

2026 Chubb COBRA Subsidized Monthly Medical Premiums (excluding U.S. Combined Field Agents)

Aetna and Horizon

Plans & Coverage Tiers	Preferred Rates*	Non-Preferred Rates*	Narrow Rates*
\$900 Deductible Plan			
EE Only	\$223.33	\$264.89	\$206.64
EE + Spouse**	\$540.02	\$640.81	\$499.61
EE + Child(ren)**	\$444.24	\$527.35	\$410.93
EE + Family**	\$742.52	\$881.30	\$686.90
\$1,850 Deductible Plan			
EE Only	\$151.35	\$195.17	\$133.84
EE + Spouse**	\$368.33	\$474.67	\$325.81
EE + Child(ren)**	\$304.40	\$392.08	\$269.36
EE + Family**	\$507.75	\$654.17	\$449.25
\$3,400 Deductible Plan			
EE Only	\$52.02	\$102.02	\$32.00
EE + Spouse**	\$125.67	\$246.96	\$77.17
EE + Child(ren)**	\$103.33	\$203.33	\$63.33
EE + Family**	\$172.76	\$339.75	\$105.97

***Rates do not include relevant surcharges**

****Includes partner and/or partner child(ren)**

2026 Chubb COBRA Subsidized Monthly Medical Premiums (excluding U.S. Combined Field Agents)

Kaiser (for employees in CA)

Plans & Coverage Tiers	Monthly Rates*
\$900 Deductible Plan	
EE Only	\$237.58
EE + Spouse**	\$574.47
EE + Child(ren)**	\$472.57
EE + Family**	\$789.89
\$1,800 Deductible Plan	
EE Only	\$96.76
EE + Spouse**	\$255.25
EE + Child(ren)**	\$195.12
EE + Family**	\$386.34
\$3,400 Deductible Plan	
EE Only	\$43.58
EE + Spouse**	\$105.27
EE + Child(ren)**	\$86.56
EE + Family**	\$144.70

*Rates do not include relevant surcharges

**Includes partner and/or partner child(ren)

2026 Chubb COBRA Subsidized Monthly Medical Premiums (excluding U.S. Combined Field Agents)

Kaiser (for employees in HI)

Plans & Coverage Tiers	Monthly Rates*
Kaiser Medical Plan	
EE Only	\$59.61
EE + Spouse**	\$664.57
EE + Child(ren)**	\$514.22
EE + Family**	\$954.27

*Rates do not include relevant surcharges

**Includes partner and/or partner child(ren)

MCS (for employees in PR)

Plans & Coverage Tiers	Monthly Rates*
MCS Medical Plan	
EE Only	\$98.74
EE + Spouse**	\$214.07
EE + Child(ren)**	\$173.97
EE + Family**	\$285.42

*Rates do not include relevant surcharges

**Includes partner and/or partner child(ren)

2026 Chubb COBRA Subsidized Monthly Dental and Vision Premiums (excluding U.S. Combined Field Agents)

Plans & Coverage Tiers	Monthly Rates
Aetna DHMO Dental Plan	
EE Only	\$6.34
EE + Spouse**	\$14.03
EE + Child(ren)**	\$13.58
EE + Family**	\$23.75
Aetna Premier Dental Plan	
EE Only	\$19.99
EE + Spouse**	\$46.25
EE + Child(ren)**	\$44.07
EE + Family**	\$73.24
EyeMed Vision Plan	
EE Only	\$7.71
EE + Spouse**	\$17.39
EE + Child(ren)**	\$13.51
EE + Family**	\$23.19

****Includes partner and/or partner child(ren)**