

2027 NXP U.S. benefits rate sheet

2027 Medical Plans	Employee per-pay-period contributions*			
	You Only	You + Spouse	You + Child(ren)	You + Family
Medical Plan 1 (HSA-Eligible)**	\$16.00	\$58.00	\$49.00	\$96.00
Medical Plan 2 (PPO)**	\$41.00	\$107.00	\$92.00	\$171.00
Medical Plan 3 (EPO)**	\$69.00	\$183.00	\$166.00	\$298.00
Kaiser (HMO)***	\$77.00	\$206.00	\$187.00	\$295.00

2027 Dental Plan	Employee per-pay-period contributions*			
	You Only	You + Spouse	You + Child(ren)	You + Family
Delta Dental Plan	\$9.00	\$17.00	\$18.00	\$27.00

2027 Vision Plan	Employee per-pay-period contributions*			
	You Only	You + Spouse	You + Child(ren)	You + Family
VSP Vision Plan	\$6.25	\$11.81	\$12.47	\$19.44

2027 MetLife Legal Plan	Employee per-pay-period contributions*	
	Standard Legal Plan	Plus Parent's Buy-Up Plan
Standard MetLife Legal Plan	\$7.62	\$9.92

2027 ID Watchdog ID Theft Protection Plan	Employee per-pay-period contributions*	
	You Only	You + Family
Essentials (Base) Plan	\$2.26	\$4.11
Platinum Plus (Buy-Up) Plan	\$3.18	\$5.72

*Rates above assume wellness incentive completion.

**A \$50 monthly Tobacco Use Penalty will be assessed in addition to above rates, as applicable.

***Enrollments subject to geographic restrictions.

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