

New Jersey School Employees' Health Benefits Program

PPO Pharmacy Copayments – Local Education Employees and Retirees



	Freedom 10	Freedom 15	Freedom 1525	Freedom 2030	Freedom 2035
Active Employee – SEHBP Prescription Drug Program**					
Retail: Generic Copayments	\$3	\$3	\$7	\$3	\$7 [†]
Retail: Brand Copayments	\$10	\$10	\$16	\$18	\$21 [†]
Retail: Non-Preferred Brand Copayments	\$10	\$10	\$35	\$46	Member pays difference [‡]
Mail: Generic Copayments	\$5	\$5	\$18	\$5	\$18
Mail: Brand Copayments	\$15	\$15	\$40	\$36	\$52
Mail: Non-Preferred Brand Copayments	\$15	\$15	\$88	\$92	Member pays difference [‡]
Active Employee – Prescription Drug through the Medical Plan**					
Retail: Generic Copayments	\$5	\$5	\$7	\$3	\$7 [†]
Retail: Brand Copayments	\$10	\$10	\$16	\$18	\$21 [†]
Retail: Non-Preferred Brand Copayments	\$20	\$20	\$35	\$46	Member pays difference [‡]
Mail: Generic Copayments	\$5	\$5	\$18	\$5	\$18
Mail: Brand Copayments	\$15	\$15	\$40	\$36	\$52
Mail: Non-Preferred Brand Copayments	\$25	\$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	\$10	\$10	\$7	\$3	
Retail: Brand Copayments	\$21	\$21	\$17	\$19	
Retail: Non-Preferred Brand Copayments	\$42	\$42	\$36	\$48	
Mail: Generic Copayments	\$5	\$5	\$5	\$5	
Mail: Brand Copayments	\$31	\$31	\$41	\$37	
Mail: Non-Preferred Brand Copayments	\$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.