

**CWA MEMBERS
STATE ACTIVE GROUP
PRESCRIPTION PLAN DESIGN - PLAN YEAR 2025**

Side-by-Side Rx Comparison	Aetna CWA Unity Freedom/ Unity Freedom 2019*	Horizon CWA Unity DIRECT/ DIRECT 2019*	Aetna HMO	Horizon HMO ¹	Aetna Liberty Plus	Horizon OMNIA
Retail: Generic Copayments	\$7	\$7	\$3	\$3	\$7	\$7
Retail: Brand Copayments	\$16	\$16	\$10	\$10	\$16	\$16
Retail: Brand w/Generic available Copayments ²	Member pays difference					

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Side-by-Side Rx Comparison	Aetna Freedom HDHigh**	Horizon NJ DIRECT HDHigh**	Aetna Freedom HDLow**	NJ DIRECT HDLow**
Retail: Generic Copayments	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Retail: Brand Copayments				
Retail: Brand w/Generic available Copayments				
Mail: Generic Copayments				
Mail: Brand Copayments				
Mail: Brand w/Generic available Copayments				
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)				

Note: Retail – 30 day supply. Mail – 90 day supply. Oral contraceptive coverage is available under the medical and prescription plans.

* **Members hired before July 1, 2019, will be enrolled in Aetna CWA Unity Freedom or Horizon CWA Unity DIRECT. Members hired after July 1, 2019, will be enrolled in Aetna CWA Unity Freedom 2019 or Horizon CWA Unity DIRECT 2019.**

** **HD = High Deductible Health Plan.**

¹ Service areas for the Horizon HMO plan are limited to New Jersey, New Castle County in Delaware, and bordering counties of Pennsylvania and New York.

² You pay the cost difference between the brand drug and the generic drug.