

2026 Low Plan (TAGCO AGP-3734)
Rate Change Effective January 1, 2026

Over 65 Retire Supplemental Dependent Coverage Rates

Retiree- Hartford Medical

Monthly Premium	\$227.19
Less 401H Reimbursement	<u>(147.00)</u>
Sub Total	\$80.19

Humana (Part D)

Monthly Premium	\$319.68
Less 401H Reimbursement	<u>(148.00)</u>
Sub Total	\$171.68

Total \$251.87 Monthly

Spouse- Hartford Medical

Monthly Premium	\$227.19
Humana (Part D)	<u>\$319.68</u>

Total \$546.87 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- \$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.