

2026 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	\$851.27	\$891.79	\$829.99
EE + Spouse**	\$1,915.38	\$2,013.60	\$1,867.48
EE + Child(ren)**	\$1,489.72	\$1,570.75	\$1,452.49
EE + Family**	\$2,553.81	\$2,689.07	\$2,489.97
\$1,850 Deductible Plan			
EE Only	\$779.22	\$818.49	\$759.73
EE + Spouse**	\$1,753.24	\$1,848.52	\$1,709.40
EE + Child(ren)**	\$1,363.64	\$1,442.20	\$1,329.54
EE + Family**	\$2,337.65	\$2,468.84	\$2,279.20
\$3,400 Deductible Plan			
EE Only	\$685.02	\$723.69	\$667.89
EE + Spouse**	\$1,541.28	\$1,635.11	\$1,502.76
EE + Child(ren)**	\$1,198.78	\$1,276.13	\$1,168.79
EE + Family**	\$2,055.02	\$2,184.22	\$2,003.66

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

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Kaiser (employees in California only)

Plans & Coverage Tiers	Monthly Rates*
\$900 Deductible Plan	
EE Only	\$860.05
EE + Spouse**	\$1,720.11
EE + Child(ren)**	\$1,548.09
EE + Family**	\$2,408.15
\$1,800 Deductible Plan	
EE Only	\$769.37
EE + Spouse**	\$1,538.73
EE + Child(ren)**	\$1,384.85
EE + Family**	\$2,154.22
\$3,400 Deductible Plan	
EE Only	\$662.27
EE + Spouse**	\$1,324.53
EE + Child(ren)**	\$1,192.07
EE + Family**	\$1,854.34

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

2026 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	\$762.10
EE + Spouse**	\$1,524.21
EE + Child(ren)**	\$1,371.79
EE + Family**	\$2,286.31

*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	\$503.55
EE + Spouse**	\$1,091.75
EE + Child(ren)**	\$887.26
EE + Family**	\$1,455.66

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

2026 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	\$20.27
EE + Spouse**	\$44.15
EE + Child(ren)**	\$35.85
EE + Family**	\$59.44
Aetna Premier Dental Plan	
EE Only	\$56.88
EE + Spouse**	\$127.96
EE + Child(ren)**	\$99.50
EE + Family**	\$170.64
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)