



2025 NXP US Benefits Rate Sheet

2025 Medical Plans	EMPLOYEE PER PAY PERIOD CONTRIBUTIONS*			
	You Only	You + Spouse	You + Child(ren)	You + Family
Medical Plan 1 (HSA-Eligible)*	\$14.00	\$50.00	\$43.00	\$83.00
Medical Plan 2 (PPO)*	\$35.00	\$93.00	\$80.00	\$148.00
Medical Plan 3 (EPO)*	\$60.00	\$158.00	\$144.00	\$258.00
Kaiser (HMO)**	\$66.00	\$179.00	\$162.00	\$256.00
Out of Area Plan**	\$35.00	\$93.00	\$80.00	\$148.00
Global International	\$60.35	\$115.66	\$102.99	\$162.60

***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*

2025 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

2025 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

2025 MetLife Legal Plan	EMPLOYEE PER PAY PERIOD CONTRIBUTIONS	
	Standard Legal Plan	Plus Parents Buy-Up Plan
MetLife Legal Plan	\$7.62	\$9.92

2025 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