

2024 Low Plan (TAGCO AGP-3734)
Rate Change Effective January 1, 2024

Over 65 Retire Supplemental Dependent Coverage Rates

Retiree- Hartford Medical

Monthly Premium	\$179.03
Less 401H Reimbursement	<u>(147.00)</u>
Sub Total	\$32.03

Express Scripts

Monthly Premium	\$248.38
Less 401H Reimbursement	<u>(148.00)</u>
Sub Total	\$100.38

Total \$132.41 Monthly

Spouse- Hartford Medical

Monthly Premium	\$179.03
Express Scripts	<u>\$248.38</u>

Total \$427.41 Monthly

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

Option 1 Medical plan- Hartford pays 100% of all Medicare eligible charges that Medicare does not pay except the retiree will pay the Part B deductible (\$500) plus 10% of Part B services until the retiree's out of pocket equals \$1,000.00. Total out-of pocket equals \$1,500.00.

Pharmacy plan- \$15 generic Copay/\$30 *Preferred Brand Name Copay/\$50 *Non-preferred Brand Name Copay/ \$50 *Specialty Copay (from \$0 thru the ICL and the Gap and to Catastrophic) for current Pharmacy Plan or the Alternate (same pharmacy vendors except Walgreens)