



CHUBB®

Retiree

It's your time

Your 2026 Annual Enrollment Guide

This year's Annual Enrollment is:
October 17 to November 7

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The bswift advantage

Through bswift®, our benefits administrator, benefits are made easy and you will experience:

- **One person to talk to.** A single point of contact will be available to answer questions and help you understand your options, including Medicare, supplemental programs and public exchanges.
- **Help making choices.** If you are a Pre-65 retiree, you can use Emma EnrollPro™, an interactive decision support tool, on the [Chubb Benefits Portal](#).
- **A simple enrollment.** If you and your spouse/partner are in separate plans because one of you is on the pre-65 medical plan and the other is age 65 or older and enrolled in Medicare, you can make elections under one record and receive one monthly invoice.
- **Transfers to the right place.** bswift will transfer you to the appropriate vendors to discuss your pension or 401(k) questions.

Chubb Benefits Service Center:
1-844-58CHUBB
(1-844-582-4822)



Update your favorites

Update your browser favorites to include the Chubb Benefits Portal: [chubb.bswift.com](#).

Or download the bswift mobile app for access to your benefits information on the go. Go to the Apple or Google Play store by searching “bswift.” Enter your preferred email address that is on file with bswift to find your account and log in.

When to enroll

Annual Enrollment for your 2026 benefits is October 17 to November 7, 2025. This is the perfect time to evaluate your plan options and ensure you have the right coverage for you and your family.

During the enrollment window, you can make changes to your retiree medical and dental coverage. Elections you make during the enrollment window will be effective January 1, 2026.

When is your next opportunity to make changes to your coverage?

Once the enrollment window closes, you will not be able to change your benefits during 2026 unless you experience a qualified life event and report it within 30 days of the event.

See [page 7](#) for more information about qualifying life events.



Do you want to make changes to your existing medical or dental coverage?

No

Your benefits will roll over into 2026 UNLESS you and/or your dependents are currently enrolled in the Horizon Medicare Supplemental Plan for Medicare enrolled members. This plan will be discontinued in 2026, and your medical coverage will automatically be changed to the new Medicare plan, the Braven Health Medicare Advantage Prescription Drug (MAPD) plan for 2026.

Even if you are not making changes to your benefits, it is a good idea to log into the [Chubb Benefits Portal](#) to review your elections, dependents and beneficiaries.

Yes

Access your account on the [Chubb Benefits Portal](#) to make your new elections.



If you drop Chubb retiree medical or dental coverage for 2026, you will lose your eligibility for this coverage permanently and will not be able to enroll at a later date.

MyBenefits website
learn.bswift.com/chubb-retiree

- Our benefits website makes it easy to get the information you need to understand and use your benefits.
- Accessible on any connected device from anywhere
 - No login required—family members can use the site, too
 - Get helpful plan details and contact information

Changes for 2026

Horizon Medicare Supplemental plan replaced by the Braven Health Medicare Advantage Prescription Drug (MAPD) plan for 2026

Chubb is replacing the Horizon Medicare Supplemental Plan with the Braven Health Medicare Advantage Prescription Drug (MAPD) plan, which is a Medicare Advantage Drug plan for post-65 Medicare eligible retirees.

Braven Health, an affiliate of Horizon Blue Cross Blue Shield of New Jersey, is lowering health care costs for Medicare-eligible populations, offering benefits and extras that go beyond original Medicare while delivering a better, easier health care experience.

This less expensive alternative acts as your primary medical Medicare plan and includes prescription drug coverage that is administered through Prime Therapeutics, which is Braven Health’s pharmacy benefit manager, (PBM). This means your prescription coverage will no longer be administered through Express Scripts.

The Braven Health MAPD also includes additional benefits that traditional Medicare doesn’t cover such as hearing aids, vision, and access to a nurse hotline.

If you are currently enrolled in the Horizon Medicare Supplemental Plan and do not choose to drop this medical plan during Annual Enrollment, you will automatically be enrolled in the Braven Health MAPD as of January 1, 2026.

\$3,300 Deductible Plan will become the \$3,400 Deductible Plan

Due to required IRS changes, this plan will have higher annual deductibles, effective January 1, 2026:

- In-network: \$3,400/\$6,800 (retiree/family)
- Out-of-network: \$6,800/\$13,600 (retiree/family)

Medical and dental subsidy and life insurance ending

The retiree medical and dental subsidy for legacy Chubb employees has ended. If you are a legacy Chubb employee hired before 1999 or rehired before 2012, you can enroll for eligible coverage during the upcoming Annual Enrollment period, but you will no longer have the subsidy, so you will be responsible for the full cost of those benefits.

Similarly, effective January 1, 2026, retiree life insurance coverage will be eliminated and no longer available for all current and future retirees.

It is important to take the time during Annual Enrollment to visit the Chubb Benefits Portal, review your medical and/or dental plans and make sure your coverage meets your needs.



Chubb Benefits Portal

The **Chubb Benefits Portal** also contains other tools and calculators, such as:

- Doctor/provider look-up through carrier sites
- Videos and articles about your benefits, health and wellness, money management and more

Download the bswift Mobile App

Access your benefits information anytime and from anywhere with the bswift mobile app

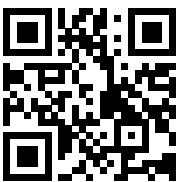
To get started:

- Go to the Apple or Google Play store.
- Search "bswift."
- Enter your preferred email address that is on file to log in.



How to enroll

Enroll by November 7



Go to chubb.bswift.com and use the username and password you previously created. The site is mobile friendly and ready to use on your smartphone or tablet.

If this is your first time signing in?

If this is your first time signing in to the **Chubb Benefits Portal**, you will need to create a new username and password by clicking "First Time User."

Visit the MyBenefits website at learn.bswift.com/chubb-retiree

Our benefits website makes it easy to get the information you need to understand and use your benefits.

- Accessible on any connected device from anywhere
- No login required—family members can use the site, too

Who can be covered

You must be enrolled in a plan yourself to cover dependents. You may only cover dependents who are currently covered; new dependents may not be added to coverage.

What happens if you drop your coverage?

If you drop Chubb retiree medical or dental coverage for 2026, **you will lose your eligibility for this coverage permanently** and will not be able to enroll at a later date.

Have questions?

Chat with a customer service representative at the Chubb Benefits Service Center, Monday through Friday, 8 a.m. to 8 p.m. ET:

- Call 1-844-58CHUBB (1-844-582-4822)
- Use the Chat feature on the **Chubb Benefits Portal** for live assistance from a customer service representative.

Qualifying life events

The benefits you elect will be locked in until the end of 2026 unless you experience a qualifying life event, which includes:

- Divorce, legal separation or end of partnership
- Death of your spouse or covered child
- Loss or addition of other group coverage
- Change in residence that affects your eligibility for coverage
- You or your covered dependent becomes eligible for Medicare

Changes must be made within 30 days of your qualifying life event and are effective as of the date of the event. To make the change, visit the **Chubb Benefits Portal** and follow the instructions. You may also call the Chubb Benefits Service Center at 1-844-58CHUBB.

Pre-65 Medical Benefits

With three medical plans and a range of coverage levels and costs, it can be difficult to decide which option is right for you. Emma EnrollPro on the [Chubb Benefits Portal](#) will help you through the enrollment process, but here are some key things to consider when choosing a medical plan.

1

CHOOSING A PLAN

- \$900 Deductible Plan¹
- \$1,850 Deductible Plan¹
- \$3,400 Deductible Plan¹

How you pay for coverage and care

\$900 Deductible Plan
This plan has a lower deductible and higher premiums, which reduces your out-of-pocket responsibility when you need health care.

\$1,850 Deductible Plan (\$1,800 Kaiser Deductible for Kaiser members) and \$3,400 Deductible Plan
You pay lower premiums but more out of pocket when you need care.

2

CHOOSING A CARRIER

- Aetna
- Horizon
- Kaiser (California and Hawaii only)¹

Plan carriers

When you choose your medical plan, you'll also choose your carrier.

The provider search tool in Emma EnrollPro will help you compare networks so you can make the best choice for you.

3

CHOOSING COVERAGE

- Retiree Only
- Retiree + Spouse/Partner
- Retiree + Child(ren)
- Retiree + Family

Who you cover

New dependents can't be added to coverage. Dependents must have been covered before you retired.



What will you pay?
See [page 27](#) for information about premium rates.

¹ The plans available under Kaiser vary and they work a little differently than the other carriers' plans. For details, see [page 11](#). The deductible in each plan's name reflects retiree-only, in-network coverage. See plan coverage charts for family in- and out-of-network deductibles.

Compare the plans (Aetna/Horizon)

You save money by seeing in-network providers. Remember, your out-of-network expenses do not count toward your in-network deductible or out-of-pocket maximum and vice versa.

For more details on plan coverage, find the [Summary of Benefits and Coverage](#) on the [Chubb Benefits Portal](#) under [Learn>Resource Library>Health](#).

Plan Benefits	PPO Plan	High Deductible Plans	
	\$900 Deductible	\$1,850 Deductible	\$3,400 Deductible
In-network			
Annual deductible (retiree only/family)	\$900/\$1,800	\$1,850/\$3,700	\$3,400/\$6,800
Out-of-pocket maximum (retiree only/family)	\$5,300/\$10,600	\$4,000/\$8,000	\$7,000/\$14,000
Coinsurance	You pay 20%, plan pays 80%	You pay 20%, plan pays 80%	You pay 30%, plan pays 70%
Medical care: Your costs			
Preventive care	You pay \$0 when you get services in-network.		
Office visit (primary care/specialist)	20% after deductible	20% after deductible	30% after deductible
Telemedicine ¹	\$25 co-pay	\$10 co-pay after deductible	\$10 co-pay after deductible
Urgent care visit	20% after deductible	20% after deductible	30% after deductible
Emergency room visit	20% after deductible	20% after deductible	30% after deductible
Out-of-network			
Annual deductible (retiree only/family)	\$3,000/\$6,000	\$3,700/\$7,400	\$6,800/\$13,600
Out-of-pocket maximum (retiree only/family)	\$10,600/\$21,200	\$8,000/\$16,000	\$14,000/\$28,000
Coinsurance	You pay 40%, plan pays 60%	You pay 40%, plan pays 60%	You pay 50%, plan pays 50%
Medical care: Your costs			
Preventive care	Subject to deductible and coinsurance		
Office visit (primary care/specialist)	40% after deductible	40% after deductible	50% after deductible
Urgent care visit	40% after deductible	40% after deductible	50% after deductible

Please review the [Summary of Benefit Coverage](#) on the [Chubb Benefits Portal](#).

¹ Telemedicine through Horizon Care Online, Aetna Teladoc or Transcarent.

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Prescription drug coverage

If you enroll in a medical plan through Aetna or Horizon Blue Cross Blue Shield, your prescription drug benefits will be provided by Express Scripts. You can visit [express-scripts.com](https://www.express-scripts.com) to find a pharmacy near you.

Use your Express Scripts identification card when purchasing any prescriptions to ensure you

are charged the correct amount. If you have any questions, please call Express Scripts at 1-866-544-6884.

If you change your medical plan in 2026, you will not be issued a new Express Scripts ID card. You can continue to use your current ID card regardless of the medical plan you are enrolled (Aetna or Horizon).

	PPO Plan	High Deductible Plans	
	\$900 Deductible	\$1,850 Deductible	\$3,400 Deductible
Retail: 30-day supply			
Generic	30% (min. \$10/max. \$20), no deductible	20% after deductible	30% after deductible
Preferred	30% (min. \$25/max. \$50), no deductible	20% after deductible	30% after deductible
Non-preferred	45% (min. \$40/max. \$80), no deductible	20% after deductible	30% after deductible
Mail order or Smart90 program: 90-day supply			
Generic	30% (min. \$25/max. \$50), no deductible	20% after deductible	30% after deductible
Preferred	30% (min. \$62.50/max. \$125), no deductible	20% after deductible	30% after deductible
Non-preferred	45% (min. \$100/max. \$200), no deductible	20% after deductible	30% after deductible

The pharmacy plans available under Kaiser vary and they work a little differently than the other carriers' plans. For details, visit the [Chubb Benefits Portal](#).

Want to pay less for prescription drugs?

Use these money-saving programs:¹

- **Rx Savings Solutions:** Register at myrxss.com or download the Rx Savings Solutions app to find the best prescription drug prices. Medications will be displayed, along with all options to maximize your savings.
- **Express Scripts Smart90:** Receive 90-day supplies of your long-term medication through mail order or at a participating Walgreens retail pharmacy for added convenience and lower costs.

¹Not available to Kaiser members.

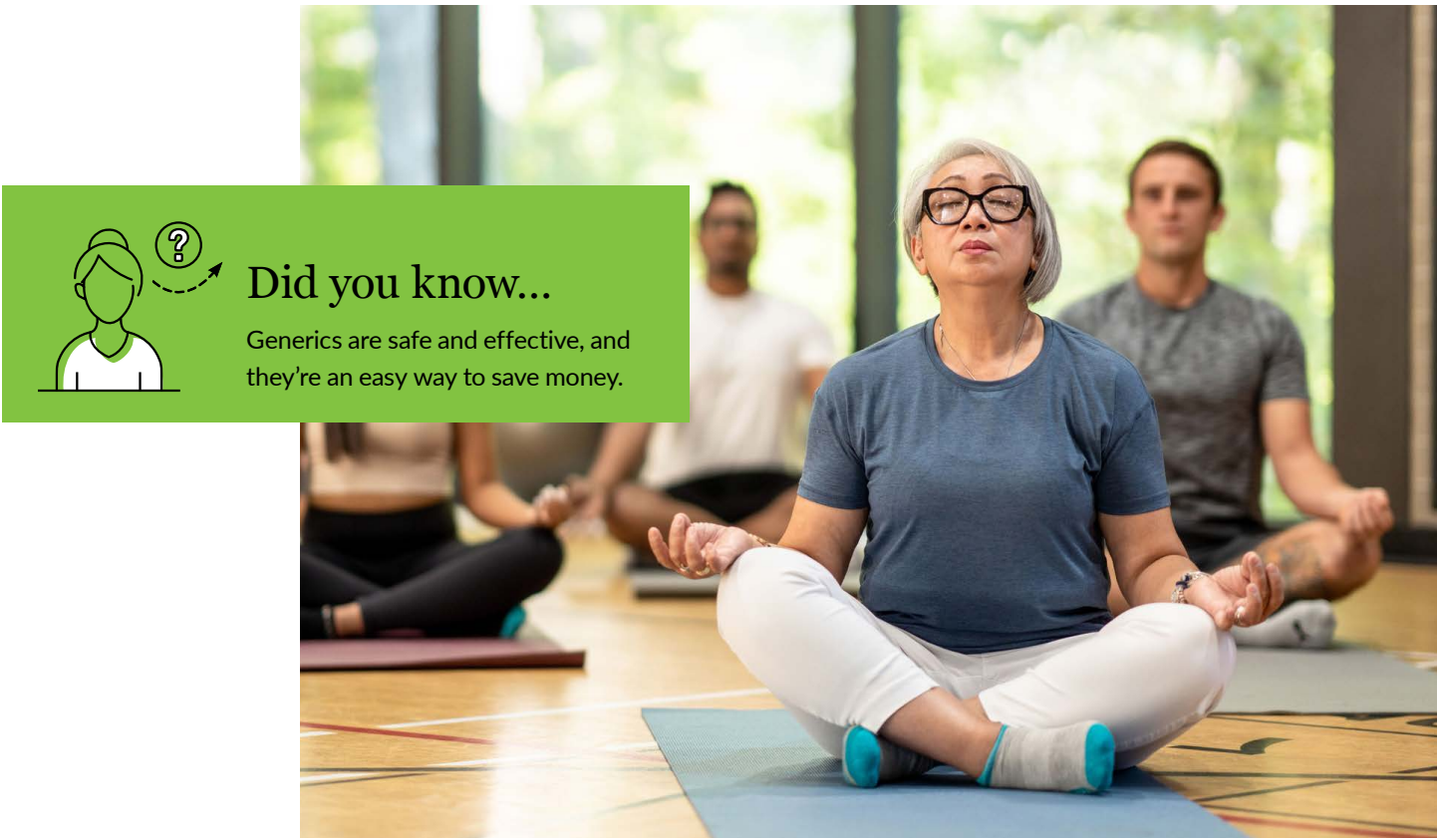
Compare the plans (Kaiser)

Better care from a connected team

If you live in California or Hawaii, you have the option to select medical plans through Kaiser Permanente. Kaiser takes an integrated managed care approach to health care. That means Kaiser is more than an insurance company; it also operates the hospitals and medical offices where you receive care.

Kaiser's doctors, hospitals and health plans are all part of one team. That means your eye doctor can remind you if you're overdue for a cancer screening. If you need to see a specialist, that specialist will have important information about your health before they even meet you in person. When you fill a new prescription, your pharmacist can make sure it's safe to take with your other medications. The app you use to view your lab results is the same one you use to pay your bills.

Although coverage outside the Kaiser network is limited to emergency room visits only, this model enables Kaiser to deliver the right care faster—and help members avoid unnecessary visits, serious health conditions and many of the hassles associated with other kinds of medical plans.



Did you know...
Generics are safe and effective, and they're an easy way to save money.

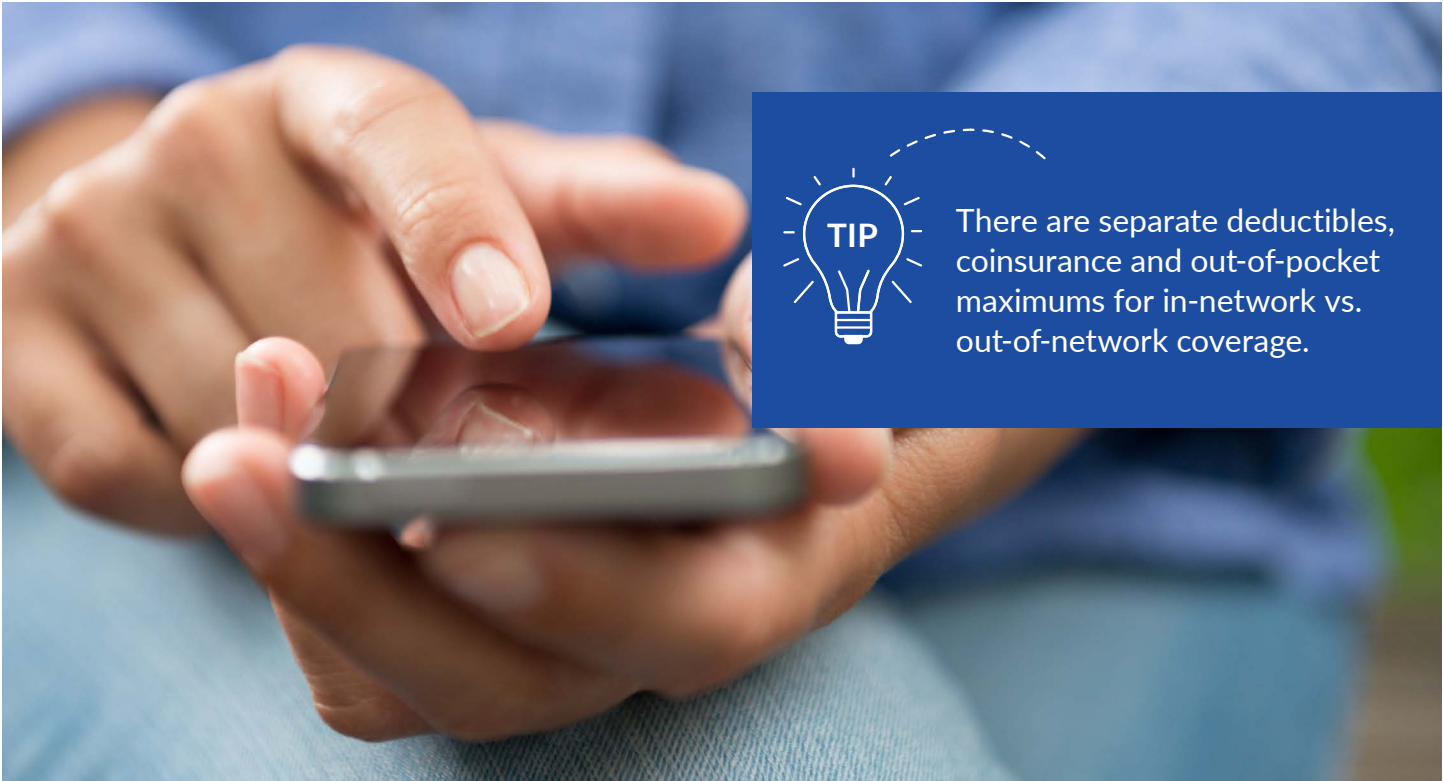
Kaiser California—In-network coverage

Plan	\$900 Deductible	\$1,800 Deductible	\$3,400 Deductible
Annual deductible (retiree only/family)	\$900/\$1,800	\$1,800/\$3,600	\$3,400/\$6,800
HSA eligible	No	Yes	Yes
Annual HSA contribution from Chubb (retiree only/family)	N/A	N/A	N/A
Coinsurance	You pay 20%, plan pays 80%	You pay 20%, plan pays 80%	You pay 30%, plan pays 70%
Out-of-pocket maximum	\$4,800/\$9,600	\$3,600/\$6,450	\$5,350/\$10,700
Medical care: Your costs			
Preventive care	You pay \$0 when you get services in-network		
Office visit (primary care/specialist)	20% coinsurance	20% coinsurance	Primary care: \$30/visit Specialist: \$50/visit
Urgent care visit	20% coinsurance	20% coinsurance	\$30/visit
Emergency room visit	20% coinsurance	20% coinsurance	30% coinsurance

Kaiser California—In-network coverage (continued)

Plan	\$900 Deductible	\$1,800 Deductible	\$3,400 Deductible
Prescription drugs			
Generic drugs	30% coinsurance up to \$20/prescription	Retail: \$10/prescription Mail order: \$20/prescription	Retail: \$15/prescription Mail order: \$30/prescription
Preferred and non-preferred	30% coinsurance up to \$50/prescription	Retail: \$35/prescription Mail order: \$70/prescription	Retail: \$30/prescription Mail order: \$60/prescription
Specialty	30% coinsurance up to \$50/prescription	\$35/prescription	20% coinsurance up to \$250/prescription
Out-of-network coverage is limited to emergency room visits only! If you need out-of-network emergency room care, the plans provide the following coverage.			
Emergency room visit	20% coinsurance	20% coinsurance	30% coinsurance

If you enroll in a medical plan through Kaiser, your prescription coverage is provided through Kaiser. You will use one identification card for both medical and prescription expenses.



Kaiser Hawaii—In-network coverage

Plan	HMO
Annual deductible (retiree only/family)	\$0
HSA eligible	No
Annual HSA contribution from Chubb (retiree only/family)	N/A
Medical care: Your costs	
Preventive care	You pay \$0 when you get services in-network
Office visit (primary care/specialist)	\$15/visit
Urgent care visit	\$15/visit
Emergency room visit	\$100/visit
Imaging (CT/PET scans, MRIs)	You pay 20%, plan pays 80%
Outpatient surgery (facility fees, physician/surgeon fees)	You pay 10%, plan pays 90%
Hospital stay	You pay 10%, plan pays 90%
Prescription drugs	
Generic drugs	Retail: \$10/prescription Mail order: \$20/prescription
Preferred and non-preferred	Retail: \$35/prescription Mail order: \$70/prescription
Specialty	\$200/prescription



How the medical plans work

1 NO COST ➡	2 YOUR COST ➡	3 SHARED COST ➡	4 COST LIMITS
100% coverage for in-network preventive care Preventive care services, such as annual physicals, recommended immunizations and routine cancer screenings, are fully covered by your plan as long as you receive them in your plan's network.	Annual deductible For most non-preventive care, you pay 100% of costs until you meet the annual deductible. There is one exception: In the \$900 Deductible Plan , you and the plan share the cost of prescriptions right away, without needing to meet your deductible first. You'll pay a small percentage, with the plan paying the majority.	Coinsurance Once the deductible is met, you and the plan share any further health expenses until you meet the out-of-pocket maximum.	Annual out-of-pocket maximums Each plan protects you by capping the total amount you'll pay each year for medical care. If you meet the out-of-pocket maximum, the plan pays 100% of your eligible expenses for the rest of the year.

Covering dependents?

Learn how your family's expenses accumulate toward your annual deductibles and annual out-of-pocket maximums.

How do I...	If I'm covering dependents...	
	In the \$1,850 Deductible Plan ¹	In the \$900 and \$3,400 Deductible Plans
Meet the annual deductible?	You must meet your entire family deductible before the plan begins to pay coinsurance for any family member. The individual deductible does not apply.	The plan begins to pay coinsurance for each family member when their individual deductible is met, or for everyone when the family deductible is met.
Meet the annual out-of-pocket maximum?	You must meet your entire family out-of-pocket maximum before the plan begins to pay 100% of covered expenses for any family member. The individual out-of-pocket maximum does not apply.	The plan begins to pay 100% of covered expenses for each family member when their individual out-of-pocket maximum is met, or for everyone when the family out-of-pocket maximum is met.

¹ \$1,800 Deductible Plan for Kaiser enrollees.

Find in-network providers

Search for providers in the Aetna, Horizon Blue Cross Blue Shield and Kaiser networks via your carrier’s website.

Aetna	Kaiser (California and Hawaii)	Horizon Blue Cross Blue Shield
<p>aetna.com/docfind</p> <p>Search as a member by logging into your Aetna account or search as a guest. When prompted to select a plan, you will pick “Aetna Choice POS II (Open Access).”</p>	<p>kp.org</p> <p>Click “Find doctors and locations,” choose your region and enter your search criteria.</p>	<p>horizonblue.com/chubb</p> <p>Click “Doctor & Hospital Finder,” then select your network based on the state in which you reside:</p> <ul style="list-style-type: none">• Network Blue (Florida): JEE• Horizon Direct Access (New Jersey): JEJ• Empire POS (New York): JDU• BlueCard® PPO (all other states): CBZ

Out-of-network means that a doctor or physician does not have a contract with your health insurance plan provider, which can sometimes result in higher prices. To find an in-network doctor, see above.

Get more plan details

For more information about the plans, visit the [Chubb Benefits Portal](https://chubb.bswift.com) at chubb.bswift.com.

Medical ID Cards for the \$3,400 Deductible Plan

If you are enrolled in the \$3,400 Deductible Plan in 2026, whether you get new ID cards depends on the carrier that you choose.

- **Aetna and Kaiser:** You will not receive new cards in the mail but can access digital cards on your online account. You can continue to use your current ID card since your group number and member ID will not change.
- **Horizon:** You will receive new cards in December 2025.

Post-65 Medical Benefits

Chubb offers the following options if you are Medicare eligible:

- **New - Braven Health Medicare Advantage Prescription Drug (MAPD) plan** offered through Braven Health, which is an affiliate of Horizon Blue Cross Blue Shield
- **Senior Advantage Plan** available in California only and offered through Kaiser

Braven Health Medicare Advantage Plan features

The Braven Health Medicare Advantage Prescription Drug (MAPD) plan is lowering health care costs for Medicare-eligible populations, offering benefits and extras that go beyond original Medicare, and delivering a better, easier health care experience.

This less expensive alternative acts as your primary medical plan and includes prescription drug coverage that is administered through Prime Therapeutics, which is Braven Health’s pharmacy benefit manager (PBM). This means your prescription coverage will no longer be administered through Express Scripts.

The Braven Health MAPD also includes additional benefits that traditional Medicare doesn’t cover, such as hearing aids, vision, and access to a nurse hotline.

If you are currently enrolled in the Horizon Medicare Supplemental Plan and do not take any action during Annual Enrollment, you will automatically be enrolled in the Braven Health MAPD as of January 1, 2026.

Prescription drug coverage

Both post-65 options include prescription drug coverage.

Braven Health MAPD

Braven’s comprehensive plan includes prescription drug coverage with \$0 deductible and coinsurance. Low-cost prescription tiers ensure you can get the medicine you need at an affordable price.


Note: Since the Braven Health plan includes prescription drug coverage, your prescriptions will no longer be administered through Express Scripts. Instead, prescription benefits will be managed through Prime Therapeutics, Braven Health’s pharmacy benefit manager (PBM). If you enroll in the Braven Health MAPD, your prescription drug coverage will be administered through Braven Health and Prime Therapeutics.

Kaiser Senior Advantage Plan

If you enroll in a medical plan through Kaiser, your prescription drug benefits are through Kaiser. You will use one identification card for both medical and prescription expenses.

See [page 22](#) for information about post-65 pharmacy coverage and costs

For complete information about prescription drug coverage, visit [My Benefits](#).



If you or you and your spouse/partner are currently enrolled in Chubb's post-65 medical plan and choose to drop the medical coverage effective January 1, 2026, you may be required to provide your new medical carrier with a customized "Guaranteed Acceptance" and "Creditable Coverage" letter. Contact the Chubb Benefits Service Center to request these letters by calling 1-844-58CHUBB (1-844-582-4822), Monday through Friday, 8 a.m. to 8 p.m. ET.

Choosing medical providers

Braven Health Medicare Advantage Plan

The Braven Health Medicare Advantage Plan allows you to direct your own care. This means you can receive care from any doctor, specialist or hospital that you choose. The Braven Health MAPD delivers your Medicare Part A and B benefits, so your claims will not have to be processed through Medicare.

With the Braven Health MAPD, each enrolled member will receive an ID card that can be used when seeing a health care provider and for prescriptions. Your previous Horizon Medicare Supplemental Plan and Express Scripts Rx coverage will end on January 1, 2026.

What will you pay?

See [page 27](#) for information about premium rates.



Kaiser Senior Advantage Plan (for retirees in CA)

Kaiser's Senior Advantage Plan only pays benefits when you visit an in-network provider. To find providers in Kaiser's network, visit [kp.org](#), then click "Find a Doctor" and enter your search criteria.

Where to find care

To locate an in-network doctor, call 1-833-272-8360 or visit [Bravenhealth.com/find-doctor](#). Select "Find a provider in the NJ area" or "Find a provider outside of NJ," based on your location. Then, under "Select a plan," choose "Braven Medicare Group (w/Rx)."

To find preferred in-network pharmacies, go to [MyPrime.com](#). Click on the "Pharmacies" tab, then select "Continue without logging in." In the first drop-down menu, choose "Braven Health," and in the second drop-down menu, select "Braven Medicare Group w/Rx (PPO)" to view participating pharmacies in your area.

Medicare

The federal government provides you with health insurance during retirement—Medicare.

Medicare basics

Generally, you are eligible for Medicare if you are age 65 or older, or if you receive Social Security disability benefits, regardless of your age. Here are a few important things to note:

- If you retire when you are age 65 or older, you are immediately eligible for Medicare.
- If you retire before age 65, you become eligible for Medicare when you reach age 65.
- Once you are enrolled in Medicare, you have the option of signing up for a Medicare Advantage plan, like the Braven Health MAPD available through Chubb. You still keep your Medicare Part A (hospital insurance) and Part B (medical insurance), but instead of getting those benefits directly from the government, you get them through the insurance company. Medicare Advantage plans bundle all your Medicare coverage, including prescription drug coverage.
- Except for cases of Social Security disability, you are not Medicare-eligible if you are under age 65.

How Medicare and your Chubb medical benefits work together

Chubb is offering the Braven Health Medicare Advantage Prescription Drug plan (MAPD) as its option for medical coverage for post-65 retirees. As a Medicare Advantage plan, it works differently than a Medicare Supplemental plan. A Medicare Advantage plan is a type of Medicare health plan offered by private insurance companies, like Braven Health, that are approved by Medicare.

You still keep your Medicare Part A (hospital insurance) and Part B (medical insurance), but instead of getting those benefits directly from the government, you get them through the insurance company. You must stay enrolled in both Part A and Part B and continue paying your Part B premium, even when you join a Medicare Advantage plan.

It's a "one card, one plan" that bundles your Medicare coverage (and often more). The Kaiser Senior Advantage Plan is also a Medicare Advantage plan and works in the same manner. Please carefully review the Braven Health and Kaiser Plan details on the [Chubb Benefits Portal](#) before making your selection.



Medical plans outside of Chubb

*Medicare coverage Parts A and B—
you must enroll when you are first eligible*

You or a covered family member needs to enroll for both Parts A and B of Medicare when you first become eligible. If you do not sign up for Part B when you are first eligible, you may have to pay a late enrollment penalty for as long as you have Medicare. Your monthly premium for Part B may go up 10% for each full 12-month period that you could have had Part B but didn’t sign up for it.

Additionally, enrollment is necessary when first eligible to avoid a gap in coverage. For more information about your Medicare eligibility and to sign up for Parts A and B, call 1-800-MEDICARE (1-800-633-4227) or visit [medicare.gov](https://www.medicare.gov) and click the “Get started with Medicare” button.

Fidelity Medicare Services

You also have access to the resources at Fidelity Medicare Services, which can assist with researching Medicare plan options and compare them with Chubb’s options for retiree health coverage, by phone or online. They can provide education on Medicare coverage that meets your personal needs and preferences.

Call Fidelity Medicare Services at 1-833-886-0033 Monday through Friday, 8:30 a.m. to 8 p.m. ET or visit online at [medicare.fidelity.com/home](https://www.medicare.fidelity.com/home).

SmartConnect

Experts at SmartConnect can help you or your family members navigate Medicare options. They can:

- Offer Medicare education and guidance
- Compare Chubb plan with alternative Medicare plans
- Assist you with decision-making
- Help with enrollment and coordination with the carrier

You may call SmartConnect at 1-877-374-2705, Monday through Friday, 8:30 a.m. to 6 p.m. ET.



Other options for retiree
medical coverage

Instead of Chubb medical coverage, you have the option of purchasing a Medicare supplemental policy directly from an insurance company. The types of plans you can purchase include Medigap policies and prescription drug plans offered through various health care providers, or you

may choose a different Medicare Advantage Plan. The premium for an individual plan may cost less than the plans offered by Chubb. They may include features that Chubb’s medical plans do not have. For information on purchasing this type of retiree medical coverage, visit [medicare.org](https://www.medicare.org).

Plan coverage (Post-65)

In-network coverage


Plan Benefits	Braven Health Medicare Plan with Drug Coverage (MAPD)	Kaiser Senior Advantage Plan
		In-network benefits only
Annual individual deductible (retiree only/family)	None	None
Out-of-pocket maximum (retiree only/family)	None	\$1,000/\$2,000
Your coinsurance ¹	100% coverage	20%
Medical care: Your costs		
Office visit (primary care/specialist)	\$0 co-pay	\$20 co-pay
Inpatient hospital stay	100% coverage	\$500 co-pay per admission
Outpatient hospital visit	100% coverage	\$50 co-pay
Emergency room visit	100% coverage	\$50 co-pay
Prescription out-of-pocket maximum (retiree only/family)	\$2,100	None
Retail prescriptions preferred pharmacy	Preferred Generic: \$3 Generic: \$13 Preferred Brand: \$33 Non-Preferred Brand: \$48 Specialty Tier: 25%	Generic: \$10 co-pay Brand name: \$35 co-pay
30-Day supply at a standard pharmacy	Preferred Generic: \$10 Generic: \$20 Preferred Brand: \$40 Non-Preferred Brand: \$55 Specialty Tier: 25%	N/A
Mail order for 90-day supply	Preferred Generic: \$15 Generic: \$35 Preferred Brand: \$70 Non-Preferred Brand: \$100 Specialty Tier: 25%	Generic: \$10 co-pay Brand name: \$35 co-pay

¹ This is the percentage of what Medicare does not cover.

Dental

Chubb offers two plans covered by Aetna to help you maintain a healthy smile.

If you are currently enrolled in retiree dental coverage—or if you have previously elected to defer retiree dental coverage—you may choose from two Aetna dental plans for 2026. If you have previously waived retiree dental coverage, you are not eligible to enroll.



If you drop Chubb retiree medical or dental coverage for 2026, you will lose your eligibility for this coverage permanently and will not be able to enroll at a later date.



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



Plan coverage

Plan Benefits	PPO Plan	DHMO Plan
In-network		
Annual deductible (retiree only/ family)	\$25/\$75	\$0/\$0
Annual maximum benefit	\$2,500	None
Services:		
• Preventive	You pay \$0	You pay \$0
• Basic	You pay 20%, plan pays 80%	Co-pays vary by service
• Major	You pay 50%, plan pays 50%	Co-pays vary by service
Orthodontia coverage	50%	Co-pays vary by service
Orthodontia lifetime maximum	\$2,500	None
Orthodontia eligibility	Adult and child	Adult and child
Out-of-network ¹		
Annual deductible (retiree only/ family)	\$25/\$75	Not covered
Annual maximum benefit	\$2,500	Not covered
Services:		
• Preventive	You pay \$0	Not covered
• Basic	You pay 20%, plan pays 80%	Not covered
• Major	You pay 50%, plan pays 50%	Not covered
Orthodontia coverage	50%	Not covered
Orthodontia lifetime maximum	\$2,500	Not covered
Orthodontia eligibility	Adult and child	Not covered

¹ Under the PPO Plan, out-of-network benefits are paid at the Usual and Customary (U&C) reimbursement rate, so you may be balance-billed if charges exceed the U&C reimbursement rate.

Resources and contacts

Getting help

Chubb Benefits Center

To talk to a representative, call:

- 1-844-58CHUBB (1-844-582-4822)
- Monday through Friday, 8 a.m. to 8 p.m. ET

Chubb Benefits Portal

chubb.bswift.com

- Get personalized guidance with Emma EnrollPro (Pre-65).
- Visit the Resource Library under the "Learn" section of the [Chubb Benefits Portal](#) to access plan documents, benefit summaries and detailed information on all of Chubb's benefits.
- Chat online on the [Chubb Benefits Portal](#). Click the chat bubble to get live assistance from a customer service representative.

Medicare Concierge

If you are Medicare eligible you may call SmartConnect or Fidelity Medicare Services:

- SmartConnect is available at 1-877-374-2705 Monday through Friday, 8:30 a.m. to 6 p.m. ET
- You can reach Fidelity Medicare Services at 1-833-886-0033 Monday through Friday, 8:30 a.m. to 8 p.m. ET or visit online at medicare.fidelity.com/home.
- The counselors can help you navigate your Medicare options and compare them to your Chubb plan.
- You can share the phone number with family and friends who may need help navigating Medicare.

If your Chubb 401(k) plan account is administered by Fidelity, visit netbenefits.com and make sure your beneficiaries are designated.

MyBenefits Website

Visit learn.bswift.com/chubb-retiree to get the information you need to understand and use your benefits.





Contact information

You can contact our providers directly if you have specific questions about our plans or your personal situation:

Benefit providers			
Benefit	Administrator	Website	Phone number
Medical	Aetna	aetna.com	1-866-562-1880
	Braven Health		Information during AE (non-members): 1-844-296-1421 Starting 1/1/26: Braven Health Member Services: 1-833-272-8360
	Horizon Blue Cross Blue Shield	horizonblue.com/chubb	Members: 1-800-355-2583 Information for non-members: 1-800-722-2583, option 3
	Kaiser (CA & HI)	kp.org	CA Member Services: 1-800-464-4000 HI Member Services: 1-800-966-5955
	Transcarent ¹	webapp.transcarent.ai/activate	1-844-58CHUBB (1-844-582-4822)
Prescription drug	Express Scripts (Aetna and Horizon pre-65 retirees only)	express-scripts.com	1-866-544-6884
	Kaiser	kp.org	1-800-464-4000
	Rx Savings Solutions (Aetna and Horizon only)	myrxss.com	1-800-268-4476
Dental	Aetna	aetna.com	1-877-238-6200
Medicare concierge	SmartConnect	N/A	1-877-374-2705
Medicare concierge	Fidelity Medicare Services	Medicare.Fidelity.com/home	1-833-886-0033

Premium rates

Retiree premium payments can be made via automatic deduction through the [Chubb Benefits Portal](#) or by mailing your payment to bswift, Chubb's benefits administrator. Legacy Chubb retirees can also have premium deductions taken from monthly pension payments.

Medical costs (Pre-65)

Aetna and Horizon

Plans & coverage tiers (under 65)	Access Only
\$900 Deductible Plan (PPO)	
Retiree Only	\$1,628.00
Retiree + Spouse/Partner ¹	\$3,580.00
Retiree + Child(ren) ¹	\$3,252.00
Retiree + Family ¹	\$5,207.00
\$1,850 Deductible Plan (High Deductible)	
Retiree Only	\$1,475.00
Retiree + Spouse/Partner ¹	\$3,248.00
Retiree + Child(ren) ¹	\$2,952.00
Retiree + Family ¹	\$4,723.00
\$3,400 Deductible Plan (High Deductible)	
Retiree Only	\$1,350.00
Retiree + Spouse/Partner ¹	\$2,969.00
Retiree + Child(ren) ¹	\$2,699.00
Retiree + Family ¹	\$4,320.00

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

Kaiser (for retirees in California)

Plans & coverage tiers (under 65)	Access Only
\$900 Deductible Plan (PPO)	
Retiree Only	\$843.19
Retiree + Spouse/Partner ¹	\$1,686.38
Retiree + Child(ren) ¹	\$1,517.74
Retiree + Family ¹	\$2,360.93
\$1,800 Deductible Plan (High Deductible)	
Retiree Only	\$754.28
Retiree + Spouse/Partner ¹	\$1,508.56
Retiree + Child(ren) ¹	\$1,357.70
Retiree + Family ¹	\$2,111.98
\$3,400 Deductible Plan (High Deductible)	
Retiree Only	\$649.28
Retiree + Spouse/Partner ¹	\$1,298.56
Retiree + Child(ren) ¹	\$1,168.70
Retiree + Family ¹	\$1,817.98

Kaiser (for retirees in Hawaii)

Plans & coverage tiers (under 65)	Access Only
HMO Plan	
Retiree Only	\$1,111.64
Retiree + Spouse/Partner ¹	\$2,223.27
Retiree + Child(ren) ¹	\$2,000.94
Retiree + Family ¹	\$3,334.91

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

Medical costs (Post-65)

Plans & coverage tier (65+)	Access Only
Kaiser Senior Advantage Plan	
Retiree Only	\$266.34
Retiree + Spouse/Partner ¹	\$532.68
Retiree + Child(ren) ¹	\$940.89
Retiree + Family ¹	\$1,207.23

Dental costs

Plans & coverage tiers	Access Only
Aetna DHMO Dental Plan	
Retiree Only	\$19.87
Retiree + Spouse/Partner ¹	\$43.28
Retiree + Child(ren) ¹	\$35.15
Retiree + Family ¹	\$58.27
Aetna Premier Dental Plan	
Retiree Only	\$55.76
Retiree + Spouse/Partner ¹	\$125.45
Retiree + Child(ren) ¹	\$97.55
Retiree + Family ¹	\$167.29

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

Braven Medicare Advantage Plan

Plans & coverage tier (65+)	Access Only
Retiree Only	\$486.08
Retiree + 1 Medicare-eligible individual	\$972.16
Retiree + 2 Medicare-eligible individuals	\$1,458.24

Note: When enrolling in the Braven Health Medicare Advantage Prescription Drug (MAPD) plan for you and a dependent, you are enrolling in a single policy for each of you. This means that if you cover a dependent, like your spouse/partner, your dependent will receive their own separate Braven Member ID card/number; however, during the enrollment process in the Chubb Benefits Portal, you will enroll them under your plan as a dependent, not separately. If your dependent is not Medicare-eligible, you will see other coverage options for which they are eligible.

CHUBB®

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