



PHILIPS

Lighting
Benefits Choices
2017



2017 Open Enrollment

Your health & well-being

Make your benefit choices: October 17 – 31, 2016

Choosing benefits for 2017

Enroll in your 2017 benefits from October 17 – 31, 2016

Open Enrollment is your opportunity to select certain benefits that take effect on January 1, 2017 (unless you experience a qualified life event during the year).

Every year, it's a good idea to evaluate your needs and consider your options for the benefits you need to elect during the Open Enrollment period.

If you want the following benefits for 2017, here's what you must do by October 31:

Benefits to consider	Take Action!
1. Medical 2. Dental 3. Vision	Elect the coverage you want for 2017. (If you don't make an election, your current elections will roll over to 2017.)
4. Flexible Spending Accounts (FSA) Healthcare and/or Day Care	Designate an annual 2017 contribution amount. (If you don't make an election, you will not be enrolled for 2017.) <i>Reminder:</i> You cannot enroll in both the Healthcare FSA and the HSA.
5. Health Savings Account (HSA) The HSA is only available if you're enrolled in an Account-Based Health Plan (ABHP) for medical coverage.	<ul style="list-style-type: none"> - If you're currently enrolled in an ABHP with the HSA and continue in 2017, you can choose to let your 2016 HSA contribution election automatically roll over to 2017, up to IRS limits or, you can choose to change your 2017 contribution amount - If you are new to the HSA in 2017, you will need to confirm eligibility and elect how much you would like to contribute in 2017, if anything. <i>Reminder:</i> You do not need a life event to change your HSA contribution amount throughout the year. You can make a change at any time.

To make your elections, visit Benefits Central. (Instructions and tips included on [page 10](#).)

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If you find you need to print this guide, please only print in black and white.

What's the **same** and what's **new**

What's the same for 2017?		
Open Enrollment website for information	All Open Enrollment-related information is in one place online, easily accessible by you and family members from any computer or mobile device connected to the Internet. No password required!	www.usa.lighting.philips.com/oe
Summary Plan Descriptions	Detailed information on medical, dental, vision, flexible spending and health savings accounts is provided in the Summary Plan Descriptions posted on the Portal.	HR Portal Benefits tab
Deductibles, coinsurance and copayments	The deductibles, coinsurance and copayment amounts will stay the same under our medical, dental and vision plans.	Pages 5 & Page 8
2017 dental plan premiums	The dental premiums (employee paycheck contributions) will remain the same as 2016.	Page 11
PPO Plan remains a medical plan option for employees currently enrolled in the PPO	If you are currently enrolled in the Blue Cross Blue Shield PPO Plan, you can continue this coverage for 2017. If you decide to enroll in one of the ABHPs for 2017, you will only be able to enroll in local plans (if available) or ABHPs in the future.	Page 4
Lighting's contribution to your Health Savings Account (HSA)	Philips Lighting will continue to provide the same level of financial support with its annual contribution to your HSA (from \$370 - \$1200 depending on your coverage) for employees enrolled in an Account Based Health Plan.	Page 6
Our commitment to your health and well-being	Philips Lighting will continue to offer you a competitive benefits package with resources to support your emotional, physical, and financial well-being.	HR Portal Benefits tab
What's new for 2017?		
2017 medical plan premiums	While Philips Lighting continues to pay the majority of the cost of your medical coverage, employees will have a small increase to premiums paid through paycheck deductions.	Page 11
2017 Health Savings Account contribution limit (set by the IRS)	In 2017 the IRS increased the amount that can be contributed to an HSA for employee-only coverage from \$3,350 to \$3,400.	Page 6
Advocacy and telemedicine services	As of December 31, we will end Health Advocate and Teladoc services. The decision was made as only a small number of employees used the services. Should you need assistance understanding a medical claim, contact your medical plan member services center. In addition, each medical plan has in place a defined appeals process to settle claim disputes.	Member services as shown on your medical ID card

Medical plans

Medical coverage is an important decision. We encourage you to spend as much time researching your medical coverage as you would any other major purchase.

Your choices

To provide flexibility and choice, Philips Lighting will continue to offer the following Blue Cross Blue Shield (BCBS) national options for 2017.

- **Account-Based Health Plan 1 (ABHP 1)**
- **Account-Based Health Plan 2 (ABHP2)**
- **PPO Plan:** *this Plan is only available to those who are currently enrolled**

Note: if a local medical plan is available to you for 2017 or you are currently enrolled in the PPO Plan, you will see the option(s) listed on the Benefits Central website.

* If you decide to move from the PPO Plan to an ABHP for 2017, you will only be able to enroll in the ABHPs or local plans (if available) in the future, including if you experience a qualified life event (marriage, birth, etc.) during the year.

What's the same about the three plans?

Regardless of which plan you elect, you have:

- The **same national network** of doctors and hospitals.
- The **same covered services**, including preventive care (covered at 100%), emergency services, inpatient and outpatient care — and prescription drugs through CVS Caremark.
- The same **negotiated fees and coinsurance** with network doctors and hospitals

Regardless of which national plan you have, you pay for medical coverage in the same ways:

- **Premium:** this is what you pay through pre-tax payroll deductions throughout the year.
- **Deductible:** how much you pay, at 100% of the cost, before the plan begins sharing in costs through coinsurance.
- **Coinsurance:** the percentage of the cost you pay and the percentage the plan pays when you receive care or buy prescription drugs during the year. Once you meet your deductible, the coinsurance percentage is the same for all the national plans. See [page 5](#).

What's different about the three plans?

Premium and deductible amounts are different for each plan. This is where you should focus your consideration.

Premiums are shown on [page 11](#) and on Benefits Central. Deductible amounts are on [page 5](#).

Philips Lighting continues to pay the majority of the cost of your medical coverage. Your My Total Rewards site, accessible from the HR Portal, shows the breakdown.

Are you paying more for healthcare than you need to?

Philips Lighting believes that ABHPs help to manage overall costs and encourage healthy behaviors. As a participant, not only do you see the true cost of services, but **our claims history shows that an ABHP would cost less in total for the majority of our employees.**

During this Open Enrollment period, consider your costs under the different medical plan options.

This chart breaks down how the national medical plans compare.

	ABHP 2 (In-Network)	ABHP 1 (In-Network)	PPO Plan (In-Network)
	For more detailed information about the ABHPs, refer to the ABHP with HSA Guide located on the Open Enrollment Site (www.usa.lighting.philips.com/oe).		Only available to those currently enrolled.
Network of doctors and providers	The same wide range of doctors and hospitals is available through the national Blue Cross Blue Shield network.		
Premiums: amount you pay out of your paycheck for coverage based on your annual salary. Premium details on page 11	Lowest premiums	Lower premiums compared to the PPO, but higher premiums compared to the ABHP 2.	Highest premiums
Annual deductible: how much you pay before the plan shares in the cost	<ul style="list-style-type: none"> • \$2,000 for employee-only coverage • \$4,000 for employee plus one or family* Deductible includes medical services and prescription drugs	<ul style="list-style-type: none"> • \$1,500 for employee-only coverage • \$3,000 for employee plus one or family* Deductible includes medical services and prescription drugs	<ul style="list-style-type: none"> • \$750 per any individual covered** • \$1,500 per family** Deductible for medical services only; no deductible for prescription drugs
Preventive care	Preventive care is covered at 100% with no deductible or coinsurance.		
Prescription drug coverage: the amount you pay for covered drugs based type and supply (see page 7 for details)	You typically pay 100% of the cost of the drug until you meet the annual deductible, then coinsurance begins. Drug cost is applied to the annual deductible only if the drug is covered under the plan.		You pay coinsurance without having to meet the annual deductible.
Coinsurance for services: how you share the cost of a covered expense with the plan	You pay 20% and the plan pays 80%, after you meet the annual deductible. (Applies to doctor and specialist visits, outpatient surgery, diagnostic X-rays and lab tests, In-patient care and emergency room services, etc.)		
Out-of-pocket maximum: the annual “cap” on how much you pay in a year for eligible medical services and Rx; when you hit the “cap,” the plan pays 100% of eligible costs for the rest of the year	<ul style="list-style-type: none"> • \$4,500 for employee-only coverage • For employee plus one or family: \$4,500 per Individual*** or \$9,000 per family 	<ul style="list-style-type: none"> • \$3,000 for employee-only coverage • \$6,000 for employee plus one or family 	<ul style="list-style-type: none"> • \$4,000 per individual covered • \$8,000 per family**
	Health Savings Account (HSA)		Healthcare Flexible Spending Account (FSA)
How you can save and pay with pre-tax dollars (see page 6 and page 9 for more details)	In 2017, the IRS allows HSA contributions (including the Lighting contribution) up to <ul style="list-style-type: none"> • \$3,400 for employee-only coverage • \$6,750 for employee plus one or family coverage No use-it-or- lose-it rule. If you enroll in an HSA, you cannot enroll in a Healthcare FSA		You can contribute up to \$2,500 in 2017. You lose any remaining funds under the “use-it-or-lose- it” rule. If you enroll in a Healthcare FSA, you cannot enroll in an HSA.
	Philips Lighting contributes to your HSA (whether you contribute or not)		
How Philips Lighting helps you save	<ul style="list-style-type: none"> • \$370 for employee-only • \$700 for employee plus one or family 	<ul style="list-style-type: none"> • \$620 for employee-only • \$1,200 for employee plus one or family 	Philips Lighting does not make any contributions to your FSA.

* ABHP deductibles: coinsurance begins if the combined family members' eligible expenses reach the deductible. No individual deductible for employee plus one or family coverage.

** PPO Plan deductible and out-of-pocket maximum: coinsurance begins when an individual reaches the individual deductible or when the family deductible is reached. The same is true for the annual out-of-pocket maximum.

*** ABHP 2 out-of-pocket maximum: If an individual's eligible expenses reach \$4,500 then 100% coverage begins for that individual's eligible expenses for the remainder of the year (even if the \$9,000 family out-of-pocket maximum has not yet been reached).

Health Savings Account

When you enroll in either the ABHP 1 or the ABHP 2, you can open and contribute to the Philips Lighting HSA through HealthEquity. This account allows you to set aside tax-free dollars, which you can use to pay for eligible healthcare expenses for you and any eligible dependents, now or in the future — even after you leave Philips Lighting or retire.

More about the Health Savings Account	
HSA contributions	<p>Philips Lighting contributions (added to your account in January)</p> <ul style="list-style-type: none"> • ABHP 1: \$620 for employee-only coverage; \$1,200 for employee plus one or family coverage • ABHP 2: \$370 for employee-only coverage; \$700 for employee plus one or family coverage <p>IRS contribution limits for 2017 (including Philips Lighting contribution)</p> <ul style="list-style-type: none"> • \$3,400 for employee-only coverage • \$6,750 for employee plus one or family coverage <p>Note: if you are age 55 or over by December 31 of the plan year, you can make additional “catch-up contributions” of \$1,000.</p>
Who is eligible?	<p>You are eligible to open and contribute to an HSA if you meet all of the following IRS requirements:</p> <ul style="list-style-type: none"> • You are covered under a qualifying ABHP • You are not covered under another health plan that is not a high deductible health plan • You are not covered under a Healthcare Flexible Spending Account (including your spouse’s) • You are not enrolled in Medicare (A and/or B) • You have not received medical benefits (including prescription drugs) from Veterans Administration or at one of its facilities in the past three months, and • You are not claimed as a dependent on someone else’s tax return.
If you are not eligible to open an HSA	<p>If you enroll in one of the ABHPs, but are not eligible for an HSA (due to IRS regulations), you will still be eligible to receive the money Philips Lighting would have deposited to your HSA. Lighting will provide you the money in a taxable per-payroll credit over the course of 2017.</p>
Other advantages	<p>Tax advantage There are no taxes on the contributions you make, on any interest your account earns, or on any withdrawals made for eligible healthcare expenses.</p> <p>Flexibility</p> <ul style="list-style-type: none"> • It’s easy to use your HSA funds to pay for eligible expenses. Use your HSA debit card or schedule online payments through HealthEquity. Details are in the HealthEquity welcome kit. • You can take it with you and build savings for the future. Your HSA funds, including contributions from Lighting, are yours to keep — even after you leave the company. You can use the money to pay for healthcare expenses now or any time in the future. • You have the opportunity to invest your balance. Once your HSA balance reaches \$1,500, you can invest your account in investment options offered through HealthEquity.

If you are enrolled in an ABHP in 2016 and select an ABHP for 2017:

- Confirm you remain eligible to participate in the HSA through Benefits Central.
- Your 2016 contribution election will automatically roll over to 2017, up to IRS limits.
- If you want to change your 2017 contribution amount, you can elect a new amount (of at least \$120) during Open Enrollment or at any time during the year.

If you are enrolled in an ABHP in 2016 but do not enroll in an ABHP for 2017:

- You will not receive a contribution from Lighting or be able to make contributions on your own.
- You do not lose any remaining funds in your HSA. You can use them (until they are gone) to pay for eligible healthcare expenses.

Prescription drug coverage

If you enroll in one of the Lighting national BCBS medical plans or the Acclaim PPO plan, you are also automatically covered by the CVS Caremark Prescription Drug Program. Otherwise, prescription drug coverage is offered through your local medical plan.

The list of drugs (or formulary) covered under the CVS Caremark Prescription Drug Program is available at www.caremark.com/druglist or by calling 800-388-2055. The formulary is typically updated quarterly. A new formulary is effective January 1, 2017.

Here is a summary of how you share the cost of prescription drugs. For more information, go to the My HR section of the Philips Portal or contact CVS Caremark at 800-388-2055.

Account Based Health Plans	PPO Plan
Deductible: You typically pay 100% of the drug cost until you've met your annual deductible (which includes medical and prescription drug spending), then coinsurance begins.	No deductible for prescription drugs: You pay the prescription drug coinsurance right away.
Your share of the cost in coinsurance (Retail: Up to 30 day supply) (Maintenance Choice: For long-term drugs only; up to 90 day supply)	
Generic Drugs You pay 20% at retail (max. \$5), 20% for Maintenance Choice (max. \$10)	
Preferred Brand Name Drugs You pay 25% at retail (min. \$15, max. \$125), 20% for Maintenance Choice (min. \$30, max. \$200)	
Non-Preferred Brand Name Drugs You pay 35% at retail (min. \$15, max. \$125), 30% for Maintenance Choice (min. \$30, max. \$200)	
Special provisions	
<ul style="list-style-type: none"> • Generic drugs for certain chronic conditions are covered 100% (in-network), which means you pay nothing under all plans. • Brand Name Penalty. When a prescription is filled under the Prescription Drug Program (retail and Maintenance Choice), generic drugs are used to fill prescriptions, whenever that option exists. If a generic equivalent is available and you choose to have a brand name drug, you will pay the difference in cost between the brand name and generic drug, in addition to the coinsurance- even if your physician has indicated "dispense as written" or "no substitutions" on your prescription. If it is medically necessary for you to take the brand name drug, your physician may file for an exception with CVS Caremark, which they will review and make the final determination. Call CVS Caremark Customer Care at 800-388-2055 to request an exception form. • Under the ABHP 1 and the ABHP 2, certain prescription medications deemed to be preventive in nature are not subject to the annual deductible, but are subject to coinsurance (in-network). Under the Affordable Care Act, certain prescribed preventive medications are not subject to coinsurance under either the ABHPs or the PPO Plan. • Some medications may be excluded from coverage under the Program or may be discontinued from coverage because equally effective and more cost-effective alternatives are available. If your doctor thinks there is a clinical reason why one of the covered medications won't work for you, have your doctor fax a letter of medical necessity to CVS Caremark at 888-487-9257. 	

Tips for spending less

1. Present your CVS Caremark ID Card to get the negotiated rate.
2. If you're not using a generic equivalent for your prescribed medications, talk with your doctor to see if one may be right for you.
3. Use the CVS Maintenance Choice Program for long-term medications. Go to www.caremark.com/philips and click Save Me Time to access the tool.
4. Find out your prescription cost – before you fill it – and if a generic equivalent is available. Go to www.caremark.com/philips to access the CVS Caremark Prescription Drug Cost Tool.

Dental plans

Philips Lighting offer two national Preferred Provider Organization (PPO) dental plans: **MetLife Dental and Delta Dental**. There are different provider networks for each plan. Go to the MetLife website at www.metlife.com/dental and the Delta Dental website at www.deltadentalins.com to find the dental providers under each plan and then decide which network is best for you.

Dental services	MetLife PDP in-network	Delta Dental in-network (PPO network)	Delta Dental in-network (Premier Network)	Out-of-network for MetLife and Delta Dental
Diagnostic and preventive services	Plan pays 100% You pay 0%	Plan pays 100% You pay 0%	Plan pays 90% You pay 10%	Plan pays 80% You pay 20%
Annual deductible (applies to Basic and Major services only)	\$50 individual/ \$150 family	\$50 individual/ \$150 family	\$50 individual/ \$150 family	\$50 individual/ \$150 family
Basic services (restorative, oral surgery, endodontic)	Plan pays 80% You pay 20%	Plan pays 80% You pay 20%	Plan pays 70% You pay 30%	Plan pays 60% You pay 40%
Major services (restorative, prosthodontic, implants, inlays and onlays)	Plan pays 50% You pay 50%	Plan pays 50% You pay 50%	Plan pays 50% You pay 50%	Plan pays 40% You pay 60%
Annual maximum reimbursement	\$2,000 per individual	\$2,000 per individual	\$2,000 per individual	\$2,000 per individual
Orthodontics services (child and adult)	Plan pays 50% You pay 50%	Plan pays 50% You pay 50%	Plan pays 50% You pay 50%	Plan pays 50% You pay 50%
Lifetime orthodontics benefit	\$1,500 per individual	\$1,500 per individual	\$1,500 per individual	\$1,500 per individual

Employee premiums will not change for 2017 and are shown on [page 11](#) of this guide and on Benefits Central

Vision plan

Philips Lighting offers the Vision Service Plan (VSP), a national network of providers offering vision care benefits, including exams and glasses, along with discounts and savings on vision products.

Services	Benefits	Frequency
Exams	You pay a \$15 co-payment	Annual
Lenses	You pay a \$15 co-payment	Annual
Contacts (material only)	You have an allowance of up to \$130	Annual
Contact lenses fitting and evaluation	You pay a \$60 co-payment	Annual
Frames	You have an allowance of up to \$150 An additional \$20 will be covered when you purchase frames from certain collections. Visit www.vsp.com for the complete list.	Every two years

Note: if you purchase contacts, you are eligible for frames one year later

Employee premiums are shown on [page 11](#) of this guide and on Benefits Central

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) allow you to use pre-tax dollars to pay for eligible healthcare and/or day care-related expenses. In doing so, you reduce your taxable income, which means your dollar goes further.

Philips Lighting offers two FSAs, which are administered by Automatic Data Processing (ADP).

	Healthcare FSA	Day Care FSA
How much you can contribute	Up to \$2,550 per year	Up to \$5,000 per year (per household)
Who is eligible to enroll	All benefits eligible employees not enrolled in a Health Savings Account in 2017.	All benefits eligible employees. (If married, spouse must be employed, full-time student, or disabled)
Who is covered	Employee, spouse, and other relatives who are primarily dependent on you for support and claimed on your tax return	Child under the age of 13 as well as adults who are physically or mentally incapable of caring for themselves, are claimed as a dependent on your federal income tax return and live with you for more than six months of the year.
What's covered	Eligible healthcare expenses such as deductibles and coinsurance, and expenses not covered by your medical, dental and/or vision plan. Additional terms apply.	Eligible expenses include home-based day care, licensed day care centers for children and adults, and nursery schools. Additional terms apply.
When it makes sense	If you expect to have eligible healthcare expenses for yourself or any eligible dependents (as defined in the federal tax code) in 2017.	If you expect to have eligible day care expenses for eligible dependents.

Contributions cannot be transferred from one account to the other. Expenses related to domestic partners and the children of domestic partners are not covered under either FSA.

Have a 2016 FSA? Important dates to remember:

December 31, 2016 •

Deadline to incur eligible 2016 expenses for both FSAs.

March 31, 2017*

Deadline for 2016 claims submission and substantiation.

If you miss either deadline, funds in your 2016 FSA(s) will be forfeited.

* The deadline for 2016 claims submission and substantiation is March 31, 2017, 11:59 p.m.

When you're ready to enroll

Enrolling in your 2017 benefits is easy on Benefits Central

- Log on to the Philips Portal from the Philips network: <https://pww-portal.philips.com> or from outside the Philips network: <https://www-portal.philips.com> Click Benefits Central in the Application Launcher.
- If you have a question about how to enroll for your 2017 benefits, call HR Services at 888-339-4363 between 9:00 a.m. and 6:00 p.m. Eastern time, Monday through Friday.

Important enrollment tips

- All employee premiums are on Benefits Central (including any local medical plan options based on where you live). In addition, employee premiums for the medical, dental and vision plans are on 11.
- If you elect an ABHP for 2017 or choose to change your HSA contribution amount, Benefits Central will prompt you to answer a series of questions to determine your eligibility for an HSA.
- If you are enrolling dependents, it's a two-step process:
 1. Register them on the Benefits Central website.
 2. Enroll them separately for each benefit you would like them to have (medical, dental, etc.). Click on the box next to the name of each dependent you want to cover.

Also, have everyone's Social Security numbers handy – all dependents age 1 year or older must have a Social Security number (SSN) entered in the system.

- If SSNs are not entered, benefits coverage may be interrupted. (Please note: for security purposes, all Social Security numbers you enter on Benefits Central are shown as dots on the screen, instead of numbers.)
- Visit the Open Enrollment Site at www.Lighting.Philips.com/oe for more information on who is eligible for dependent coverage.

Who will get a new medical ID card for 2017?

If you elect new medical coverage for 2017, you will get new medical ID cards.

If you have prescription drug coverage through CVS/Caremark, you will receive a new card with the Lighting specific phone number noted.

Card(s) will arrive at your home in December; use them beginning January 1, 2017 and destroy your old card.

Note: there are no ID cards issued for dental and vision benefits.

The deadline for selecting your 2017 benefits is Monday, October 31, 2016, at 11:59 p.m. Eastern time.

Take action so you and your family have the coverage you need next year.



If you don't make elections during Open Enrollment

- Your current elections for medical, dental and vision coverage will automatically continue in 2017
- You will not participate in the Healthcare Flexible Spending Account or the Day Care Flexible Spending Account.
- If you are enrolled in the Health Savings Account for 2016, and remain in an ABHP for 2017, your annual contribution election will roll over in 2017, up to IRS limits and you will receive the Philips Lighting contribution to your HSA.

2017 Employee Premiums or “Rates”

2017 Monthly MEDICAL Plan Premiums						
	Employee Only		Employee Plus One		Family	
	2016	2017	2016	2017	2016	2017
Account-Based Health Plan 1						
\$0 - \$44,999	\$63	\$66	\$149	\$157	\$238	\$254
\$45,000 - \$99,999	\$79	\$84	\$181	\$191	\$296	\$315
\$100,000 +	\$94	\$100	\$213	\$225	\$346	\$369
Salina hourly	\$63	\$65	\$149	\$157	\$238	\$254
Account-Based Health Plan 2						
\$0 - \$44,999	\$48	\$51	\$88	\$93	\$128	\$136
\$45,000 - \$99,999	\$59	\$64	\$110	\$116	\$159	\$169
\$100,000 +	\$71	\$77	\$131	\$138	\$188	\$200
Salina hourly	\$48	\$49	\$88	\$93	\$128	\$136
PPO Plan						
\$0 - \$44,999	\$100	\$106	\$231	\$239	\$375	\$392
\$45,000 - \$99,999	\$123	\$133	\$280	\$290	\$463	\$484
\$100,000 +	\$142	\$154	\$328	\$340	\$531	\$555
Salina hourly	\$99	\$101	\$220	\$239	\$340	\$392
Local Plans						
Geisinger	\$136	\$139	\$307	\$313	\$488	\$498
Kaiser (N. California)	\$100	\$101	\$211	\$212	\$349	\$351
Kaiser (S. California)	\$100	\$101	\$211	\$212	\$349	\$351
Acclaim PPO Plan	Same as PPO premiums (based on salary tier) under National Plans					

Tobacco user surcharge: if you enroll in a Philips Lighting medical plan, you will need to verify if you use tobacco products (cigars, cigarettes, e-cigarettes and chewing tobacco). If you say yes, you will pay an additional \$20 per month as a surcharge on your Lighting medical coverage.

To help kick the habit, you are encouraged to participate in a tobacco cessation program. If you stop using tobacco or participate in the cessation program, the surcharge will no longer apply.

2017 Monthly MetLife and Delta DENTAL Plans Premiums (same as for 2016)

Employee Only	Employee Plus One	Family
\$7	\$15	\$24

2017 Monthly VISION Service Plan (VSP) Premiums

Employee Only		Employee Plus One		Family	
2016	2017	2016	2017	2016	2017
\$2.40	\$6.98	\$12	\$12.87	\$21.20	\$18.51

Note: when you enroll through the Benefits Central website, you will see your per-paycheck cost. Your premiums will be taken from each paycheck except in months when you receive three paychecks. In those months, a premium will not be taken from the third paycheck. These pre-tax premiums are for dependents as defined by the IRS. After-tax premiums and imputed income rates for domestic partner coverage are shown on the Benefits Central website.

* Salary tiers for Lighting hourly employees (except those in Baldwin Park, CA and Bodine, TN) are 1) \$0 - \$49,999; 2) \$50,000 - \$99,999; 3) \$100,000+.

Other benefit programs

In addition to the coverage you can elect during Open Enrollment, Philips Lighting offers a range of programs designed to help you reach your personal and financial goals. You have the flexibility to change your participation in many of these programs at any time during the year. To view the benefits available to you, check out the Benefits tab on the HR Portal.

My Total Rewards site: it's all about you

You can always access your personalized My Total Rewards site – click the My Total Rewards icon in the Application Launcher of the HR Portal. It summarizes all the pay and benefits programs you receive from Philips Lighting – and the value of these rewards.



This guide contains only highlights of the Philips Lighting benefit plans. For detailed information on a benefit plan, please consult your summary plan description and the official plan document for that plan. In the event of a discrepancy between the official plan document and this guide, the official plan document will control. Receipt of this guide does not guarantee eligibility for any Philips Lighting sponsored plan or program of benefits. Eligibility for and entitlement to a benefit is governed by the terms of the official plan document. Philips Lighting reserves the right to modify, or terminate completely, any benefit plan, at any time and without notice. This guide does not constitute an express or implied contract of employment. Your employment remains at will. In certain instances, a collective bargaining agreement and the National Labor Relations Act may apply.