



2024 NXP US Benefits Rate Sheet

2024 Medical Plans	EMPLOYEE PER PAY PERIOD CONTRIBUTIONS*			
	You Only	You + Spouse	You + Child(ren)	You + Family
Medical Plan 1 (HSA-Eligible)*	\$13.00	\$46.00	\$40.00	\$77.00
Medical Plan 2 (PPO)*	\$32.00	\$86.00	\$74.00	\$137.00
Medical Plan 3 (EPO)*	\$55.00	\$146.00	\$133.00	\$238.00
Kaiser (HMO)**	\$61.00	\$165.00	\$149.00	\$236.00
Out of Area Plan**	\$32.00	\$86.00	\$74.00	\$137.00
Global International	\$45.21	\$96.44	\$84.60	\$139.85

***Rates above assume wellness incentive completion**

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

**Enrollment subject to geographic restrictions

2024 Dental Plans	EMPLOYEE PER PAY PERIOD CONTRIBUTIONS			
	You Only	You + Spouse	You + Child(ren)	You + Family
Delta Dental Plan	\$6.00	\$13.00	\$14.00	\$21.00

2024 Vision Plans	EMPLOYEE PER PAY PERIOD CONTRIBUTIONS			
	You Only	You + Spouse	You + Child(ren)	You + Family
VSP Vision Plan	\$4.00	\$11.00	\$12.00	\$19.00

2024 MetLife Legal Plan	EMPLOYEE PER PAY PERIOD CONTRIBUTIONS	
	Standard Legal Plan	Plus Parents Buy-Up Plan
MetLife Legal Plan	\$7.62	\$9.92

2024 ID Watchdog - ID Theft Protection Plan	EMPLOYEE PER PAY PERIOD CONTRIBUTIONS	
	You Only	You + Family
ID Watchdog - Essentials (Base) Plan	\$2.26	\$4.11
ID Watchdog - Platinum Plus (Buy-Up) Plan	\$3.18	\$5.72

2024 COBRA Contributions	MONTHLY COBRA CONTRIBUTIONS			
	You Only	You + Spouse	You + Child(ren)	You + Family
Medical Plan 1 (HSA-Eligible)	\$614.35	\$1,294.40	\$1,163.03	\$1,984.10
Medical Plan 2 (PPO)	\$652.89	\$1,371.08	\$1,240.51	\$2,056.63
Medical Plan 3 (EPO)	\$678.91	\$1,425.71	\$1,289.93	\$2,138.57
Kaiser (HMO)	\$763.22	\$1,679.08	\$1,526.43	\$2,289.65
Out of Area Plan	\$658.21	\$1,385.24	\$1,249.97	\$2,072.25
Global International	\$653.00	\$1,393.00	\$1,222.00	\$2,020.00
Delta Dental	\$46.01	\$92.02	\$96.62	\$154.14
VSP Vision Plan	\$13.82	\$26.10	\$27.55	\$42.95