

# 2019 PPO pharmacy copayments

## New Jersey School Employees' Health Benefits Program Local Education Employees and Retirees

	Freedom Zero	Freedom 10	Freedom 15	Freedom 1525	Freedom 2030	Freedom 2035
<b>Active Employee – SEHBP Prescription Drug Program**</b>						
<b>Retail: Generic Copayments</b>	\$3	\$3	\$3	\$7	\$3	\$7 <sup>†</sup>
<b>Retail: Brand Copayments</b>	\$10	\$10	\$10	\$16	\$18	\$21 <sup>†</sup>
<b>Retail: Non-Preferred Brand Copayments</b>	\$10	\$10	\$10	\$35	\$46	Member pays difference <sup>‡</sup>
<b>Mail: Generic Copayments</b>	\$5	\$5	\$5	\$18	\$5	\$18
<b>Mail: Brand Copayments</b>	\$15	\$15	\$15	\$40	\$36	\$52
<b>Mail: Non-Preferred Brand Copayments</b>	\$15	\$15	\$15	\$88	\$92	Member pays difference <sup>‡</sup>
<b>Active Employee – Prescription Drug through the Medical Plan**</b>						
<b>Retail: Generic Copayments</b>	\$5	\$5	\$5	\$7	\$3	\$7 <sup>†</sup>
<b>Retail: Brand Copayments</b>	\$10	\$10	\$10	\$16	\$18	\$21 <sup>†</sup>
<b>Retail: Non-Preferred Brand Copayments</b>	\$20	\$20	\$20	\$35	\$46	Member pays difference <sup>‡</sup>
<b>Mail: Generic Copayments</b>	\$5	\$5	\$5	\$18	\$5	\$18
<b>Mail: Brand Copayments</b>	\$15	\$15	\$15	\$40	\$36	\$52
<b>Mail: Non-Preferred Brand Copayments</b>	\$25	\$25	\$25	\$88	\$92	Member pays difference <sup>‡</sup>
<b>Active Employee – Private Prescription Drug Plan</b>						
For private prescription drug plan information not through the SEHBP, please contact your employer for more information.						
<b>Non-Medicare and Medicare Retirees – SEHBP Prescription Drug Program</b>						
<b>Retail: Generic Copayments</b>	\$10	\$10	\$10	\$7	\$3	
<b>Retail: Brand Copayments</b>	\$21	\$21	\$21	\$17	\$19	
<b>Retail: Non-Preferred Brand Copayments</b>	\$42	\$42	\$42	\$36	\$48	
<b>Mail: Generic Copayments</b>	\$5	\$5	\$5	\$5	\$5	
<b>Mail: Brand Copayments</b>	\$31	\$31	\$31	\$41	\$37	
<b>Mail: Non-Preferred Brand Copayments</b>	\$52	\$52	\$52	\$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 Freedom 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 Freedom plans is \$1,470 Individual / \$2,940 Family.

**Retirees** – Pharmacy out-of-pocket maximum for the Aetna Freedom 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.

**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.



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