



LOCAL GOVERNMENT RETIRED GROUP PRESCRIPTION PLAN DESIGN - PLAN YEAR 2024

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: Preferred Brand Copayments				
Retail: Non-Preferred Brand Copayments				
Retail: Brand w/ Generic Equivalent				
Mail: Generic Copayments				
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.