

## Medical

### Aetna and Horizon

Plans & coverage tiers	Preferred biweekly rates <sup>1</sup>	Non-preferred biweekly rates <sup>1</sup>	Aetna Premier biweekly rates <sup>1</sup>
<b>\$900 Deductible Plan (PPO)</b>			
Employee Only	\$96.17	\$114.06	\$88.98
Employee + Spouse/Partner <sup>2</sup>	\$232.54	\$275.94	\$215.14
Employee + Child(ren) <sup>2</sup>	\$191.29	\$227.08	\$176.95
Employee + Family <sup>2</sup>	\$319.74	\$379.50	\$295.79
<b>\$1,850 Deductible Plan (High Deductible)</b>			
Employee Only	\$65.17	\$84.04	\$57.63
Employee + Spouse/Partner <sup>2</sup>	\$158.61	\$204.40	\$140.30
Employee + Child(ren) <sup>2</sup>	\$131.08	\$168.84	\$115.99
Employee + Family <sup>2</sup>	\$218.64	\$281.69	\$193.45
<b>\$3,300 Deductible Plan (High Deductible)</b>			
Employee Only	\$22.40	\$43.93	\$13.78
Employee + Spouse/Partner <sup>2</sup>	\$54.12	\$106.34	\$33.25
Employee + Child(ren) <sup>2</sup>	\$44.50	\$87.55	\$27.27
Employee + Family <sup>2</sup>	\$74.39	\$146.30	\$45.63

<sup>1</sup>Rates do not include relevant surcharges.

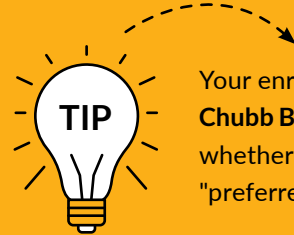
<sup>2</sup>Includes partner and/or partner's child(ren).

### 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.



Your enrollment profile on the **Chubb Benefits Portal** will reflect whether Aetna or Horizon is your "preferred" carrier.

Medical *(continued)*

Kaiser *(for employees in California)*

Plans & coverage tiers	Biweekly rates <sup>1</sup>
<b>\$900 Deductible Plan (PPO)</b>	
Employee Only	\$97.91
Employee + Spouse/Partner <sup>2</sup>	\$236.73
Employee + Child(ren) <sup>2</sup>	\$194.74
Employee + Family <sup>2</sup>	\$325.50
<b>\$1,800 Deductible Plan (High Deductible)</b>	
Employee Only	\$41.29
Employee + Spouse/Partner <sup>2</sup>	\$108.92
Employee + Child(ren) <sup>2</sup>	\$83.26
Employee + Family <sup>2</sup>	\$164.86
<b>\$3,300 Deductible Plan (High Deductible)</b>	
Employee Only	\$17.43
Employee + Spouse/Partner <sup>2</sup>	\$42.12
Employee + Child(ren) <sup>2</sup>	\$34.63
Employee + Family <sup>2</sup>	\$57.89

<sup>1</sup>Rates do not include relevant surcharges.

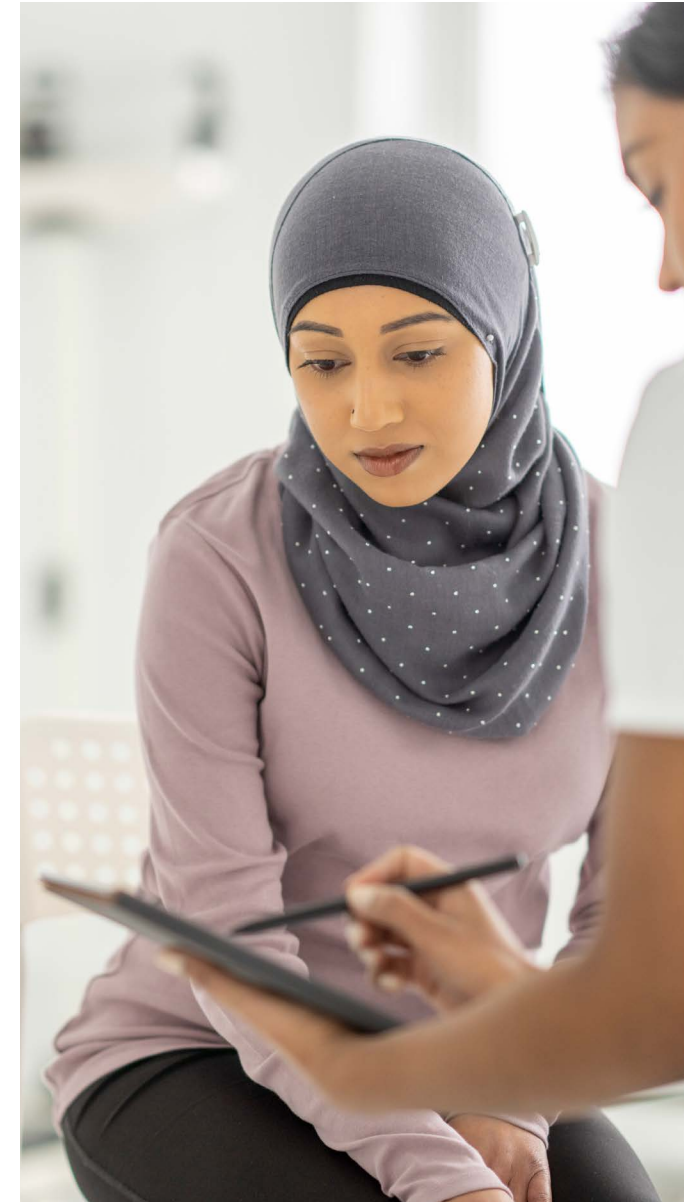
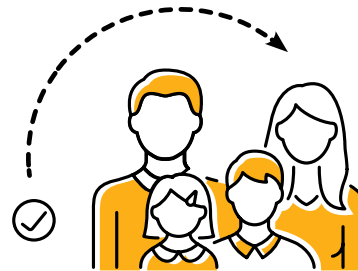
<sup>2</sup>Includes partner and/or partner's child(ren).

Kaiser *(for employees in Hawaii)*

Plans & coverage tiers	Biweekly rates <sup>1</sup>
Employee Only	\$25.71
Employee + Spouse/Partner <sup>2</sup>	\$286.66
Employee + Child(ren) <sup>2</sup>	\$221.81
Employee + Family <sup>2</sup>	\$411.62

<sup>1</sup>Rates do not include relevant surcharges.

<sup>2</sup>Includes 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

**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

