

# Medical costs (Pre-65)

Aetna and Horizon

DI 0 11 (5)	Years of service					
Plans & coverage tiers (under 65)	Access only	15-24 <sup>2</sup>	25-34 <sup>2</sup>	35+ <sup>2</sup>		
\$900 Deductible Plan (PPO)						
Retiree Only	\$1,337.00	\$1,153.00	\$1,120.00	\$1,086.00		
Retiree + Spouse/Partner <sup>1</sup>	\$2,941.00	\$2,537.00	\$2,463.00	\$2,390.00		
Retiree + Child(ren) <sup>1</sup>	\$2,671.00	\$2,304.00	\$2,237.00	\$2,170.00		
Retiree + Family <sup>1</sup>	\$4,277.00	\$3,689.00	\$3,582.00	\$3,475.00		
\$1,850 Deductible Plan (High Deductible)						
Retiree Only	\$1,212.00	\$1,045.00	\$1,015.00	\$985.00		
Retiree + Spouse/Partner <sup>1</sup>	\$2,668.00	\$2,301.00	\$2,234.00	\$2,168.00		
Retiree + Child(ren) <sup>1</sup>	\$2,425.00	\$2,092.00	\$2,031.00	\$1,970.00		
Retiree + Family <sup>1</sup>	\$3,880.00	\$3,347.00	\$3,250.00	\$3,153.00		
\$3,300 Deductible Plan (High Deductible)						
Retiree Only	\$1,109.00	\$957.00	\$929.00	\$901.00		
Retiree + Spouse/Partner <sup>1</sup>	\$2,439.00	\$2,104.00	\$2,043.00	\$1,982.00		
Retiree + Child(ren) <sup>1</sup>	\$2,217.00	\$1,912.00	\$1,857.00	\$1,801.00		
Retiree + Family <sup>1</sup>	\$3,549.00	\$3,061.00	\$2,972.00	\$2,884.00		

<sup>&</sup>lt;sup>1</sup> Includes partner and/or partner's child(ren). <sup>2</sup> Available to legacy Chubb retirees only.



### Kaiser (for retirees in California)

Diama Carraman tinus (madau (5)	Years of service					
Plans & coverage tiers (under 65)	Access only	<b>15-24</b> <sup>2</sup>	25-34 <sup>2</sup>	35+ <sup>2</sup>		
\$900 Deductible Plan (PPO)						
Retiree Only	\$752.85	\$649.33	\$630.51	\$611.69		
Retiree + Spouse/Partner <sup>1</sup>	\$1,505.70	\$1,298.67	\$1,261.02	\$1,223.38		
Retiree + Child(ren) <sup>1</sup>	\$1,355.13	\$1,168.80	\$1,134.92	\$1,101.04		
Retiree + Family <sup>1</sup>	\$2,107.98	\$1,818.13	\$1,765.43	\$1,712.73		
\$1,800 Deductible Plan (High Deductible)						
Retiree Only	\$697.39	\$601.50	\$584.06	\$566.63		
Retiree + Spouse/Partner <sup>1</sup>	\$1,394.77	\$1,202.99	\$1,168.12	\$1,133.25		
Retiree + Child(ren) <sup>1</sup>	\$1,255.30	\$1,082.70	\$1,051.31	\$1,019.93		
Retiree + Family <sup>1</sup>	\$1,952.69	\$1,684.20	\$1,635.38	\$1,586.56		
\$3,300 Deductible Plan (High Deductible)						
Retiree Only	\$562.81	\$485.42	\$471.35	\$457.28		
Retiree + Spouse/Partner <sup>1</sup>	\$1,125.61	\$970.84	\$942.70	\$914.56		
Retiree + Child(ren) <sup>1</sup>	\$1,013.05	\$873.76	\$848.43	\$823.10		
Retiree + Family¹	\$1,575.86	\$1,359.18	\$1,319.78	\$1,280.39		

 $<sup>^{1}</sup>$  Includes partner and/or partner's child(ren).  $^{2}$  Available to legacy Chubb retirees only.





### Kaiser (for retirees in Hawaii)

Plans & coverage tiers (under 65)	Years of service					
	Access only	15-24 <sup>2</sup>	25-34 <sup>2</sup>	35+ <sup>2</sup>		
НМО						
Retiree Only	\$1,038.92	\$896.06	\$870.09	\$844.11		
Retiree + Spouse/Partner <sup>1</sup>	\$2,077.82	\$1,792.12	\$1,740.17	\$1,688.23		
Retiree + Child(ren) <sup>1</sup>	\$1,870.04	\$1,612.91	\$1,566.16	\$1,519.41		
Retiree + Family <sup>1</sup>	\$3,116.73	\$2,688.18	\$2,610.26	\$2,532.34		

<sup>&</sup>lt;sup>1</sup> Includes partner and/or partner's child(ren). <sup>2</sup> Available to legacy Chubb retirees only.





## Medical costs (Post-65)

*In-network coverage* 

Diama Carraman Ham (CF)	Years of service					
Plans & coverage tier (65+)	Access only	15-24 <sup>2</sup>	25-34 <sup>2</sup>	35+ <sup>2</sup>		
Horizon Medicare Supplement Plan						
Retiree Only	\$999.00	\$862.00	\$837.00	\$812.00		
Retiree + Spouse/Partner <sup>1</sup>	\$1,998.00	\$1,723.00	\$1,673.00	\$1,623.00		
Retiree + Child(ren) <sup>1</sup>	\$1,998.00	\$1,723.00	\$1,673.00	\$1,623.00		
Retiree + Family <sup>1</sup>	\$2,789.00	\$2,406.00	\$2,336.00	\$2,266.00		
Kaiser Senior Advantage Plan						
Retiree Only	\$237.60	\$204.93	\$198.99	\$193.05		
Retiree + Spouse/Partner <sup>1</sup>	\$475.20	\$409.86	\$397.98	\$386.10		
Retiree + Child(ren) <sup>1</sup>	\$569.70	\$491.37	\$477.12	\$462.88		
Retiree + Family <sup>1</sup>	\$824.34	\$710.99	\$690.38	\$669.78		

<sup>&</sup>lt;sup>1</sup> Includes partner and/or partner's child(ren). <sup>2</sup> Available to legacy Chubb retirees only.

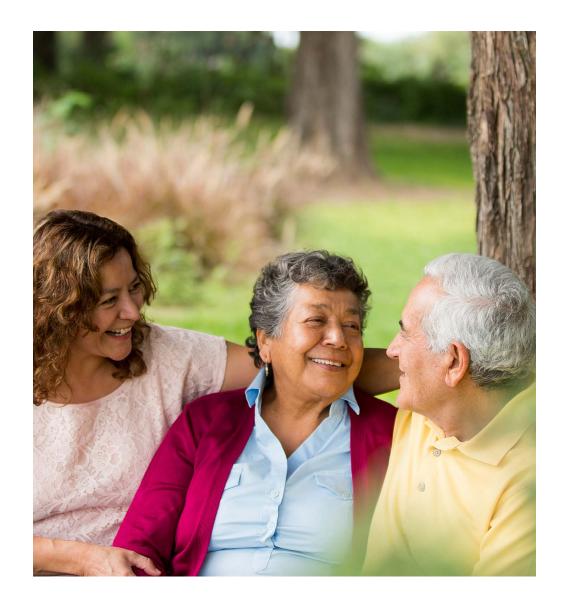




### Dental costs

Plans & coverage tiers	Subsidized monthly <sup>2</sup>	Access only			
Aetna DHMO Dental Plan					
Retiree Only	\$6.34	\$21.37			
Retiree + Spouse/Partner <sup>1</sup>	\$14.03	\$46.54			
Retiree + Child(ren) <sup>1</sup>	\$13.58	\$37.80			
Retiree + Family <sup>1</sup>	\$23.75	\$62.66			
Aetna Premier Dental Plan					
Retiree Only	\$19.25	\$53.68			
Retiree + Spouse/Partner <sup>1</sup>	\$44.53	\$120.78			
Retiree + Child(ren) <sup>1</sup>	\$42.43	\$93.92			
Retiree + Family <sup>1</sup>	\$70.51	\$161.06			

<sup>&</sup>lt;sup>1</sup> Includes partner and/or partner's child(ren). <sup>2</sup> Available to legacy Chubb retirees only.





# Retiree medical subsidy for legacy Chubb retirees

Years of service	Company Subsidy (% of plan premium)					
	Pre-2023	2023	2024	2025	2026	
Less than 25	55%	41.25%	27.50%	13.75%	0%	
25 but less than 35	65%	48.75%	32.50%	16.25%	0%	
At least 35	55%	56.25%	37.50%	18.75%	0%	

