

A woman with blonde hair in a ponytail is climbing an indoor rock wall. She is wearing a black tank top, blue jeans, and a climbing harness with a yellow and green strap. She is reaching up with her right arm to grab a purple climbing hold. The wall is white with orange horizontal bands and various colored holds. Ropes and carabiners are visible on the wall.

Lead the Way

2017

PHILIPS

Benefits

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Think before you print. To reduce costs and help save the environment, we ask if you need to print this Guide, please print in black and white.



Dear Fellow Employees ~

Welcome to Open Enrollment for 2017!

Thank you for your continued commitment to Philips and our customers. As part of your total rewards, Philips firmly believes that comprehensive, affordable, quality health insurance is one of the most important benefits we can offer you. We have taken great strides to continue to maintain a wide-ranging and competitive benefits program that is valued by our employees.

A two-week online benefits open enrollment period will begin **October 26** and conclude **November 9**. This is your only opportunity to review and make changes to many of your benefits (unless you experience a qualified life event during the year). If you do not make any changes, all of your 2016 elections will roll over into 2017 (with the exception of Flexible Spending Accounts).

The information in this Open Enrollment Decision Guide is intended to inform you of your options and simplify your enrollment process.

The last page of this guide includes an open enrollment checklist for your reference. If you have any questions during the benefits open enrollment period, please contact Health Advocate Benefits Gateway at **888-367-7223, Option 1**, 8:00 a.m. - 9:00 p.m. Eastern time Monday-Friday.

Thank you again for what you do each day to enable Philips's success.

Healthy Regards,

Dana Stocks
Head of HR Philips North America

Benefits Enrollment Guide 2017

October 26 — November 9



Confirm Your Personal Information Is Correct

During open enrollment it's important to review your and your dependents' personal information in Benefits Central and update for any changes. It's also a good time to review your personal information in WorkDay and update if needed.

In accordance with the Affordable Care Act (ACA), the IRS requires social security numbers to be reported for each covered dependent in a Philips medical plan. Please take this opportunity to review and update social security numbers for all covered dependents.



What Do I Have to Do?

1. Review the information in this guide. All open enrollment information is also available on the Philips Open Enrollment Site, easily accessible by you and your family members from any computer or mobile device. No password is required! Go to www.philips.com/benefits
2. Beginning October 26th, access Benefits Central to review your 2017 benefit coverage(s). Please note this year's open enrollment is **online only**. No paper or telephonic enrollment options are available.
 - Inside the network: <https://pww-portal.philips.com> Click Benefits Central in the Application Launcher.
 - Outside the Philips network: <https://www-portal.philips.com> Click Benefits Central in the Application Launcher.
 - Or go directly to Benefits Central: <https://PhilipsBenefitsCentral.ehr.com>
3. Decide if you want to make any changes to your elections for next year and make any changes by November 9th. No changes will be allowed after the open enrollment window, unless you experience a qualified life event during 2017.



What If I Do Nothing?

You will have the same benefit elections in 2017 that you currently have for medical, dental and vision. If you're currently enrolled in an ABHP and continue in 2017, your 2016 HSA contribution election will roll over to 2017, up to IRS limits. For your Healthcare and/or Day Care Flexible Spending Account, you **must** designate an annual 2017 contribution amount. If you don't make an FSA election, you will not be enrolled in an FSA for 2017. You may enroll in or change many other benefits at any time during the year.

IMPORTANT! If you are currently enrolled in dental and do not make an active dental election for you or your covered dependents for 2017, you will be defaulted into the "Basic Plan" as described on page 11. Employees currently enrolled in Delta Dental of NY will be defaulted to Delta Dental of MA and those currently enrolled in MetLife will be defaulted to Cigna Dental.



Print Your 2017 Benefit Election Confirmation Statement

Whether you choose to make an election or not, we encourage you to print a copy of your 2017 Enrollment Summary for your records.

What's the same

What's the **same** for 2017?

1 Open Enrollment Site www.philips.com/benefits

Benefits information, tools and resources you need for enrollment.

- Family members can access the site to review Philips benefit options – and together, you can choose the best options for 2017.
- On the site, you'll learn about your options, access the Open Enrollment presentation (available on demand, 24/7), find instructions on how to access the tools listed below, and more. Keep in mind, you need to go to Benefits Central to enroll in your benefits for 2017.

2 Health Advocate Benefits Gateway 888.367.7223, Option 1

The Health Advocate Benefits Gateway program links all Philips health and well-being benefits, such as medical, dental, prescription drug, vision and employee assistance program.

Personal Health Advocates will guide you to the right benefit and answer questions.

- Navigate Philips benefits
- Assistance with insurance companies
- Conduct provider searches
- Assistance with scheduling appointments
- Resolution with benefits, billing and claim issues
- Assistance with elder care
- Help transfer medical records to new providers

3 PPO Plan Remains a Medical Plan Option for Employees Currently Enrolled

If you are currently enrolled in the 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 the ABHPs or local plans (if available) in the future.

4 HSA Employee Contribution Election Will Roll Over to 2017

If you are currently enrolled in an ABHP and continue in 2017, your 2016 HSA contribution election will roll over to 2017, up to IRS limits. You should confirm that you remain eligible to participate in the HSA in 2017 through Benefits Central.

5 Blue Cross Blue Shield Cost Comparison Tool www.bcbsma.com

Before you schedule a non-emergency treatment, compare providers and costs. (Available for those covered by a BCBS medical plan.) Visit the website, click on "Members," then under the "Using My Plan" tab, click on "Find a Doctor and Get Cost Estimates."

6 CVS/Caremark Prescription Cost Comparison Tool 800.388.2055 or visit www.caremark.com/philips

Know costs before you order. (Available to those covered by a BCBS or University of Pittsburgh Medical Center (UPMC) medical plan.) Find the estimated cost of your prescription drugs under the ABHPs and the PPO Plan. Visit the website, click on the "Check Availability and Cost" tab.

7 My Total Rewards Site HR Portal

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 – and the value of these rewards.

What's new

What's **NEW** for 2017?

1 2017 Medical Plan Premiums

Employee premiums paid through employee paycheck deductions are increasing on average by about 4%. This is below the national rate of medical cost inflation, which is around 6%.

2 Introducing 4-tier Premium Structure

A new four (4) tier premium structure will apply to medical, dental, and vision benefits. This change allows our rate structure to be more in line with the marketplace. Employees with children (no spouse or domestic partner) will see a reduction to better reflect their healthcare utilization.

3 Increasing Out-of-Pocket Maximum on ABHP 1 and PPO Plans

The ABHP 1 out-of-pocket limits are increasing to \$3,250 (employee-only) / \$6,500 (all other tiers) for in network coverage and \$6,500 (employee-only) / \$13,000 (all other tiers) for out-of-network coverage.

The PPO out-of-pocket limits are increasing to \$5,000 (employee-only) / \$10,000 (all other tiers) for in network coverage and \$10,000 (employee-only) / \$20,000 (all other tiers) for out-of-network coverage.

4 Changes to Prescription Drug Copays and Coinsurance Amounts

The cost share is increasing for brand name prescription drugs for market alignment and to encourage utilization of generic drugs.

5 New Dental Carriers

Cigna Dental and Delta Dental of MA will replace MetLife and Delta Dental of NY on January 1st, offering employees choice and flexibility. New ID cards will be provided.

 DELTA DENTAL



6 Enhanced Plan Options for Dental and Vision

Enhanced options for both dental and vision for employees who would like more coverage than the core plans provide. And to support good oral health there is a new dental "Annual Maximum Preventive Incentive."

7 Second Opinion and Treatment Decision Support (800.929.0926 or visit www.grandrounds.com)

Introducing Grand Rounds, a new benefit that helps you find high quality doctors so you receive the best care possible. Grand Rounds is free to anyone enrolled in a BCBS or UPMC plan. Use Grand Rounds when you or an enrolled dependent want to:

- Visit a specialist
- Obtain a second opinion before undergoing surgery
- Find a new primary care physician



8 Access to Working Caregivers Benefit (888.484.5759 or visit www.homeinstead.com)

Home Instead Senior Care provides trustworthy, kindhearted, senior home care services in your loved one's home. All CAREGivers are thoroughly screened, extensively trained, professional, and reliable.

As a Philips employee, you have access to the Home Instead portal, which has information, support, resources, and referrals to home care. (Note: no discounts are provided on home care services.)

Also check out the Philips Friends & Family Discount on Lifeline products & services.



What's new

What's **NEW** for 2017?

9 Access to Children's Education Benefits

Chyten
(800.428.8378 or visit
www.chyten.com)

Chyten Education has been a leading expert in academic excellence and test prep for the last three decades. Using proprietary methodologies, Chyten works with students to build skills, build success and build futures. As a Chyten Corporate Alliance Member, Philips employees and their family members receive access to exclusive educational resources, training, and a 15% discount on Chyten programs and services, including online and in-center programs.

Use promo code: PHILPSEDU



AcceptU
(855.437.8252 or visit
www.acceptu.com)

AcceptU has supported thousands of applicants get into the top 100 high schools, college, and graduate programs. AcceptU provides 1-on-1 support on all aspects of the admissions process from pre-application planning, to the school list, application strategy, essay writing and interview support. As a Philips employee, you are eligible for a 30-minute complimentary phone/video consultation with an AcceptU former college admissions officer. During this 1-on-1 session, AcceptU will provide direct, personalized guidance and answer any questions. AcceptU is offering a 20% discount on any college admissions counseling plan. To utilize this discount, reference the "Philips Healthcare benefit" when enrolling in an AcceptU plan.



10 Other Changes

The premium for the buy up Long-Term Disability option is slightly increasing. With regard to PAI (Personal Accident Insurance), Philips has changed the acronym back to AD&D (Accidental Death & Dismemberment) to avoid confusion.

Important note about Home Instead, Chyten and AcceptU: Philips provides access to these programs solely to enhance the work life of its employees. Philips has no responsibility for, does not endorse and makes no representations or warranties with respect to (a) the vendors who offer products or services under these programs; (b) information provided by vendors in any form, whether printed or electronic; (c) the quality of products or services that vendors offer or sell to employees and their family members through these programs; or (d) the ability of vendors to meet their promises or obligations in connection with the sale of a product or service, including all express, statutory, and implied warranties of merchantability, fitness for a particular purpose, title, and non-infringement.

Medical plans



Your Choices

Philips will continue to offer the following national options for 2017 to provide flexibility and choice:

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

Philips believes that ABHPs (commonly referred to as “consumer-directed health plans”) help to manage overall costs and encourage healthy behaviors. As a participant, you are able to see the true cost of services.

*Important Note: 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.

Provider Network

The three national options offer the same comprehensive medical coverage through the national provider network of Blue Cross Blue Shield (BCBS). Regardless of which plan you select for 2017:

- The same network of doctors and hospitals are available.
- The same services are covered, including preventive care (covered at 100%), emergency services, inpatient and outpatient care – and prescription drugs through CVS/Caremark.
- You receive the benefit of the rates that BCBS has negotiated with network doctors and hospitals when meeting your annual deductible and paying coinsurance.

What You Pay for Coverage

Philips continues to pay for a majority of the cost of your medical coverage. Your “My Total Rewards” site, accessible from the Philips Portal, shows the breakdown. You pay for medical coverage in a few ways:

- **Premiums:** This is what you pay through pre-tax payroll deductions throughout the year.
- **Deductible:** How much you pay, at 100% of the negotiated network 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.



Tobacco user surcharge: if you enroll in a Philips 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 Philips medical coverage.

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

Local Plans: 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) and premium listed on the Benefits Central website. Employees in Hawaii and Puerto Rico only have a local medical plan option; see Benefits Central for more information.

Medical plans

This chart breaks down how the national medical plans compare. For more details, go to the **Resources and Tools** tab on **Benefits Central**.

	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.philips.com/benefits).		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. Select the "PPO" network when searching for an in-network provider on www.bcbsma.com .		
Premiums: amount you pay out of your paycheck for coverage	You'll pay the lowest premiums, but this plan has the highest deductible.	You'll pay lower premiums compared to the PPO, but higher premiums compared to the ABHP 2.	You'll pay the highest premiums in exchange for the lowest deductible.
Annual deductible: how much you pay before you and the plan share in the cost of care	<ul style="list-style-type: none"> \$2,000 for employee-only coverage \$4,000 for all other tiers* 	<ul style="list-style-type: none"> \$1,500 for employee-only coverage \$3,000 for all other tiers* 	<ul style="list-style-type: none"> \$750 per any individual covered** \$1,500 per family**
Preventive care	Preventive care is covered at 100% with no deductible or coinsurance.		
Prescription drug coverage: the amount you pay based on the type of drug and supply (see page 10 for details)	You typically pay 100% of the cost of the drug until you meet the annual deductible (which applies to both medical and prescription drug spending), then coinsurance begins. Your drug costs are applied to the annual deductible only if the drug is listed on the plan formulary.		You pay coinsurance (a percentage of the cost) for the drug 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, inpatient 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 all other tiers: \$4,500 per individual**** or \$9,000 per family 	<ul style="list-style-type: none"> \$3,250 for employee-only coverage \$6,500 for all other tiers*** 	<ul style="list-style-type: none"> \$5,000 per individual covered** \$10,000 per family**
	Health Savings Account (HSA)		Healthcare Flexible Spending Account (FSA)
How you can save and pay with pre-tax dollars (see page 9 for more details)	When you open an HSA (if eligible), Philips automatically contributes to your account and you can make contributions too, up to IRS limits. <ul style="list-style-type: none"> In 2017, the IRS allows HSA contributions up to \$3,400 for employee-only coverage and \$6,750 for all other tiers (including Philips contributions). No use-it-or-lose-it rule. If you enroll in an HSA, you are not eligible to open a Healthcare Flexible Spending Account (FSA). 		You can contribute up to \$2,600 in 2017. Philips does not contribute to your FSA. If you do not use the entire amount in 2017, you lose the remaining funds under the "use-it-or-lose-it" rule. If you are enrolled in the PPO, you cannot contribute to an HSA.
How Philips helps you save	Philips contribution to your HSA (whether you contribute or not) <ul style="list-style-type: none"> \$370 for employee-only \$700 for all other tiers 		Philips does not make any contributions to your FSA.

* ABHP deductibles: coinsurance begins if the combined family members' eligible expenses reach the deductible.

**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: 100% coverage begins for the remainder of the year when an individual out-of-pocket maximum, or when the family out-of-pocket maximum, is reached.

*** ABHP 1 out-of-pocket maximum: 100% coverage begins for the remainder of the year if combined family members' eligible expenses reach the out-of-pocket maximum.

**** ABHP 2 out-of-pocket maximum: 100% coverage begins for the remainder of the year if an individual out-of-pocket maximum or family out-of-pocket maximum is reached. 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).

www.philips.com/benefits



Health Savings Account

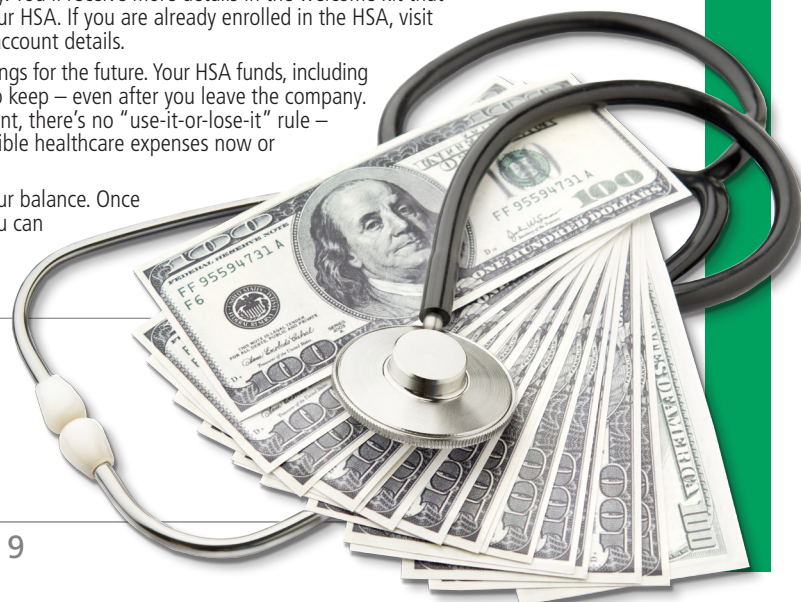


The Health Savings Account (HSA) is a tax-advantaged savings and spending account that you can use to pay for eligible medical, prescription drug, dental and vision expenses.

When you enroll in either the ABHP 1 or the ABHP 2, you may be eligible to open an HSA through HealthEquity. This account allows you to set aside tax-free dollars, which can be used to pay for eligible healthcare expenses for you and any eligible dependents, now or in the future – even after you leave Philips or retire. For more information about how the ABHPs and HSA work, refer to the ABHP with HSA Guide located on the Open Enrollment Site (www.philips.com/benefits).

More about the Health Savings Account

HSA Contribution	<p>Company contributions (added to your account in January):</p> <ul style="list-style-type: none"> • ABHP 1: \$620 for employee-only coverage; \$1,200 for all other tiers • ABHP 2: \$370 for employee-only coverage; \$700 for all other tiers <p>IRS contribution limits for 2017 (including Philips contribution)</p> <ul style="list-style-type: none"> • \$3,400 for employee-only coverage • \$6,750 for all other tiers
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, Medicaid or Tri-Care • Except for a "service-connected disability," you have not received medical benefits (including prescription drugs) from the 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 the IRS requirements above), you will still be eligible to receive the money Philips would have deposited to your HSA. Philips will provide you the money in a taxable per-payroll credit over the course of 2017 provided you are enrolled in an ABHP for the entire year.</p>
Other advantages	<p>Tax advantages</p> <ul style="list-style-type: none"> • There are no taxes imposed on the contributions you make, on any interest your account earns, or on any withdrawals made for eligible healthcare expenses. <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. You'll receive more details in the welcome kit that HealthEquity sends once you open your HSA. If you are already enrolled in the HSA, visit www.healthequity.com to view your account details. • You can take it with you and build savings for the future. Your HSA funds, including contributions from Philips, are yours to keep – even after you leave the company. And, unlike a Flexible Spending Account, there's no "use-it-or-lose-it" rule – you can use the money to pay for eligible 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 a variety of investment options offered through HealthEquity.



Prescription Drug Coverage

If you enroll in one of the Philips national BCBS medical plans or one of the University of Pittsburgh Medical Center (UPMC) plans, you are also automatically covered by the CVS Caremark Prescription Drug Program. Otherwise, prescription drug coverage is offered through your local medical plan.

The current 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.

Here is a summary of how you share the cost of prescription drugs. For more information, go to www.caremark.com contact CVS Caremark at **800-388-2055**.



ABHPs

You typically pay 100% of the price of the drug until you've met your annual deductible (which includes medical and prescription drug spending), then coinsurance begins.

PPO Plan

You pay the prescription drug coinsurance right away. There is no deductible for prescription drugs.

Your Share of the Cost in Coinsurance

Generic Drugs

You pay 20% at retail (max. \$10), 20% for Maintenance Choice (max. \$20)

Preferred Brand Name Drugs

You pay 25% at retail (min. \$25, max. \$150), 25% for Maintenance Choice (min. \$50, max. \$300)

Non-Preferred Brand Name Drugs

You pay 35% at retail (min. \$40, max. \$200), 35% for Maintenance Choice (min. \$80, max. \$400)

Special provisions

- Generic drugs for certain chronic conditions are covered 100% (in-network), which means you pay nothing.
- Brand Name Penalty. When a prescription is filled under the Prescription Drug Program (retail and mail order), generic drugs are used to fill prescriptions rather than more expensive brand name drugs, whenever that option exists. If a generic equivalent drug is available and you choose to have the prescription filled with a brand name drug, you will pay the difference in cost between the brand name and generic drug, in addition to the coinsurance. This is true 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**.



Dental plans



Philips offers two NEW national Preferred Provider Organization (PPO) dental carriers: Cigna Dental and Delta Dental of Massachusetts.

NEW PLANS

Effective January 1, 2017, Philips will offer two new dental plans! In addition to the current plan, now known as the "Basic Plan," the "Enhanced Plan" will be offered to provide more coverage. Be sure to review the chart below and the employee premiums on page 14 to choose the plan that best fits the needs of you and your family.

As you consider each plan, it's important to know that both plans cover preventive care in full when you use in-network providers to encourage you to get regular preventive dental check-ups. Early diagnosis and treatment can help avoid more costly dental problems that may develop or be worsened by lack of basic preventive care. Because of this, Philips has added a new Annual Maximum Preventive Incentive. Read the chart below for more information!

PROVIDER NETWORKS

There are different provider networks for each new carrier. Go to the Cigna website at www.cignadental.com and the Delta Dental website at www.deltadentalma.com to find the dental providers under each plan and then decide which network is best for you.

Please note, Delta Dental has two levels of providers – PPO providers and Premier providers. The PPO provider network of dentists offers the greatest benefit level on services, which means the least out-of-pocket costs for you. The Premier network offers discounted fees and providers don't balance bill. However, out-of-pocket costs are based on the out-of-network benefit level. Check the Delta Dental website to determine your provider's network status.

IMPORTANT! If you are currently enrolled in dental and do not make an active dental election for you or your covered dependents for 2017, you will be defaulted into the "Basic Plan" as described below. Employees currently enrolled in Delta Dental of NY will be defaulted to Delta Dental of MA and will receive an ID card. Those employees currently enrolled in MetLife will be defaulted to Cigna Dental and will receive an ID card.

	Basic Plan		Enhanced Plan	
	In Network	Out-of-Network	In Network	Out-of-Network
Annual Maximum Reimbursement (applies to Basic & Major Only)	\$2,000 per individual	\$2,000 per individual	\$3,000 per individual	\$3,000 per individual
Orthodontic Lifetime Maximum Benefit	\$1,500 per individual	\$1,500 per individual	\$2,500 per individual	\$2,500 per individual
Annual Deductible (applies to Basic and Major only)	\$50 Individual/ \$150 Family	\$50 Individual/ \$150 Family	\$25 Individual/ \$75 Family	\$25 Individual/ \$75 Family
Preventive and Diagnostic Care	Plan pays 100% You pay 0%	Plan pays 80% You pay 20%	Plan pays 100% You pay 0%	Plan pays 80% You pay 20%
Basic and Restorative Care (fillings, oral surgery, endodontic)	Plan pays 80% You pay 20%	Plan pays 60% You pay 40%	Plan pays 80% You pay 20%	Plan pays 60% You pay 40%
Major Care (crowns, dentures, bridges, implants, inlays, onlays)	Plan pays 50% You pay 50%	Plan pays 40% You pay 60%	Plan pays 50% You pay 50%	Plan pays 40% You pay 60%
Orthodontic Care (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%
NEW! Annual Maximum Preventive Incentive	The Philips dental plans will now offer increases in the annual maximum reimbursement when Preventive Dental Services are received. When you or your covered family members receive preventive care during the plan year, that member's calendar year maximum will increase by one level in the following plan year until Level 4 is reached. In years when no preventive services are received, that member's annual benefit maximum will be reduced by one level per year but never below the Level 1 annual maximum regardless of participation in preventive services.			
Level 1	\$2,000		\$3,000	
Level 2	\$2,250		\$3,250	
Level 3	\$2,500		\$3,500	
Level 4	\$2,750		\$3,750	



Well-Being Tip

Gum disease has been linked to a host of illnesses, including heart disease and diabetes. Be sure to see your dentist annually.



Vision plans



Philips 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.

Effective January 1, 2017, Philips will offer two vision plans! In addition to the current plan, now known as the "Basic Plan," the "Enhanced Plan" will be offered to provide more coverage. The new Enhanced Plan will allow you and your dependents to choose between three enhancements each year (the "Easy Options" program) so you can customize the plan for your vision needs! Be sure to review the chart below and the employee premiums on page 14 to choose the plan that best fits you and your family.

	Basic Plan		Enhanced Plan	
	Benefits	Frequency	Benefits	Frequency
Exams	You pay a \$15 copayment	Annual	You pay a \$15 copayment	Annual
Lenses	You pay a \$15 copayment	Annual	You pay a \$15 copayment	Annual
Contacts (material only)	You have an allowance of up to \$130	Annual	You have an allowance of up to \$150	Annual
Contact Lenses Fitting and Evaluation	You pay a \$60 copayment	Annual	You pay a \$60 copayment	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	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	Annual
Easy Options	Not Offered		Each calendar year, you and each of your enrolled family members can choose between: \$250 frame allowance, Anti-Reflective Coating covered in full, or Progressive Lenses covered in full	

- Philips has elected to offer the Signature network which offers discounts of 35-40% on non-covered lens enhanced, sunglasses, frames, etc. Visit www.vsp.com to find out more!
- Please see the Philips Open Enrollment Site for more detail on your vision benefits and out of network coverage amounts.
- No ID cards are provided for vision

Well-Being Tip

Regular eye exams are important because what may seem like a vision-related problem might be related to another condition or disease, such as a stroke or liver disease.



Flexible Spending Account



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

	Healthcare FSA	Day Care FSA
How much you can contribute	Up to \$2,600 per year	Up to \$5,000 per year (per household)
Who is eligible	All benefits eligible employees not enrolled in an HSA in 2017.	All benefits eligible employees.
What's covered	Eligible healthcare expenses such as deductibles and coinsurance, and some expenses not covered by your medical, dental and/or vision plan.	Eligible expenses include home-based day care, licensed day care centers for children and adults, and nursery schools.
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. Eligible dependents include children under age 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.

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.

The example below illustrates how FSAs can save money.

Bob and Jane's combined gross income is \$30,000. They have two children and file their income taxes jointly. Since Bob and Jane expect to spend \$2,000 in adult orthodontia and \$3,000 for day care in the next plan year, they decide to direct a total of \$5,000 into their FSAs.

	Without FSA	With FSA
Gross income	\$30,000	\$30,000
FSA contributions	\$0	(\$5,000)
Taxable income	\$30,000	\$25,000
Estimated taxes		
Federal	(\$2,550*)	(\$1,776*)
State	(\$900**)	(\$750**)
FICA	(\$2,295)	(\$1,913)
After-tax earnings	\$24,255	\$20,561
Out-of-pocket medical and dependent care expenses	(\$5,000)	\$0 (covered by FSAs)
Remaining spendable income	\$19,255	\$20,561
Spendable income increase	--	\$1,306

* Assumes standard deductions and four exemptions and 2016 tax rates

** Varies, assumes 3 percent

This example is for illustrative purposes only. Every situation varies and it is recommended you consult a tax advisor for all tax advice.

2017 employee premiums (or "rates")

This chart breaks down how the national medical dental and vision plans compare. For more details, go to the Resources and Tools tab on Benefits Central.

2017 Monthly Medical Plan Premiums

(Note: If you are eligible for a local plan(s), the employee premiums will be reflected on Benefits Central.)

Salary Tier	Employee Only	Employee Plus Spouse/Domestic Partner	Employee Plus Child(ren) (No Spouse or Domestic Partner)	Employee Plus Family (Spouse/Domestic Partner and Children)
Account-Based Health Plan 1				
\$0 – \$44,999	\$65	\$158	\$154	\$252
\$45,000 – \$99,000	\$82	\$192	\$187	\$314
\$100,000+	\$97	\$226	\$220	\$367
Account-Based Health Plan 2				
\$0 – \$44,999	\$50	\$93	\$91	\$136
\$45,000 – \$99,000	\$61	\$117	\$114	\$169
\$100,000+	\$73	\$139	\$136	\$199
PPO Plan				
\$0 – \$44,999	\$104	\$245	\$239	\$398
\$45,000 – \$99,000	\$127	\$297	\$290	\$491
\$100,000+	\$147	\$348	\$339	\$563

2017 Monthly Dental Plan Premiums

Cigna Dental Plan and the Delta Dental Plan

	Employee Only	Employee Plus Spouse/Domestic Partner	Employee Plus Child(ren) (No Spouse or Domestic Partner)	Employee Plus Family (Spouse/Domestic Partner and Children)
Basic Plan	\$8.00	\$17.00	\$20.00	\$29.00
Enhanced Plan	\$16.08	\$33.16	\$38.59	\$56.48

2017 Monthly Vision Plan Premiums

Vision Service Plan (VSP)

	Employee Only	Employee Plus Spouse/Domestic Partner	Employee Plus Child(ren) (No Spouse or Domestic Partner)	Employee Plus Family (Spouse/Domestic Partner and Children)
Basic Plan	\$2.40	\$12.91	\$12.27	\$18.72
Enhanced Plan	\$6.89	\$21.91	\$20.82	\$31.76

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.

When You're Ready to Enroll

Enrolling in Your 2017 Benefits Is Easy on Benefits Central

- Inside the Philips network: <https://pww-portal.philips.com>
Click **Benefits Central** in the Application Launcher.
- Outside the Philips network: <https://www-portal.philips.com>
Click **Benefits Central** in the Application Launcher.
- Or go directly to Benefits Central: <https://PhilipsBenefitsCentral.ehr.com>
- If you have a question about how to enroll for your 2017 benefits, call Health Advocate Benefits Gateway at **888-367-7223, option 1** between 8:00 a.m. and 9:00 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 page 14.
- 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.
- 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.philips.com/benefits for more information on who is eligible for dependent coverage.



The deadline for selecting your 2017 benefits is Tuesday, November 9, 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. (See page 11 for important information about dental carrier changes for 2017.)
- You will not be able to 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 contribution to your HSA.

Open Enrollment Checklist

- ☒ Review Open Enrollment Decision Guide
- ☒ Visit the Open Enrollment Site for more information www.philips.com/benefits
- ☒ Attend a 2017 Open Enrollment “Live Meeting” — or listen to a recorded open enrollment presentation
- ☒ Make Your Elections Online from October 26th through November 9th
 - Inside the Philips network: <https://pww-portal.philips.com>
– Click **Benefits Central** in the Application Launcher.
 - Outside the Philips network: <https://www-portal.philips.com>
– Click **Benefits Central** in the Application Launcher.
 - Or go directly to Benefits Central: <https://PhilipsBenefitsCentral.ehr.com>
- ☒ Remember to Update Personal Information
- ☒ Print Your Benefit Elections Confirmation Statement
- ☒ New plans are effective January 1st — Be on the lookout!
Depending on your elections you may receive a new ID card(s).
- ☒ Provide your medical providers with your new ID card information





This guide contains only highlights of the Philips 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 sponsored plan or program of benefits. Eligibility for and entitlement to a benefit is governed by the terms of the official plan document. Philips 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.