



NXP



Dental & Vision Care



NXP

Get Connected to Your Dental & Vision Benefits

Dental Benefits

Vision Care Benefits

Dental Benefits

[MetLife.com/dental](https://www.metlife.com/dental)

Helps in
Maintaining
Good Health

Easy to Use

- Broad network of MetLife participating providers with **MetLife PDP Plus Network**
- No need for ID card; be sure to tell front office you have MetLife

Advantages of MetLife Provider Network

- Highly qualified dentists and other providers
- Negotiated fee = payment in full
- Avoids charges above coverage levels

Dental Benefits

How the Plan Works

Valuable Preventive Services – Each Year	Annual Deductible	Basic Care	Major Care	Orthodontia
<ul style="list-style-type: none">• Two exams and cleanings• X-rays <i>(Subject to limits)</i>• Covered at <i>100% of negotiated fees</i>	<ul style="list-style-type: none">• Out-of-pocket costs paid before benefits begin• \$100 <i>(You Only Coverage), or</i>• \$300 <i>(All other levels)</i>	<ul style="list-style-type: none">• Examples: fillings, endodontics, periodontics and standard procedures• Coverage: 80% of negotiated fees	<ul style="list-style-type: none">• Examples: bridges, dentures and other complex procedures• Coverage: 50% of negotiated fees	<ul style="list-style-type: none">• Examples: bridges, dentures and other complex procedures• Coverage: 50% of negotiated fees

Dental Contributions

2016 Dental Per Pay Period Contributions			
You Only	You & Spouse/ Domestic Partner	You & Child(ren)	Family
\$5.54	\$11.08	\$11.54	\$18.00

Maximum Dental Benefits

- \$2,000 per person per year
- Orthodontia \$2,000 *lifetime* maximum per person

Vision Care Benefits

Vision Services Plan (VSP)

2016 Vision Per Pay Period Contributions

You Only	You & Spouse/ Domestic Partner	You & Child(ren)	Family
\$2.83	\$5.69	\$6.02	\$9.63

VSP Choice Network

Network of
optometrists
and other
optical providers

Access to care
at “name-brand”
entities

- LensCrafters
- Sears
- Target
- JCPenney
- Pearle Vision

No need for
ID card

*Tell front office
you have VSP
Choice*

Vision Care Benefits

What's Covered

Vision Benefit	Description	Copay
Vision Examination	Well Vision Exam to focus on eye health	\$10
Prescription Glasses	20% savings on additional glasses and sunglasses	\$10
Frame	\$150 allowance (\$170 for featured brand); followed by 20% discount	Included in Prescription Glasses copay
Lenses	Single vision, lined bifocal, and lined trifocal lenses; polycarbonate lenses for children	Included in Prescription Glasses copay
Lens Enhancements	Standard, Premium & Custom progressive lenses; discounts on other enhancements	\$55 – \$175, depending on type
Contacts (Instead of glasses)	\$150 allowance for contacts and contact lens exam (fitting and evaluation); 15% savings on a contact lens exam (fitting and evaluation)	\$0 Up to \$60

Other savings available — see [NXP.com/benefits](https://www.nxp.com/benefits)



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Annual Benefits Enrollment:
November 30 – December 4

Dental Benefits

Vision Care Benefits