

New Jersey School Employees' Health Benefits Program

HMO Pharmacy Copayments – Local Education Employees and Retirees



	Aetna HMO	Aetna HMO 1525	Aetna HMO 2030	Aetna HMO 2035
Active Employee – SEHBP Prescription Drug Program**				
Retail: Generic Copayments	\$3	\$7	\$3	\$7 [†]
Retail: Brand Copayments	\$10	\$16	\$18	\$21 [†]
Retail: Non-Preferred Brand Copayments	\$10	\$35	\$46	Member pays difference [‡]
Mail: Generic Copayments	\$5	\$18	\$5	\$18
Mail: Brand Copayments	\$15	\$40	\$36	\$52
Mail: Non-Preferred Brand Copayments	\$15	\$88	\$92	Member pays difference [‡]
Active Employee – Prescription Drug through the Medical Plan**				
Retail: Generic Copayments	\$5	\$7	\$3	\$7 [†]
Retail: Brand Copayments	\$10	\$16	\$18	\$21 [†]
Retail: Non-Preferred Brand Copayments	\$20	\$35	\$46	Member pays difference [‡]
Mail: Generic Copayments	\$5	\$18	\$5	\$18
Mail: Brand Copayments	\$15	\$40	\$36	\$52
Mail: Non-Preferred Brand Copayments	\$25	\$88	\$92	Member pays difference [‡]
Active Employee – Private Prescription Drug Plan				
For private prescription drug plan information not through the SEHBP, please contact your employer for more information.				
Non-Medicare and Medicare Retirees – SEHBP Prescription Drug Program				
Retail: Generic Copayments	\$6	\$7	\$3	
Retail: Preferred Copayments	\$13	\$17	\$19	
Retail: Non-Preferred Copayments	\$26	\$36	\$48	
Mail: Generic Copayments	\$5	\$5	\$5	
Mail: Preferred Copayments	\$19	\$41	\$37	
Mail: Non-Preferred Copayments	\$31	\$91	\$95	

* Questions about your prescription drug coverage? Contact the Division of Pensions and Benefits' Office of Client Services at 1-609-292-7524.

** The SEHBP Prescription Drug Program and the Prescription Drug Program through the Medical Plan are administered by OptumRx. Contact OptumRx at 1-844-368-8740 for Active, Cobra and Non-Medicare questions. Contact OptumRx at 1-844-368-8765 for Medicare eligible questions.

† Maintenance prescription drugs, mail order is mandatory under the Aetna HMO 2035 plan.

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

Active Employees – Pharmacy out-of-pocket maximum for the Aetna HMO plans is \$1,470 Individual / \$2,940 Family.

Retirees – Pharmacy out-of-pocket maximum for the Aetna HMO plans is \$1,411 Individual / \$2,822 Family.

Retail = Up to a 30 day supply at a retail facility. Mail = Up to a 90 day supply through OptumRx mail order program.

Non-Medicare eligible retirees are not eligible for the Aetna HMO 2035. Medicare eligible retirees are not eligible for the Aetna HMO 2030 and the Aetna HMO 2035.

Health insurance plans are offered, underwritten and/or administered by Aetna Life Insurance Company (Aetna).

For the latest information, including plan details and benefit coverage, visit the Aetna Member Handbook.