



2019 NXP US Benefits Rate Sheet

2019 Medical Plans	EMPLOYEE PER PAY PERIOD CONTRIBUTIONS*			
	You Only	You + Spouse	You + Child(ren)	You + Family
Aetna Choice Plus Plan (EPO, In-network coverage only)	\$45.00	\$110.00	\$100.00	\$176.00
Aetna Choice Plan (PPO)	\$26.00	\$63.00	\$56.00	\$100.00
Aetna Medical Savings Plan (HSA)	\$11.00	\$24.00	\$17.00	\$35.00
Kaiser (HMO)**	\$69.00	\$161.00	\$133.00	\$247.00
Aetna Out of Area Plan**	\$32.00	\$71.00	\$63.00	\$109.00

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

**Enrollment subject to geographic restrictions

2019 Dental Plan	EMPLOYEE PER PAY PERIOD CONTRIBUTIONS			
	You Only	You + Spouse	You + Child(ren)	You + Family
MetLife Dental Plan	\$5.54	\$11.08	\$11.54	\$18.00

2019 Vision Plan	EMPLOYEE PER PAY PERIOD CONTRIBUTIONS			
	You Only	You + Spouse	You + Child(ren)	You + Family
VSP Vision Plan	\$3.05	\$6.12	\$6.48	\$10.36

2019 Supplemental Life Insurance	EMPLOYEE MONTHLY CONTRIBUTION PER \$1,000 OF COVERAGE	
	Non-tobacco	Tobacco
Under 30 years old	\$0.032	\$0.047
30 to 34	\$0.038	\$0.056
35 to 39	\$0.045	\$0.063
40 to 44	\$0.058	\$0.097
45 to 49	\$0.098	\$0.150
50 to 54	\$0.153	\$0.230
55 to 59	\$0.255	\$0.432
60 to 64	\$0.333	\$0.674
65 to 69	\$0.400	\$1.210
70 and older	\$0.400	\$2.060



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2019 Spouse/Domestic Partner Life Insurance	EMPLOYEE MONTHLY CONTRIBUTION PER \$1,000 OF COVERAGE	
	Non-tobacco	Tobacco
Under 30 years old	\$0.032	\$0.047
30 to 34	\$0.038	\$0.056
35 to 39	\$0.045	\$0.063
40 to 44	\$0.058	\$0.097
45 to 49	\$0.098	\$0.150
50 to 54	\$0.153	\$0.230
55 to 59	\$0.255	\$0.432
60 to 64	\$0.333	\$0.674
65 to 69	\$0.400	\$1.210
70 and older	\$0.400	\$2.060

2019 Child Life Insurance	EMPLOYEE MONTHLY CONTRIBUTION
	Flat fee covers all children
Up to age 26	\$2.05

2019 Short Term Disability Buy-up	EMPLOYEE ANNUAL CONTRIBUTION
	\$0.16 per \$100 of Coverage

2019 Hyatt Legal Plan	EMPLOYEE PER PAY PERIOD CONTRIBUTION
	\$7.62

2019 COBRA Contributions	MONTHLY COBRA CONTRIBUTIONS			
	You Only	You + Spouse	You + Children	You + Family
Aetna Choice Plus Plan (EPO)	\$604.29	\$1,269.01	\$1,148.15	\$1,903.52
Aetna Choice Plan (PPO)	\$570.90	\$1,198.90	\$1,084.72	\$1,798.35
Aetna Medical Savings Plan (MSP or HSA)	\$463.07	\$976.71	\$875.59	\$1,507.56
Kaiser (HMO)	\$664.82	\$1,462.58	\$1,329.61	\$1,994.43
Aetna Out of Area Plan	\$604.29	\$1,269.01	\$1,148.15	\$1,903.52
MetLife Dental	\$44.30	\$88.61	\$93.04	\$148.42
VSP Vision	\$6.73	\$13.54	\$14.32	\$22.90