

2026 High Plan (TAGCO AGP-3735)  
Rate Change Effective January 1, 2026

Over 65 Retiree Supplemental Dependent Coverage Rates

**Retiree- Hartford Medical**

Monthly Premium	\$313.45
Less 401H Reimbursement	<u>(147.00)</u>
Sub Total	\$166.45

**Humana (Part D)**

Monthly Premium	\$319.68
Less 401H Reimbursement	(148.00)
Sub Total	\$171.68

**Total**                      **\$338.13 Monthly**

**Spouse- Hartford Medical**

Monthly Premium	\$313.45
Humana (Part D)	<u>\$319.68</u>

**Total**                      **\$633.13 Monthly**

Please note that the Retiree & Spouse are the same rate but Spouse does not receive the 401H reimbursement.

**Option 1 Medical plan**- Harford pays 100% of all Medicare eligible charges that Medicare does not pay except the retiree will pay 4% of Part B services until the retirees out of pocket equals \$500.00

**Pharmacy plan**- \$10 generic Copay/\$20 \*Preferred Brand Name Copay/\$40 \*Non-preferred Brand Name Copay/\$80 \*Specialty Copay – the Copays listed are for a 30 day supply. The out of pocket max is \$2100.00.