

2025 Chubb COBRA Unsubsidized Monthly Medical Premiums (excluding U.S. Combined Field Agents)

Aetna and Horizon Medical Plans

Plans & Coverage Tiers	Preferred Rates*	Non-Preferred Rates*	Narrow Rates*
\$900 Deductible Plan			
EE Only	\$794.22	\$832.02	\$774.37
EE + Spouse**	\$1,787.02	\$1,878.66	\$1,742.33
EE + Child(ren)**	\$1,389.89	\$1,465.49	\$1,355.15
EE + Family**	\$2,382.68	\$2,508.86	\$2,323.11
\$1,850 Deductible Plan			
EE Only	\$727.01	\$763.64	\$708.82
EE + Spouse**	\$1,635.74	\$1,724.64	\$1,1594.84
EE + Child(ren)**	\$1,272.26	\$1,345.55	\$1,240.44
EE + Family**	\$2,180.99	\$2,303.39	\$2,126.47
\$3,300 Deductible Plan			
EE Only	\$639.12	\$675.19	\$623.13
EE + Spouse**	\$1,438.00	\$1,525.54	\$1,402.05
EE + Child(ren)**	\$1,118.44	\$1,190.62	\$1,090.47
EE + Family**	\$1,917.31	\$2,037.85	\$1,869.38

*Rates do not include relevant surcharges
 **Includes partner and/or partner child(ren)

2025 Chubb COBRA Unsubsidized Monthly Medical Premiums (excluding U.S. Combined Field Agents)

Kaiser (employees in California only)

Plans & Coverage Tiers	Monthly Rates*
\$900 Deductible Plan	
EE Only	\$767.91
EE + Spouse**	\$1,535.81
EE + Child(ren)**	\$1,382.23
EE + Family**	\$2,150.14
\$1,800 Deductible Plan	
EE Only	\$711.34
EE + Spouse**	\$1,422.67
EE + Child(ren)**	\$1,280.41
EE + Family**	\$1,991.74
\$3,300 Deductible Plan	
EE Only	\$574.07
EE + Spouse**	\$1,148.12
EE + Child(ren)**	\$1,033.31
EE + Family**	\$1,607.38

***Rates do not include relevant surcharges**

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

2025 Chubb COBRA Unsubsidized Monthly Medical Premiums (excluding U.S. Combined Field Agents)

Kaiser (for employees in HI)

Plans & Coverage Tiers	Monthly Rates*
Kaiser Medical Plan	
EE Only	\$712.25
EE + Spouse**	\$1,424.49
EE + Child(ren)**	\$1,282.05
EE + Family**	\$2,136.74

*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	\$377.59
EE + Spouse**	\$806.83
EE + Child(ren)**	\$645.28
EE + Family**	\$1,075.77

*Rates do not include relevant surcharges

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

2025 Chubb COBRA Unsubsidized Monthly Dental and Vision Premiums (excluding U.S. Combined Field Agents)

Plans & Coverage Tiers	Monthly Rates*
Aetna DHMO Dental Plan	
EE Only	\$21.80
EE + Spouse**	\$47.47
EE + Child(ren)**	\$38.56
EE + Family**	\$63.91
Aetna Premier Dental Plan	
EE Only	\$54.75
EE + Spouse**	\$123.20
EE + Child(ren)**	\$95.80
EE + Family**	\$164.28
EyeMed Vision Plan	
EE Only	\$7.86
EE + Spouse**	\$17.74
EE + Child(ren)**	\$13.78
EE + Family**	\$23.65

*Rates do not include relevant surcharges
 **Includes partner and/or partner child(ren)