$1,580/\$3,160 | \$1,580/\$3,160 | \$1,580/\$3,160 | \$1,580/\$3,160 | \$1,580/\$3,160 | \$1,580/\$3,160 | |

* **HD = High Deductible Health Plan**

** **Age 26 and under**

*** **Out of Network cost basis is 200% of CMS fee schedule**

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.

² On select services.

³ Out-of-Network Deductible is combined with In-Network Deductible.

⁴ After Deductible.

⁵ Health Savings Accounts can be used for qualified medical expenses without federal tax liability.

⁶ Local education employers can select from the SEHBP's Prescription Drug Plans, purchase their own prescription drug coverage plan, or receive prescription drug coverage through the SEHBP medical plan. Copayments shown apply to the plans when coverage is through the SEHBP's Prescription Drug Plans. If prescription drug coverage is through the medical plan: Coinsurance is 10% for NJ DIRECT ZERO, NJ DIRECT10 and NJ DIRECT15; Coinsurance is 15% for NJ DIRECT1525 and NJ DIRECT2030;

Note: Oral contraceptive coverage is available under the medical plan.

Coinsurance is 20% for NJDIRECT2035. Copayments for Aetna Freedom Zero, Aetna Freedom10, Aetna Freedom15, Aetna HMO, and Horizon HMO are: \$5, \$10, \$20 (Retail 30-day supply) and \$5, \$15, \$25 (Mail Order 90-day supply); Copayments for Aetna Freedom1525, Aetna HMO1525, Horizon HMO1525, Aetna Freedom2030, Aetna HMO2030, Horizon HMO2030, Aetna Freedom2035, Aetna HMO2035, and Horizon HMO2035 as shown in chart above. For High Deductible Health Plans, prescription drug coverage must be through the SEHBP medical plan and are subject to the plan's deductible and coinsurance amounts.

⁷ For maintenance prescription drugs, mail order is mandatory under the 2035 PPO and HMO plans (Aetna Freedom2035, NJ DIRECT2035, Aetna HMO2035, and Horizon HMO2035).

⁸ Applies to services that do not require a copayment.

⁹ You pay the applicable generic copayment as listed above, plus the cost difference between the brand drug and the generic drug.