

Side-by-Side Rx Comparison	Aetna Freedom	Horizon NJ DIRECT	Aetna Freedom10	Horizon NJ DIRECT10	Aetna Freedom15	Horizon NJ DIRECT15
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				
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					
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



Side-by-Side Rx Comparison	Aetna Freedom1525	Horizon NJ DIRECT1525	Aetna Freedom2030	Horizon NJ DIRECT2030	Aetna HMO²	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				
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					
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



Side-by-Side Rx Comparison	Aetna HMO1525 ²	Horizon HMO1525 ²	Aetna HMO2030 ¹	Horizon HMO2030¹	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 Equivalent¹	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



Side-by-Side Rx Comparison	Aetna Freedom HDHigh	Horizon NJ Direct HDHigh	Aetna Freedom HDLow	Horizon NJ Direct HDLow
Retail: Generic Copayments				
Retail: Preferred Brand Copayments				
Retail: Non-Preferred Brand Copayments				
Retail: Brand w/ Generic Equivalent	Subject to	Subject to	Subject to	Subject to
Mail: Generic Copayments	deductible and coinsurance	deductible and coinsurance	deductible and coinsurance	deductible and coinsurance
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.