



MEDICAL PLAN 1 USER'S GUIDE

KNOW WHAT TO EXPECT

Read this guide to learn more about how to use your medical plan all year round. You can also visit nxp.com/benefits for all the details!





Medical Plan 1 at a Glance

Great news! You've selected health coverage that will offer you and your family protection and savings, and this guide will help you navigate your plan like a pro in no time. Follow the road map below to get an idea of how it all works, then read on for a more detailed

STEP 1

Look at each part of your plan.

Enroll in both the Health Savings Account (HSA) and Medical Plan 1 to receive the full benefit.

NXP puts \$500 (employee only) or \$1,000 (family) into your account. Plus, you add whatever amount you want, tax-free, from your paycheck throughout the year (subject to IRS limits).

After you enroll, activate your HSA account with Fidelity on the nxp.com/benefits site.

You will receive an HSA debit card in the mail from Fidelity. Make sure to activate it to access your funds.

STEP 2

Use your UnitedHealthcare ID card when you go to the doctor for preventive care (checkups, screenings, vaccines, well-baby care, etc.).

You'll pay nothing; preventive care is 100% covered when you see in-network providers.

STEP 3

Use your UnitedHealthcare ID card at the doctor when you or a family member is sick or hurt, or use your CVS Caremark® ID card when you get a prescription filled.

You'll pay 100% of discounted medical and prescription drug costs until you meet your deductible.

You can pay out-of-pocket. Or, if you have funds in your HSA, you can use your HSA debit card.

STEP 4

Once your deductible is met for the year, your coinsurance kicks in for medical and prescription drug costs.

You'll pay 20% of the discounted cost, either out-of-pocket or with HSA funds when you see in-network providers. NXP will pay 80% of the cost.

STEP 5

Manage and change your pre-tax HSA contributions anytime during the year.

Decide how to use the funds: You can apply them toward your deductible, coinsurance, dental, vision and other eligible healthcare expenses.

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Medical Plan 1: The Basics

Your plan essentially has two parts—protection you need and savings you'll appreciate.

PART 1: COVERAGE AND PROTECTION

Medical Plan 1 includes discounted medical coverage through UnitedHealthcare — plus discounted prescription drug coverage through CVS Caremark.

WHO PAYS FOR WHAT?

Here's how your medical coverage and HSA work together:

PART 2: SAVINGS

The Health Savings Account (HSA) lets you set aside tax-free dollars up to an annual IRS limit to pay for out-of-pocket healthcare expenses (such as your deductible or coinsurance). NXP makes a contribution to your HSA, and you can make additional contributions. The money is yours, even if you decide to leave or retire from NXP. Once your HSA balance reaches \$1,000, you may invest your account for further growth.

You Pay	You + NXP Pay	NXP Pays
<p>Annual Deductible You pay the full cost of covered medical services and prescription drugs until you reach the annual deductible. You pay the discounted price UHC and Caremark have negotiated. The amount you spend for medical and prescription drugs accumulates toward your annual deductible and resets every January 1.</p> <p>In-Network Deductible: You Only: \$1,500 You + Spouse: \$3,000 You + Child(ren): \$3,000 You + Family: \$3,000</p> <p>Out-of-Network Deductible: You Only: \$7,500 You + Spouse: \$15,000 You + Child(ren): \$15,000 You + Family: \$15,000</p>	<p>Coinsurance Once you reach the annual deductible, you and NXP share the cost of covered medical services and prescription drug expenses.</p> <p>In-Network Coinsurance: NXP pays 80% You pay 20%</p> <p>Out-of-Network Coinsurance: NXP pays 50% You pay 50%</p>	<p>Annual Out-of-Pocket Maximum This is the most you would have to pay in a year for covered medical and prescription drug costs.</p> <p>If you reach the out-of-pocket maximum, NXP pays 100% of eligible medical and prescription drug expenses for the rest of the year. The amount you spend for medical and prescription drugs accumulates toward your out-of-pocket maximum and resets every January 1.</p> <p>In-Network Out-of-Pocket Maximum You Only: \$4,000 You + Spouse: \$7,350 You + Child(ren): \$7,350 You + Family: \$7,350</p> <p>Out-of-Network Out-of-Pocket Maximum You Only: \$12,500 You + Spouse: \$25,000 You + Child(ren): \$25,000 You + Family: \$25,000</p>

Health Savings Account*

You can use the money in your HSA to pay the deductible and coinsurance, or you can pay for your expenses out-of-pocket and save your HSA for future eligible healthcare expenses, even in retirement.

NXP's HSA contribution is made the first week of the month following your enrollment:

You Only: \$500

You + Spouse: \$1,000

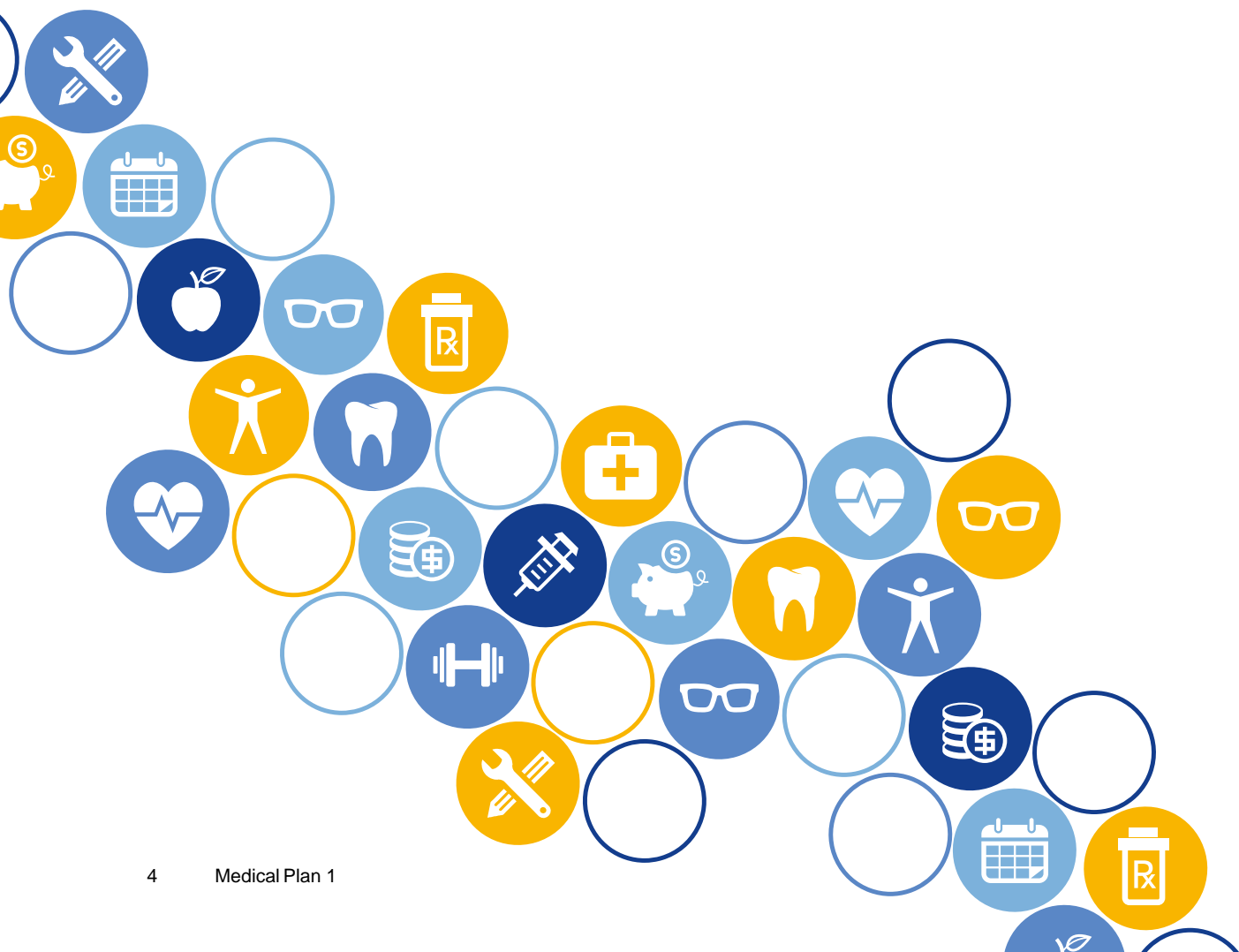
You + Child(ren): \$1,000

You + Family: \$1,000

** If you are hired by NXP during the year, your NXP HSA contribution will be prorated.*

How does the deductible and out-of-pocket maximum work for a family?

Medical and prescription drug expenses from any covered family members collectively count toward the family deductible and out-of-pocket maximum. In other words, the in-network family deductible of \$3,000 must be reached (even if by just one member of that family) before the coinsurance benefit applies for that individual. The family deductible can be met by one family member or a combination of family members, however there are no coinsurance benefits for the family until expenses equaling \$3,000 (the in-network family deductible amount) have been incurred. This same accumulation strategy applies to the family out-of-pocket maximum. Remember, the family deductible and out-of-pocket maximum apply to any employee who is covering a dependent, even if it's just you and your spouse. In addition, your deductible and out-of-pocket maximum are reset annually.



What's a Health Savings Account (HSA)?

The HSA is an account that you own where you and NXP can set aside pre-tax dollars to cover eligible health care expenses, like your deductible, coinsurance, dental, or vision expenses.

HOW THE HSA WORKS

SAVE IT

You can build your HSA balance through NXP's contribution and your own, up to IRS limits (below):

- **NXP contributes:** \$500 for an employee only or \$1,000 for you and spouse, you and child(ren), or you and family. The contribution is deposited into your account the first week of the month following your enrollment. You contribute: *Pre-tax* dollars from your paycheck—and you can make changes to that election all year long by visiting nxp.com/benefits and logging in to the Fidelity site.
- **Maximum HSA contributions:** The IRS sets annual maximums for HSA contributions. For 2021, the maximum is \$3,600 if you have individual coverage and \$7,200 if you cover any eligible family members. You can also contribute an additional \$1,000 “catch-up” contribution if you are age 55 or older by year-end. These maximums include both your contributions and NXP's contributions.

Note: Due to federal regulations, children and same-sex spouses/domestic partners who are not your federal tax dependents are not considered eligible family members for purposes of HSA contributions or using HSA funds to pay for eligible expenses.

GROW IT

You can use your HSA to get a head start on saving for the future. In fact, you get a triple tax advantage:

- If your contributions are automatically deducted from your paycheck before taxes are taken out.
- When your balance reaches \$1,000 and your HSA starts earning interest tax-free. You can also invest your funds for more potential earnings; fees may apply. Visit nxp.com/benefits and log in to the Fidelity site for more information.
- You can use tax-free money to pay for eligible healthcare expenses.

Note: HSA contributions and distributions don't increase your income taxes, but you will need to note them during your annual tax filing. You'll receive a 1099 and a 5498 form for this purpose. Remember, HSA laws vary state by state. NXP recommends that you seek advice from a tax advisor or go to irs.gov for more information.

MANAGE IT

Your HSA operates like a personal savings account, so it's important that you manage your account carefully by keeping track of deposits, withdrawals, and your available balance.

Just visit nxp.com/benefits and log in to the Fidelity site to:

- Change your HSA account contributions
- Check your HSA balance
- Request reimbursement
- Designate your beneficiary(ies)

HSA Quick Facts

Enrollment required

When you enroll, remember to enroll in both the Health Savings Account and Medical Plan 1.

Fast access

The money is available for use as soon as it's deposited. NXP's contribution is made the first week of the month following your enrollment.

Debit card convenience

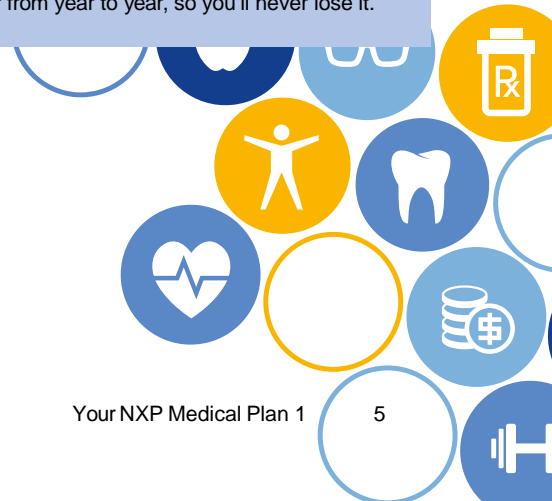
The card makes it easy to access your HSA funds. No need to file claims! However, keep your receipts in case you need to provide proof of your eligible expenses to the IRS. When you get your card in the mail, don't forget to activate it by calling the phone number on your debit card.

You keep it

Your HSA money is yours to keep, even if you leave NXP.

Rollover

Your balance rolls over from year to year, so you'll never lose it.



Putting it Together: How to Pay

You have a choice when it comes to paying for services. You can pay with money in your HSA, or you can pay out-of-pocket and save your HSA for future health care expenses.

MEDICAL CARE

STEP 1 SCHEDULE YOUR VISIT.

You'll pay less when you use in-network UnitedHealthcare providers since they've agreed to negotiated fees.

STEP 2 PRESENT YOUR MEDICAL ID CARD.

In-network doctors and hospitals will submit a claim to UnitedHealthcare for you. You'll be billed later, or they may also ask you to pay a portion of the cost up front and bill you for the rest later.

Out-of-network providers might ask you to pay the full amount immediately when you receive care.

STEP 3 REVIEW THE EXPLANATION OF BENEFITS (EOB).

An EOB is not a bill and is typically mailed or available online (if you elected to go paperless) after your visit. It will show your provider's charges, the negotiated amount UnitedHealthcare agreed to pay, how much is covered, and the amount you owe. If you haven't met your deductible, you will owe the entire negotiated amount. Keep the EOB because you'll need it for the next step.

STEP 4 REVIEW YOUR PROVIDER'S BILL.

A provider's bill typically arrives in your mail after the EOB. The amount you owe on the provider's bill should match what's shown as "your responsibility" on the EOB. If it doesn't, call UnitedHealthcare at **(844) 210-5428**.

STEP 6 PAY YOUR SHARE.

You can pay your provider out-of-pocket, or you can use the money in your HSA to cover the expenses. There are two ways to use those funds.

USE HSA FUNDS IMMEDIATELY: In-network providers will send you a bill for your share of the cost, and most will give you the option to pay with your HSA debit card or simply swipe your card to pay for eligible expenses that may be due at the time of service.

PAY OUT-OF-POCKET AND REQUEST REIMBURSEMENT LATER:

Log on to www.nxp.com/benefits and log in to the Fidelity site to make deposits from your available HSA balance into your personal checking, savings, or money market account. Just make sure you hang on to receipts from expenses that will need to be reimbursed later. There isn't an annual deadline for requesting reimbursement from your HSA. You can request reimbursement at any time as long as the expense is an eligible healthcare expense. For more information on eligible HSA expenses review Publication 969 at irs.gov.

HSA Quick Facts

MONEY-SAVING TIPS

Being a wise healthcare consumer will protect your health and your wallet—and help your HSA funds go further.

- **Take advantage of preventive care for you and your covered family members.** Preventive care is covered at 100% with in-network providers.

- **Use in-network providers**, who have agreed to negotiated costs. Visit myuhc.com or call UnitedHealthcare at **(844) 210-5428** to find a network doctor.

- **Get the best price on prescriptions.** Call CVS Caremark at **(877) 505-8360** or visit Caremark.com to find out where you can get the best rates on the medicines you need.

SAVE MONEY WITH VIRTUAL VISITS.

You can consult U.S. board-certified doctors who can resolve many of your minor medical issues, 24 hours a day, 7 days a week, by phone or online. Virtual Visits cost significantly less than urgent care and emergency room visits. As a Medical Plan 1 enrollee, you'll pay \$49 or less per visit.

Virtual Visit doctors can diagnose non-emergency medical problems, recommend treatment and even call in a prescription to your pharmacy of choice, when necessary for conditions like:

- Respiratory infections
- Ear infections
- Urinary tract infections
- Allergies
- Colds and flu
- Sore throat
- Pinkeye

Register for Virtual Visits now at myuhc.com/virtualvisits, so you're ready for whatever comes your way.

The Cost Savings Continue Because you enrolled in Medical Plan 1, you'll find certain preventive generic drugs (maintenance medications only) are fully covered at no cost to you. If you want to review the list of these medications, visit Caremark.com.

Prescription Drugs

STEP 1

Present your CVS Caremark ID card to the pharmacist. Like your medical ID card, your prescription ID card has key information about your coverage and helps ensure that what you spend is counted toward your deductible and out-of-pocket maximum.

STEP 2

Pay your share of the cost. Remember that medical and prescription drug costs are subject to the same annual deductible. You'll have to pay the full discounted price for your medication at the pharmacy when you pick up your prescription. After you meet the deductible, you'll owe 20% coinsurance. You can pay out-of-pocket, or you can use your HSA funds, if available.

STEP 3

Learn how to save on prescription drugs. Choosing generic drugs when appropriate and understanding how the CVS Caremark formulary works can help you save money. For more information, go to [Caremark.com](https://www.caremark.com) or call CVS Caremark (877) 505-8360.

Preventive Generic Drugs

Remember, preventive generic drugs (maintenance medications only) are now fully covered at no cost to you. If you want to review the list of these medications, visit [Caremark.com](https://www.caremark.com) or call CVS Caremark (877) 505-8360.

WHAT IF...

My provider requires me to pay the full amount or a portion of the bill up front at the time of service? Most providers will bill UnitedHealthcare, then bill you for the balance once the claim has been processed. If you do have to pay up front, make sure to compare the amount you paid at the time of service with the patient responsibility amount when you get your EOB to ensure you have not overpaid.

I don't have enough funds in my HSA to cover my out-of-pocket costs? You can pay out-of-pocket and then request reimbursement from your HSA later in the year, after the HSA balance has grown. Be sure to keep the receipt so you can pay yourself later when you've accumulated more funds in your HSA.

If I'm enrolled in family coverage, do I just need to meet the individual deductible and out-of-pocket maximum to have the benefit? Or do I have to reach the family limit for benefits to begin? In Medical Plan 1, your family must meet the entire family limit before anyone receives benefits.

In other words, the Medical Plan 1 in-network family deductible of \$3,000 must be reached (even if by just one member of that family) before the coinsurance benefit applies for that individual.

The family deductible can be met by one family member or a combination of family members. However, there are no benefits until expenses equaling \$3,000 (the in-network family deductible amount) have been incurred. This same accumulation strategy applies to the family out-of-pocket maximum.

See the Medical Plan 1 deductibles and out-of-pocket limits below:

Medical Plan 1 (In-Network) Deductible and Out-of-Pocket Maximum

You Only:

Deductible is \$1,500 and out-of-pocket maximum is \$4,000

You + Spouse:

Deductible is \$3,000 and out-of-pocket maximum is \$7,350

You + Child(ren):

Deductible is \$3,000 and out-of-pocket maximum is \$7,350

You + Family:

Deductible is \$3,000 and out-of-pocket maximum is \$7,350

For more details, visit npx.com/benefits.

Additional Considerations

LIMITED USE FLEXIBLE SPENDING ACCOUNT (FSA)

There are limitations on using a Health Care Flexible Spending Account if you enroll in a Health Savings Account (HSA) based on IRS rules established to ensure proper tax treatment.

If you're enrolled in an HSA, only dental and vision expenses can be reimbursed through your Limited Use Flexible Spending Account. The Limited Use Flexible Spending Account cannot be used to reimburse you for any medical or prescription expenses. For more information on your Limited Use Flexible Spending Account and how it works with your HSA [click here](#) or, visit nxp.com/benefits.

ELIGIBLE EXPENSES

You can use your HSA to pay for quite a few things: deductibles and coinsurance, dental and vision costs, just to name a few.

Visit the Fidelity Health Savings Account website at nxp.com/benefits or [click here](#) for a list of eligible expenses. Or, visit irs.gov and see IRS Publications 501 and 502 for a complete list of eligible expenses.

HSA ELIGIBILITY REQUIREMENTS

- You must be enrolled in NXP's Medical Plan 1.
- You cannot have coverage for medical care under a plan that is not a High-Deductible Health Plan (HDHP), including coverage as a dependent under another plan (for example, under your spouse's plan) or your spouse's Health Care Flexible Spending Account.
- You cannot be enrolled in Medicare. If you become eligible for and enroll in either Medicare Part A or Part B, your eligibility to make contributions to an HSA or to receive NXP's HSA contributions ends on your Medicare effective date.
- You cannot be claimed as a dependent on someone else's federal tax return.

In addition, although you can enroll your domestic partner, children of your domestic partner, and children up to age 26 in your medical coverage, you can't use money from your HSA to pay their health care expenses unless you claim them as dependents on your federal income taxes. (This generally applies to children over age 18, or over age 22 if they are full-time students.)

What happens to your Health Care Flexible Spending Account (FSA) balance when you move to Medical Plan 1?

The NXP plan automatically treats an individual who elects coverage in Medical Plan 1 the following year as enrolled in the Limited Use Flexible Spending Account and carries over any eligible unused amounts (\$500 or less) from the Healthcare Flexible Spending Account to the Limited Use FSA, regardless of whether you make an election toward the Limited Use FSA in the new plan year. For more information, visit nxp.com/benefits.

Resources to Help You

NXP Benefits Service Center	(888) 375-2367	nxp.com/benefits
UnitedHealthcare Medical	(844) 210-5428	myuhc.com
Employee Assistance Program Confidential Help 24/7	(866) 248-4094	liveandworkwell.com Access code: NXP
CVS Caremark Prescription Drug Plan	(877) 505-8350	caremark.com
IRS	(800) 681-4815	irs.gov
Virtual Visits (including Teladoc)		myuhc.com/virtualvisits



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This mailer is a summary of NXP benefits. Please note that the official plan documents and insurance contracts serve as the final authority in all matters related to plan provisions, operations, and administration, and control over any error, omission, or ambiguity contained herein. If there is any discrepancy between the information provided in this mailer and provisions of the plan documents, the plan documents will govern.

*NXP has the right to terminate, suspend, withdraw, amend, or modify the plans, in whole or in part, at any time for any reason. If you have any questions on the information provided in this mailer, please contact NXP Benefits Service Center at **(888) 375-2367**.*



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