

2024 High Plan (TAGCO AGP-3735)
Rate Change Effective January 1, 2025

Over 65 Retiree Supplemental Dependent Coverage Rates

Retiree- Hartford Medical

Monthly Premium	\$266.76
Less 401H Reimbursement	<u>(147.00)</u>
Sub Total	\$119.76

Express Scripts

Monthly Premium	\$390.75
Less 401H Reimbursement	(148.00)
Sub Total	\$242.75

Total \$361.51 Monthly

Spouse- Hartford Medical

Monthly Premium	\$266.76
Express Scripts	<u>\$390.75</u>
Total	\$657.51 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- \$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)