

Medical

Aetna and Horizon

Plans & coverage tiers	Preferred biweekly rates ¹	Non-preferred biweekly rates ¹	Aetna Premier biweekly rates ¹
\$900 Deductible Plan (PPO)			
Employee Only	\$103.08	\$122.26	\$95.37
Employee + Spouse/Partner ²	\$249.24	\$295.76	\$230.59
Employee + Child(ren) ²	\$205.03	\$243.39	\$189.66
Employee + Family ²	\$342.70	\$406.75	\$317.03
\$1,850 Deductible Plan (High Deductible)			
Employee Only	\$69.85	\$90.08	\$61.77
Employee + Spouse/Partner ²	\$170.00	\$219.08	\$150.37
Employee + Child(ren) ²	\$140.49	\$180.96	\$124.32
Employee + Family ²	\$234.35	\$301.93	\$207.35
\$3,400 Deductible Plan (High Deductible)			
Employee Only	\$24.01	\$47.09	\$14.77
Employee + Spouse/Partner ²	\$58.00	\$113.98	\$35.62
Employee + Child(ren) ²	\$47.69	\$93.85	\$29.23
Employee + Family ²	\$79.74	\$156.81	\$48.91

¹Rates do not include relevant surcharges.

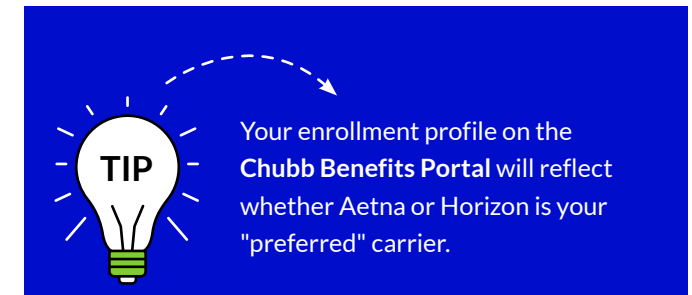
²Includes partner and/or partner's child(ren).

Preferred vs. Non-preferred networks

For Chubb's national medical carriers—Aetna and Horizon—preferred and non-preferred rates measure which carrier is the better performing carrier in a particular area. Depending on where you live, Aetna may be the medical network driving better results through its network and practices. In that case, Aetna would be the “preferred” network in your area and Horizon would be the “non-preferred.”

Aetna Premier Care network

If you select Aetna as your medical carrier, you may have the option to choose the Aetna Premier Care Network depending on your home ZIP code. If you choose the Premier Care network your providers will be limited so it is important to confirm your providers participate in the network.

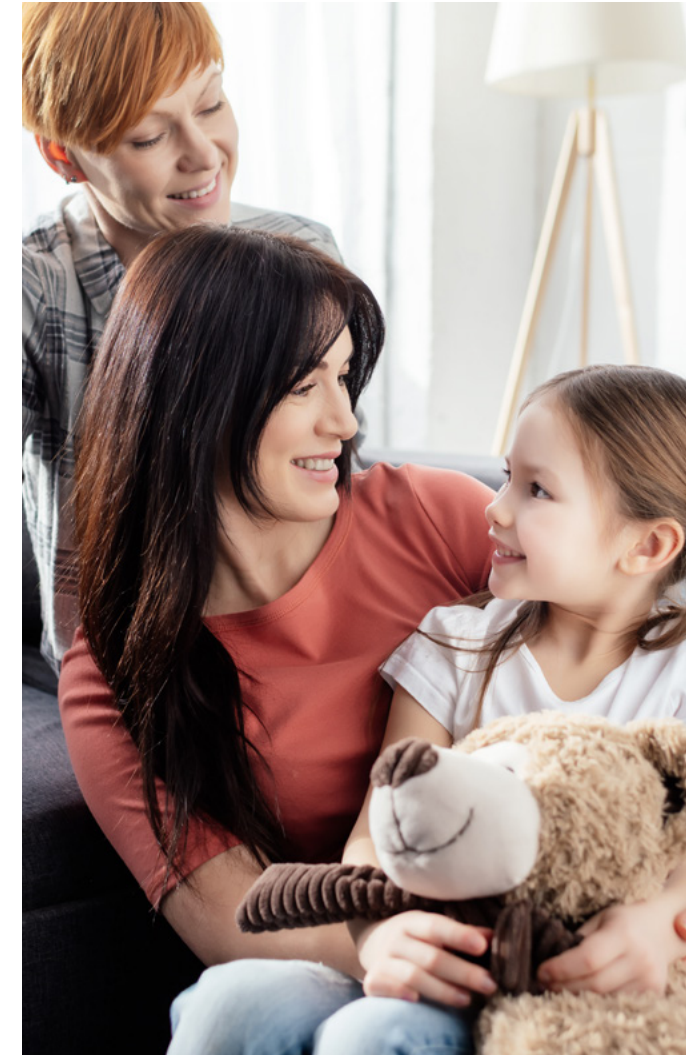


Medical *(continued)**Kaiser (for employees in California)*

Plans & coverage tiers	Biweekly rates ¹
\$900 Deductible Plan (PPO)	
Employee Only	\$109.65
Employee + Spouse/Partner ²	\$265.14
Employee + Child(ren) ²	\$218.11
Employee + Family ²	\$364.57
\$1,800 Deductible Plan (High Deductible)	
Employee Only	\$44.66
Employee + Spouse/Partner ²	\$117.81
Employee + Child(ren) ²	\$90.06
Employee + Family ²	\$178.31
\$3,400 Deductible Plan (High Deductible)	
Employee Only	\$20.11
Employee + Spouse/Partner ²	\$48.59
Employee + Child(ren) ²	\$39.95
Employee + Family ²	\$66.79

¹Rates do not include relevant surcharges.²Includes partner and/or partner's child(ren).*Kaiser (for employees in Hawaii)*

Plans & coverage tiers	Biweekly rates ¹
Employee Only	\$27.51
Employee + Spouse/Partner ²	\$306.73
Employee + Child(ren) ²	\$237.33
Employee + Family ²	\$440.43

¹Rates do not include relevant surcharges.²Includes partner and/or partner's child(ren).

Medical *(continued)*

Surcharges

Tobacco

Chubb medical plans include a tobacco premium surcharge for employees and/or covered spouses/partners who use tobacco products.

Coverage tiers	Monthly	Biweekly
Employee Only	\$50	\$23.08
Employee + Spouse/Partner	\$100	\$46.15
Spouse/Partner Only	\$50	\$23.08

Spousal

If an employee covers a spouse/partner who has access to medical coverage through his/her employer, a surcharge will be applied to your medical plan premiums.

	Monthly	Biweekly
Chubb	\$100	\$46.15

Wellness

The annual surcharge for not completing the biometric screening by the annual deadline is \$625 for employees or \$1,250 for an employee plus spouse/partner.

	Annual	Biweekly
Employee did not complete biometric screening	\$625	\$24.04
Spouse did not complete biometric screening	\$625	\$24.04
Employee + Spouse/Partner	\$1,250	\$48.07



Dental

Plans & coverage tiers	Biweekly rates
Aetna DHMO Dental Plan	
Employee Only	\$2.93
Employee + Spouse/Partner ¹	\$6.48
Employee + Child(ren) ¹	\$6.27
Employee + Family ¹	\$10.96
Aetna Premier Dental Plan	
Employee Only	\$9.23
Employee + Spouse/Partner ¹	\$21.35
Employee + Child(ren) ¹	\$20.34
Employee + Family ¹	\$33.80

¹ Includes partner and/or partner's child(ren).



The DHMO Plan does not provide out-of-network coverage. Check that your dentist is part of the DHMO network before making the switch.

Vision

Plans & coverage tiers	Biweekly rates
EyeMed Vision Plan	
Employee Only	\$3.56
Employee + Spouse/Partner ¹	\$8.03
Employee + Child(ren) ¹	\$6.24
Employee + Family ¹	\$10.70

¹ Includes partner and/or partner's child(ren).



You'll pay less when you stay in the EyeMed network. To search for providers, go to eyemed.com, click "Find an eye doctor" and search the "Insight" network.



Life and accidental death and dismemberment (AD&D)—employee

Monthly rate per \$1,000 of coverage

Age	Nonsmoker	Smoker
24	\$0.043	\$0.051
25-29	\$0.050	\$0.058
30-34	\$0.062	\$0.076
35-39	\$0.068	\$0.081
40-44	\$0.076	\$0.092
45-49	\$0.108	\$0.128
50-54	\$0.161	\$0.193
55-59	\$0.294	\$0.355
60-64	\$0.419	\$0.498
65-69	\$0.798	\$0.945
70-74	\$1.291	\$1.423
75+	\$2.071	\$2.075

- If you want additional financial protection beyond the basic coverage that Chubb provides, you can buy supplemental life and AD&D insurance for yourself and your family. You pay the full cost of this coverage.
- You can elect up to 8x pay for yourself up to a maximum of \$3,000,000.
- If you enroll within 30 days after your date of hire or becoming eligible, you can elect up to 5x your annual base salary up to \$1,000,000 (the guaranteed issue amount) without providing EOI.
- After your initial eligibility, any increase to your supplement life coverage amount will require EOI.

Example	
Age	47
Smoker status	Non-smoker
Annual salary	\$100,000
Supplemental life insurance amount elected	2x annual salary

Calculation

1. Divide amount elected (\$200,000) by \$1,000 (cost per \$1,000 of coverage)
2. Multiply by the rate per \$1,000 of coverage, based on age in the table
3. Multiply by 12 to get an annual cost
4. Divide by 26 to get a biweekly cost

\$200,000/\$1,000	=	\$200.00
\$200 x 0.108	=	\$21.60 (monthly)
\$21.60 x 12	=	\$259.20 (annual cost)
\$259.20/26	=	\$9.97 (biweekly cost)

Rates increase when you move to the next age bracket.

Life and accidental death and dismemberment (AD&D)—spouse/partner

Monthly rate per \$1,000 of coverage

Age	Nonsmoker	Smoker
24	\$0.052	\$0.083
25-29	\$0.060	\$0.090
30-34	\$0.075	\$0.122
35-39	\$0.082	\$0.133
40-44	\$0.100	\$0.164
45-49	\$0.136	\$0.230
50-54	\$0.213	\$0.365
55-59	\$0.397	\$0.686
60-64	\$0.501	\$0.854
65-69	\$0.952	\$1.666
70-74	\$1.533	\$2.568
75+	\$1.533	\$2.075

- You can elect coverage in \$10,000 increments, up to a maximum of \$150,000. If you enroll within 30 days after your date of hire or becoming eligible, you can elect up to \$50,000 (the guaranteed issue amount) without providing EOI.
- You must purchase supplemental employee life coverage for yourself in order to purchase it for your spouse/partner.
- If you and your spouse/partner are both Chubb employees, you cannot purchase supplemental spouse/ partner coverage; you should each enroll separately in supplemental employee life and AD&D insurance if you want extra coverage.
- After your initial eligibility, any increase to your supplement life coverage amount will require EOI.
- Rates increase when you move to the next age bracket.

Example	
Age	47
Smoker status	Non-smoker
Supplemental life amount elected	\$100,000

Calculation

1. Divide amount elected (\$100,000) by \$1,000 (cost per \$1,000 of coverage)

2. Multiply by the rate per \$1,000 of coverage, based on age in the table

3. Multiply by 12 to get an annual cost

4. Divide by 26 to get a biweekly cost

$$\frac{\$100,000}{\$1,000} = \mathbf{\$100.00}$$

$$\$100 \times 0.136 = \mathbf{\$13.60} \text{ (monthly)}$$

$$\$13.60 \times 12 = \mathbf{\$163.20} \text{ (annual cost)}$$

$$\frac{\$163.20}{26} = \mathbf{\$6.28} \text{ (biweekly cost)}$$

Child term life

- You can elect a flat \$10,000 coverage amount for each child.
 - If you elect child life it will cover each dependent child up to age 26.
 - If you and your spouse/partner are both Chubb employees, you cannot cover the same dependent child(ren) under this plan.
- | | Biweekly rate |
|---------------|---------------|
| Employee Rate | \$0.44 |

Personal accident insurance (PAI)

- PAI through Chubb provides financial protection against death or serious injury resulting from an accident. Full or partial benefits are paid, depending on the severity of the loss.
- **You only:** Elect coverage in \$50,000 increments, up to a maximum of \$750,000 or 10x your annual salary, whichever is less. Your PAI benefit will equal 100% of the total coverage amount you elect.
 - **You + family:** Your spouse’s/partner’s PAI benefit will equal 75% of your coverage amount, up to a maximum of \$500,000. Your child(ren)’s benefit will equal 25% of your coverage amount, up to a maximum of \$25,000.

Coverage tiers	Monthly rate per \$1,000 of coverage
Employee Only	\$0.025
Employee + Family	\$0.046



Long-term disability buy-up

You may choose to purchase additional LTD insurance to cover your bonus and/or commissions to receive 60% of your total compensation, up to a combined maximum (your company-provided LTD amount plus your LTD buy-up amount) of \$30,000 per month.

	Age	Biweekly rate
Buy-up (per \$100 of covered payroll)	40	\$0.174
	41-50	\$0.542
	51-60	\$0.968
	61	\$0.889

LTD buy-up example	
Age	45
Eligible performance bonus and/or commission ¹	\$10,000

Calculation

- 1. Divide performance bonus and/or commissions of \$10,000 by 100
- 2. Multiply amount by age-based rate
- 3. Divide by 26 pay periods

\$10,000/100	=	\$100
\$100 x \$0.542	=	\$54.20
\$54.20 / 26 pay periods	=	\$2.08

¹ LTD buy-up is calculated using the eligible bonus and/or commissions earned in the previous year. Your 2026 LTD buy-up uses 2025 eligible earnings.



LTD buy-up is based on your eligible performance bonus and/or commission paid in the prior year.

Critical illness

Protects you from the financial impact of covered illnesses, including heart attack, cancer and stroke. You receive a lump sum cash payment to cover out-of-pocket expenses for anything you need.

Nonsmoker biweekly rates

\$15,000 Lump sum				
Age	Employee	Employee + Spouse/Partner	Employee + Child(ren)	Employee + Family
18-25	\$3.66	\$5.25	\$3.66	\$5.25
26-30	\$4.06	\$5.86	\$4.06	\$5.86
31-35	\$5.28	\$7.69	\$5.28	\$7.69
36-40	\$7.53	\$11.05	\$7.53	\$11.05
41-45	\$9.89	\$14.59	\$9.89	\$14.59
46-50	\$13.95	\$20.69	\$13.95	\$20.69
51-55	\$17.83	\$26.51	\$17.83	\$26.51
56-60	\$24.89	\$37.10	\$24.89	\$37.10
61-65	\$34.08	\$50.88	\$34.08	\$50.88
66-70	\$43.46	\$64.95	\$43.46	\$64.95
71	\$55.94	\$83.68	\$55.94	\$83.68

\$30,000 Lump sum				
Age	Employee	Employee + Spouse/Partner	Employee + Child(ren)	Employee + Family
18-25	\$7.32	\$10.50	\$7.32	\$10.50
26-30	\$8.11	\$11.71	\$8.11	\$11.71
31-35	\$10.56	\$15.37	\$10.56	\$15.37
36-40	\$15.05	\$22.10	\$15.05	\$22.10
41-45	\$19.77	\$29.18	\$19.77	\$29.18
46-50	\$27.90	\$41.38	\$27.90	\$41.38
51-55	\$35.66	\$53.01	\$35.66	\$53.01
56-60	\$49.78	\$74.20	\$49.78	\$74.20
61-65	\$68.15	\$101.75	\$68.15	\$101.75
66-70	\$86.91	\$129.89	\$86.91	\$129.89
71	\$111.88	\$167.36	\$111.88	\$167.36

Critical illness *(continued)**Smoker biweekly rates*

\$15,000 Lump sum				
Age	Employee	Employee + Spouse/Partner	Employee + Child(ren)	Employee + Family
18-25	\$5.21	\$7.58	\$5.21	\$7.58
26-30	\$5.95	\$8.69	\$5.95	\$8.69
31-35	\$8.16	\$12.00	\$8.16	\$12.00
36-40	\$12.21	\$18.08	\$12.21	\$18.08
41-45	\$16.65	\$24.74	\$16.65	\$24.74
46-50	\$24.27	\$36.17	\$24.27	\$36.17
51-55	\$31.96	\$47.70	\$31.96	\$47.70
56-60	\$44.85	\$67.05	\$44.85	\$67.05
61-65	\$61.81	\$92.49	\$61.81	\$92.49
66-70	\$80.84	\$121.02	\$80.84	\$121.02
71	\$105.94	\$158.68	\$105.94	\$158.68

\$30,000 Lump sum				
Age	Employee	Employee + Spouse/Partner	Employee + Child(ren)	Employee + Family
18-25	\$10.41	\$15.15	\$10.41	\$15.15
26-30	\$11.90	\$17.38	\$11.90	\$17.38
31-35	\$16.31	\$23.99	\$16.31	\$23.99
36-40	\$24.42	\$36.15	\$24.42	\$36.15
41-45	\$33.30	\$49.48	\$33.30	\$49.48
46-50	\$48.54	\$72.34	\$48.54	\$72.34
51-55	\$63.91	\$95.40	\$63.91	\$95.40
56-60	\$89.70	\$134.09	\$89.70	\$134.09
61-65	\$123.63	\$184.98	\$123.63	\$184.98
66-70	\$161.68	\$242.04	\$161.68	\$242.04
71	\$211.88	\$317.36	\$211.88	\$317.36

Critical Illness rates are based on the age when the policy is first issued, not your current age. It does not change as you age.

Accident insurance

Helps protect you from unexpected financial stress if you or a covered family member has an accident. It supplements your primary medical plan by providing cash benefits in cases of covered accidental injuries.

Coverage tiers	Biweekly
Employee Only	\$5.08
Employee + Spouse/Partner	\$11.41
Employee + Child(ren)	\$13.05
Employee + Family	\$19.38

Hospital indemnity

Pays cash from day one if you are admitted to a hospital for a covered illness or injury. It will continue to pay a daily lump-sum benefit for each day you remain in the hospital.

Coverage tiers	Biweekly standard rates	Biweekly enhanced rates
Employee Only	\$2.86	\$4.57
Employee + Spouse/Partner	\$6.28	\$10.28
Employee + Child(ren)	\$6.57	\$10.85
Employee + Family	\$9.14	\$14.85



Group legal plan

Give yourself, your spouse/partner and your dependents access to a nationwide network of more than 14,000 attorneys. The MetLife® Legal Assistance Plan offers economical access to attorneys for legal services, such as will preparation, estate planning and family law.

Coverage tiers	Biweekly rates
Employee + Family	\$7.62

Identity theft protection

Norton LifeLock offers proactive identity and credit monitoring to help protect your privacy, identity and finances.

Coverage tiers	Biweekly rates
Employee Only	\$3.69
Employee + Family	\$6.91

Travel 365

Travel 365 offers insurance protection for sickness, injuries and other emergencies that affect personal travel plans.

Insured State of Residence	Biweekly rates		
	Travel 365 Basics	Travel 365 Essentials	Travel 365 Choice
	Employee	Employee	Employee
CT, GA, KS, KY, MA, ME, MI, MN, MS, NC, NE, NH, NM, WV	\$5.54	\$9.08	\$17.46
AK, AL, AR, AZ, CO, DC, DE, FL, HI, IA, ID, IL, IN, LA, MD, MO, ND, NJ, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WY	\$5.42	\$8.96	\$17.27
CA	\$4.62	\$7.58	\$14.57





TIP

Adding dependents to Travel 365

You can add dependent spouse/partner and children. To calculate the rate, find your rate and multiply by the number of covered individuals.