
CHUBB®

2021 Benefits Annual Enrollment
**Medical, Dental &
Vision Rates**
For Active Employees

2021 Active Bi-Weekly Medical Contributions

For Active Employees

Aetna and Horizon

Plans & Coverage Tiers	Non-Preferred Rates*	Preferred Rates*	Aetna Premier Rates*
\$400 Deductible Plan			
EE Only	\$144.26	\$129.21	\$123.15
EE + Spouse**	\$349.22	\$312.71	\$298.05
EE + Child(ren)**	\$287.52	\$257.42	\$245.35
EE + Family**	\$480.40	\$430.14	\$409.96
\$900 Deductible Plan			
EE Only	\$91.60	\$77.23	\$71.46
EE + Spouse**	\$221.60	\$186.74	\$172.78
EE + Child(ren)**	\$182.37	\$153.62	\$142.11
EE + Family**	\$304.77	\$256.78	\$237.54
\$1,850 Deductible Plan			
EE Only	\$62.94	\$48.80	\$43.16
EE + Spouse**	\$153.06	\$118.77	\$105.06
EE + Child(ren)**	\$126.43	\$98.16	\$86.86
EE + Family**	\$210.94	\$163.73	\$144.86
\$2,850 Deductible Plan			
EE Only	\$28.85	\$14.71	\$9.05
EE + Spouse**	\$69.83	\$35.53	\$21.83
EE + Child(ren)**	\$57.49	\$29.22	\$17.91
EE + Family**	\$96.07	\$48.85	\$29.97

Please see the next slide for an explanation of Preferred vs. Non-Preferred rates and Aetna Premier rates

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*Rates do not include relevant surcharges

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

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Aetna and Horizon

Preferred vs. Non-preferred Network

For Chubb's two national medical carriers – Aetna and Horizon – preferred and non-preferred rates are a means by which we 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. Aetna would be the “preferred” network in your area and Horizon would be the non-preferred network. When you log into the Chubb Benefits Marketplace during Annual Enrollment, you'll know which network is your “preferred” network because the premium for that carrier will be lower for the same medical plan.

Aetna Premier Care Rates

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. The Premier Care Network is only available in certain geographic locations. The Premier Care Network is a smaller subset of the broader Aetna network that has demonstrated higher quality, better outcomes and greater cost efficiency. The premium rate under the Premier Care Network is lower than the bigger or broader Aetna network.

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2021 Active Bi-Weekly Medical Contributions

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Optima (for employees in VA)

Plans & Coverage Tiers	Bi-Weekly Rates*
\$400 Deductible Plan	
EE Only	\$129.21
EE + Spouse**	\$312.71
EE + Child(ren)**	\$257.42
EE + Family**	\$430.14
\$900 Deductible Plan	
EE Only	\$77.23
EE + Spouse**	\$186.74
EE + Child(ren)**	\$153.62
EE + Family**	\$256.78
\$1,850 Deductible Plan	
EE Only	\$48.80
EE + Spouse**	\$118.77
EE + Child(ren)**	\$98.16
EE + Family**	\$163.73
\$2,850 Deductible Plan	
EE Only	\$14.71
EE + Spouse**	\$35.53
EE + Child(ren)**	\$29.22
EE + Family**	\$48.85

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Kaiser (for employees in CA)

Plans & Coverage Tiers	Bi-Weekly Rates*
\$400 Deductible Plan	
EE Only	\$133.49
EE + Spouse**	\$323.07
EE + Child(ren)**	\$265.95
EE + Family**	\$444.40
\$900 Deductible Plan	
EE Only	\$79.91
EE + Spouse**	\$193.23
EE + Child(ren)**	\$158.95
EE + Family**	\$265.69
\$1,850 Deductible Plan	
EE Only	\$50.50
EE + Spouse**	\$122.89
EE + Child(ren)**	\$101.56
EE + Family**	\$169.41
\$2,850 Deductible Plan	
EE Only	\$15.22
EE + Spouse**	\$36.77
EE + Child(ren)**	\$30.24
EE + Family**	\$50.55

HMSA (for employees in HI)

Plans & Coverage Tiers	Bi-Weekly Rates*
HMSA Medical Plan	
EE Only	\$23.08
EE + Spouse**	\$257.26
EE + Child(ren)**	\$199.06
EE + Family**	\$369.40

MCS (for employees in Puerto Rico)

Plans & Coverage Tiers	Bi-Weekly Rates*
MCS Medical Plan	
EE Only	\$33.04
EE + Spouse**	\$70.61
EE + Child(ren)**	\$64.28
EE + Family**	\$100.87

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2021 Active Bi-Weekly Dental and Vision Contributions

For Active Employees

Dental

Plans & Coverage Tiers	Bi-Weekly Rates
Aetna DHMO Dental Plan ^	
EE Only	\$2.60
EE + Spouse**	\$5.76
EE + Child(ren)**	\$5.58
EE + Family**	\$9.75
Aetna Premier Dental Plan	
EE Only	\$8.18
EE + Spouse**	\$18.91
EE + Child(ren)**	\$18.02
EE + Family**	\$29.94

^ Note: The DHMO dental plan provides in-network coverage only and requires you to select a primary care dentist to coordinate your care

Vision

Plans & Coverage Tiers	Bi-Weekly Rates
EyeMed Vision Plan	
EE Only	\$3.67
EE + Spouse**	\$8.27
EE + Child(ren)**	\$6.43
EE + Family**	\$11.03

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

Chubb. Insured.