

2025 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	\$208.36	\$247.14	\$192.79
EE + Spouse**	\$503.83	\$597.87	\$466.13
EE + Child(ren)**	\$414.47	\$492.01	\$383.39
EE + Family**	\$692.76	\$822.24	\$640.87
\$1,850 Deductible Plan			
EE Only	\$141.21	\$182.09	\$124.87
EE + Spouse**	\$343.65	\$442.86	\$303.98
EE + Child(ren)**	\$284.00	\$365.81	\$251.31
EE + Family**	\$473.72	\$610.33	\$419.14
\$3,300 Deductible Plan			
EE Only	\$48.53	\$95.18	\$29.86
EE + Spouse**	\$117.25	\$230.41	\$72.00
EE + Child(ren)**	\$96.41	\$189.70	\$59.09
EE + Family**	\$161.18	\$316.98	\$98.87

***Rates do not include relevant surcharges**

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

2025 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	\$212.13
EE + Spouse**	\$512.92
EE + Child(ren)**	\$421.94
EE + Family**	\$705.26
\$1,800 Deductible Plan	
EE Only	\$89.46
EE + Spouse**	\$235.99
EE + Child(ren)**	\$180.40
EE + Family**	\$357.20
\$3,300 Deductible Plan	
EE Only	\$37.77
EE + Spouse**	\$91.25
EE + Child(ren)**	\$75.03
EE + Family**	\$125.43

***Rates do not include relevant surcharges**

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

2025 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	\$55.71
EE + Spouse**	\$480.58
EE + Child(ren)**	\$621.09
EE + Family**	\$891.84

*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	\$82.66
EE + Spouse**	\$177.82
EE + Child(ren)**	\$162.97
EE + Family**	\$253.97

*Rates do not include relevant surcharges

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

2025 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	\$19.25
EE + Spouse**	\$44.53
EE + Child(ren)**	\$42.43
EE + Family**	\$70.51
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)**