



Explore Your Benefits

LOCAL EDUCATION ACTIVE GROUP PRESCRIPTION PLAN DESIGN - PLAN YEAR 2024

	NJ DIRECT10	NJ DIRECT15	NEW JERSEY EDUCATORS HEALTH PLAN	GARDEN STATE HEALTH PLAN
Prescription Drug Copayments*				
Retail: Generic Copayments	\$3	\$3	\$5	\$5
Retail: Preferred Brand Copayments	\$10	\$10	\$10	\$10
Retail: Non-Preferred Brand Copayments	\$10	\$10	Member pays difference ¹	Member pays difference ¹
Mail: Generic Copayments	\$5	\$5	\$10	\$10
Mail: Preferred Brand Copayments	\$15	\$15	\$20	\$20
Mail: Non-Preferred Brand Copayments	\$15	\$15	Member pays difference ¹	Member pays difference ¹
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	\$1,890/\$3,780	\$1,890/\$3,780	\$1,600/\$3,200	\$1,600/\$3,200

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

* Local education employers can select from the SEHBP's Prescription Drug Plans, purchase their own prescription drug coverage plan, or receive prescription drug coverage through the SEHBP medical plan. Copayments shown apply to the plans when coverage is through the SEHBP's Prescription Drug Plans. If prescription drug coverage is through the medical plan: for NJ DIRECT10 and NJ DIRECT15, coinsurance is 10%; for NJEHP and GSHP, copays are the same as if coverage is through the SEHBP's Prescription Drug Plan as shown in the chart above.

¹ You pay the applicable brand copayment as listed above, plus the cost difference between the brand drug and the generic drug.

This publication is produced and distributed by the New Jersey Division of Pensions & Benefits — www.nj.gov/treasury/pensions
This is a summary and not intended to provide all information. Although every attempt at accuracy is made, it cannot be guaranteed.