

New Jersey State Health Benefits Program

PPO Pharmacy Copayments – Local Government Employees and Retirees



	Freedom 10	Freedom 15	Freedom 1525	Freedom 2030	Freedom 2035
Active Employee – SHBP 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 SHBP, please contact your employer for more information.					
Non-Medicare and Medicare Retirees – SHBP Prescription Drug Program					
Retail: Generic Copayments	\$10	\$10	\$7	\$3	
Retail: Brand Copayments	\$22	\$22	\$16	\$18	
Retail: Non-Preferred Brand Copayments	\$44	\$44	\$35	\$46	
Mail: Generic Copayments	\$5	\$5	\$5	\$5	
Mail: Brand Copayments	\$28	\$28	\$40	\$36	
Mail: Non-Preferred Brand Copayments	\$55	\$55	\$88	\$92	

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

** The SHBP 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 \$1,351 Individual / \$2,702 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 Freedom 2035 plan. Medicare eligible retirees are not eligible for the Aetna Freedom 2030 and Aetna Freedom 2035 plans.

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.