



Explore Your Benefits

LOCAL EDUCATION ACTIVE GROUP PRESCRIPTION PLAN DESIGN - PLAN YEAR 2026

**Copayments shown on this page apply to school districts with Prescription coverage through the SEHBP's Prescription Drug Plans. For school districts with Prescription coverage through the Medical plans (MMRx) for Aetna Freedom10, Horizon NJ DIRECT10, Aetna Freedom15, and Horizon NJ DIRECT15, Prescriptions are covered at 10% employee coinsurance.*

Side-by-Side Rx Comparison	Aetna Freedom10	Horizon NJ DIRECT10	Aetna Freedom15	Horizon NJ DIRECT15
Retail: Generic Copayments	\$3	\$3	\$3	\$3
Retail: Preferred Brand Copayments	\$10	\$10	\$10	\$10
Retail: Non-Preferred Brand Copayments	\$10	\$10	\$10	\$10
Mail: Generic Copayments	\$5	\$5	\$5	\$5
Mail: Preferred Brand Copayments	\$15	\$15	\$15	\$15
Mail: Non-Preferred Brand Copayments	\$15	\$15	\$15	\$15
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



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Side-by-Side Rx Comparison	Aetna NJEHP	Horizon NJEHP	Aetna Garden State Health Plan (GSHP)
Retail: Generic Copayments	\$5	\$5	\$5
Retail: Preferred Brand Copayments	\$10	\$10	\$10
Retail: Non-Preferred Brand Copayments ¹	Member pays difference	Member pays difference	Member pays difference
Mail: Generic Copayments	\$10	\$10	\$10
Mail: Preferred Brand Copayments	\$20	\$20	\$20
Mail: Non-Preferred Brand Copayments ¹	Member pays difference	Member pays difference	Member pays difference
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	\$1,600/\$3,200	\$1,600/\$3,200	\$1,600/\$3,200

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

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: for Aetna Freedom10, Horizon NJ DIRECT10, Aetna Freedom15, and Horizon NJ DIRECT15, coinsurance is 10%; for Aetna and Horizon NJEHP and Aetna GSHP, copays are the same as if coverage through the SEHBP's Prescription Drug Plan as show in the chart above.

¹ You pay the applicable brand copayment listed above, plus the cost difference between the brand drug and the generic drug.

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This is a summary and not intended to provide all information. Although every attempt at accuracy is made, it cannot be guaranteed.