



Explore Your Benefits

**LOCAL EDUCATION ACTIVE GROUP
MEDICAL PLAN DESIGN - PLAN YEAR 2018
AETNA AND HORIZON PLANS - PRESCRIPTION DRUG COPAYMENTS**

	Aetna Freedom10	Aetna Freedom15	Aetna Freedom1525	Aetna Freedom2030	Aetna Freedom2035	Aetna HMO	Aetna HMO1525	Aetna HMO2030	Aetna HMO2035	Aetna Value HD1500*
	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	\$7	\$3	\$7	\$3	\$7	\$3	\$7	Subject to deductible and coinsurance
Retail: Preferred Brand Copayments	\$10	\$10	\$16	\$18	\$21	\$10	\$16	\$18	\$21	
Retail: Non-Preferred Brand Copayments	\$10	\$10	\$35	\$46	member pays difference ⁹	\$10	\$35	\$46	member pays difference ⁹	
Mail: Generic Copayments	\$5	\$5	\$18	\$5	\$18 ⁷	\$5	\$18	\$5	\$18 ⁷	
Mail: Preferred Brand Copayments	\$15	\$15	\$40	\$36	\$52 ⁷	\$15	\$40	\$36	\$52 ⁷	
Mail: Non-Preferred Brand Copayments	\$15	\$15	\$88	\$92	member pays difference ⁹	\$15	\$88	\$92	member pays difference ⁹	
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	\$1,470 / \$2,940	\$1,470 / \$2,940	\$1,470 / \$2,940	\$1,470 / \$2,940	\$1,470 / \$2,940	\$1,470 / \$2,940	\$1,470 / \$2,940	\$1,470 / \$2,940	\$1,470 / \$2,940	

* HD = High Deductible Health Plan

** Age 26 and under

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 DIRECT10 and NJ DIRECT15; Coinsurance is 15% for NJ DIRECT1525 and NJ DIRECT2030; Coinsurance is 20% for NJDIRECT2035. Copayments for 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.