



2026 NXP US Benefits Rate Sheet

Medical plan rates below assume wellness incentive completion and no tobacco use

2026 Medical Plans	EMPLOYEE PER PAY PERIOD CONTRIBUTIONS*			
	You Only	You + Spouse	You + Child(ren)	You + Family
Medical Plan 1 (HSA-Eligible)	\$15.00	\$55.00	\$47.00	\$91.00
Medical Plan 2 (PPO)	\$39.00	\$102.00	\$88.00	\$163.00
Medical Plan 3 (EPO)	\$66.00	\$174.00	\$158.00	\$284.00
Kaiser (HMO)*	\$73.00	\$196.00	\$178.00	\$281.00
Out of Area Plan*	\$39.00	\$102.00	\$88.00	\$163.00
Global International	\$67.20	\$130.27	\$115.80	\$183.72

*Enrollment subject to geographic restrictions

2026 Dental Plans	EMPLOYEE PER PAY PERIOD CONTRIBUTIONS			
	You Only	You + Spouse	You + Child(ren)	You + Family
Delta Dental Plan	\$8.00	\$16.00	\$17.00	\$26.00

2026 Vision Plans	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

2026 MetLife Legal Plan	EMPLOYEE PER PAY PERIOD CONTRIBUTIONS	
	Standard Legal Plan	Plus Parents Buy-Up Plan
Standard MetLaw Legal Plan	\$7.62	\$9.92

2026 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