



2025 Prescription Plans Comparison



EXPRESS SCRIPTS®

2025 Prescription Plans Comparison

ACTIVE/ OVERAGE DEPENDENT/COBRA	\$0/\$20 Prescription Plan		NJ Educators Prescription Plan and Garden State Prescription Plan	
Express Scripts Formulary Name	National Preferred Formulary		National Preferred Formulary	
Prescription Plan Benefits	IN - NETWORK	OUT - OF - NETWORK	IN - NETWORK	OUT - OF - NETWORK
MOOP (Maximum out-of-pocket limit)	\$1,580 - Individual/ \$3,160 - Family	Not included in the Out of Pocket Max	\$1,600 - Individual/ \$3,200 - Family	Not included in the Out of Pocket Max

GENERIC DRUGS

Mandatory Generics with Dispense as Written (DAW)

RETAIL	\$0.00	20% coinsurance after copay	\$5.00	Copay + amount above the Allowed Amount
MAIL ORDER	\$0.00	20% coinsurance after copay	\$10.00	Copay + amount above the Allowed Amount

PREFERRED BRAND NAME DRUGS

RETAIL	\$20.00	20% coinsurance after copay	\$10.00	Copay + amount above the Allowed Amount
MAIL ORDER	\$20.00	20% coinsurance after copay	\$20.00	Copay + amount above the Allowed Amount

NON-PREFERRED BRAND NAME DRUGS

RETAIL	\$20.00	20% coinsurance after copay	\$10.00	Copay + amount above the Allowed Amount
MAIL ORDER	\$20.00	20% coinsurance after copay	\$20.00	Copay + amount above the Allowed Amount

\$0/\$20 Plan Includes:

Diabetic supplies and Contraceptive drugs and devices obtainable from a pharmacy.
 Contraceptives covered up to a 6 month supply. Contraceptive copay strategy applies.
 Performance Enhancing Drugs limited to 6 tablets per month.
 Oral and injectable fertility drugs included (physician charges for injections are not covered under RX, medical coverage is limited).
 A limited list of over-the-counter medications are covered when filled with a prescription.

NJEHP and GSP Prescription Plan will include:

Step Therapy Program
 Mandatory Generics Program
 Mandatory Mail Order for Specialty Medications Program
 (subject to 90-day supply and mail order co-pay)

The NJEP and GSP Prescription Programs includes Step Therapy, Mandatory Generics Program as well as Mandatory Mail-Order for Specialty Medication and a Restrictive Closed Formulary

Benefit comparison is for illustrative purposes. It is not a contract and some limitations and exclusions may apply. Please refer to benefit summaries/booklets for detailed information.

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