

# Your Pre-Tax 2024 Premiums (Per Pay Period)

Medical  
Plan

Coverage Level

	You Only		You + Spouse		You + 1 Child		You + 2 or More Children		You + Spouse + 1 Child		You + Spouse + 2 or More Children	
	Exempt	Non-Exempt	Exempt	Non-Exempt	Exempt	Non-Exempt	Exempt	Non-Exempt	Exempt	Non-Exempt	Exempt	Non-Exempt
<b>NVIDIA HSA Plan</b>	Company Paid		Company Paid		Company Paid		Company Paid		Company Paid		Company Paid	
<b>NVIDIA HSA Plus Plan</b>	\$32.50	\$30.00	\$65.50	\$60.46	\$53.50	\$49.38	\$82.00	\$75.69	\$90.50	\$83.54	\$110.50	\$102.00
<b>NVIDIA PPO Plan</b>	\$90.00	\$83.08	\$164.00	\$151.38	\$142.50	\$131.54	\$205.50	\$189.69	\$222.50	\$205.38	\$264.00	\$243.69
<b>Kaiser CA HSA</b>	\$20.00	\$18.46	\$38.50	\$35.54	\$32.00	\$29.54	\$33.50	\$30.92	\$61.50	\$56.77	\$64.00	\$59.08
<b>Kaiser CA HMO</b>	\$41.50	\$38.31	\$79.00	\$72.92	\$65.50	\$60.46	\$68.50	\$63.23	\$130.00	\$120.00	\$133.50	\$123.23
<b>BCBSAL Platinum</b>	\$92.00	\$84.95	\$166.00	\$153.25	\$135.00	\$125.65	\$143.00	\$132.00	\$208.00	\$192.00	\$208.00	\$192.00

# Your Pre-Tax 2024 Premiums (Per Pay Period)

## Dental Plan Coverage Level

	You Only		You + Spouse		You + 1 Child		You + 2 or More Children		You + Spouse + 1 Child		You + Spouse + 2 or More Children	
	Exempt	Non-Exempt	Exempt	Non-Exempt	Exempt	Non-Exempt	Exempt	Non-Exempt	Exempt	Non-Exempt	Exempt	Non-Exempt
<b>NVIDIA PPO Dental</b>	\$9.50	\$8.77	\$21.00	\$19.38	\$23.00	\$21.23	\$25.50	\$23.54	\$32.50	\$30.00	\$35.00	\$32.31
<b>DeltaCare USA (DHMO)*</b>	\$2.00	\$1.85	\$4.00	\$3.69	\$4.00	\$3.69	\$4.50	\$4.15	\$6.00	\$5.54	\$6.50	\$6.00

## Vision Plan Coverage Level

	You Only		You + Spouse		You + 1 Child		You + 2 or More Children		You + Spouse + 1 Child		You + Spouse + 2 or More Children	
	Exempt	Non-Exempt	Exempt	Non-Exempt	Exempt	Non-Exempt	Exempt	Non-Exempt	Exempt	Non-Exempt	Exempt	Non-Exempt
<b>VSP Plan</b>	\$3.00	\$2.77	\$6.00	\$5.54	\$5.00	\$4.62	\$7.00	\$6.46	\$8.00	\$7.38	\$10.00	\$9.23

\*The DHMO is for currently enrolled participants only; the plan is no longer available for new enrollment.

# Your Post-Tax 2024 Premiums (Per Pay Period)

Medical  
Plan

Coverage Level

Exempt	You + Domestic Partner			You + Domestic Partner + 1 Child			You + Domestic Partner + 2 or More Children			You + Domestic Partner + Domestic Partner's Child(ren)			You + Domestic Partner + Your Child(ren) + Domestic Partner's Child(ren)		
	Pre-Tax	Post-Tax	Imputed Income	Pre-Tax	Post-Tax	Imputed Income	Pre-Tax	Post-Tax	Imputed Income	Pre-Tax	Post-Tax	Imputed Income	Pre-Tax	Post-Tax	Imputed Income
<b>NVIDIA HSA Plan</b>	\$0.00	\$0.00	\$364.94	\$0.00	\$0.00	\$364.94	\$0.00	\$0.00	\$344.10	\$0.00	\$0.00	\$572.61	\$0.00	\$0.00	\$787.56
<b>NVIDIA HSA Plus Plan</b>	\$32.50	\$33.00	\$390.59	\$53.50	\$37.00	\$386.58	\$82.00	\$28.50	\$384.67	\$32.50	\$58.00	\$608.57	\$32.50	\$78.00	\$835.42
<b>NVIDIA PPO Plan</b>	\$90.00	\$74.00	\$373.56	\$142.50	\$80.00	\$367.58	\$205.50	\$58.50	\$389.07	\$90.00	\$132.50	\$573.53	\$90.00	\$174.00	\$790.50
<b>Kaiser CA HMO</b>	\$41.50	\$37.50	\$300.20	\$65.50	\$64.50	\$273.21	\$68.50	\$65.00	\$276.08	\$41.50	\$88.50	\$445.07	\$41.50	\$92.00	\$637.44
<b>Kaiser CA HSA</b>	\$20.00	\$18.50	\$256.25	\$32.00	\$29.50	\$238.50	\$33.50	\$30.50	\$236.48	\$20.00	\$41.50	\$396.98	\$20.00	\$44.00	\$547.80

Non-Exempt	You + Domestic Partner			You + Domestic Partner + 1 Child			You + Domestic Partner + 2 or More Children			You + Domestic Partner + Domestic Partner's Child(ren)			You + Domestic Partner + Your Child(ren) + Domestic Partner's Child(ren)		
	Pre-Tax	Post-Tax	Imputed Income	Pre-Tax	Post-Tax	Imputed Income	Pre-Tax	Post-Tax	Imputed Income	Pre-Tax	Post-Tax	Imputed Income	Pre-Tax	Post-Tax	Imputed Income
<b>NVIDIA HSA Plan</b>	\$0.00	\$0.00	\$336.87	\$0.00	\$0.00	\$336.87	\$0.00	\$0.00	\$317.63	\$0.00	\$0.00	\$528.57	\$0.00	\$0.00	\$726.98
<b>NVIDIA HSA Plus Plan</b>	\$30.00	\$30.46	\$360.55	\$49.38	\$34.16	\$356.84	\$75.69	\$26.31	\$355.08	\$30.00	\$53.54	\$561.76	\$30.00	\$72.00	\$771.16
<b>NVIDIA PPO Plan</b>	\$83.08	\$68.30	\$344.83	\$131.54	\$73.84	\$339.31	\$189.69	\$54.00	\$359.14	\$83.08	\$122.30	\$529.42	\$83.08	\$160.61	\$729.70
<b>Kaiser CA HMO</b>	\$38.31	\$34.61	\$277.11	\$60.46	\$59.54	\$252.18	\$63.23	\$60.00	\$254.85	\$38.31	\$81.69	\$410.83	\$38.31	\$84.92	\$588.41
<b>Kaiser CA HSA</b>	\$18.46	\$17.08	\$236.54	\$29.54	\$27.23	\$220.15	\$30.92	\$28.16	\$218.29	\$18.46	\$38.31	\$366.44	\$18.46	\$40.62	\$505.66

# Your Post-Tax 2024 Premiums (Per Pay Period)

## Dental Plan Coverage Level

Exempt	You + Domestic Partner			You + Domestic Partner + 1 Child			You + Domestic Partner + 2 or More Children			You + Domestic Partner + Domestic Partner's Child(ren)			You + Domestic Partner + Your Child(ren) + Domestic Partner's Child(ren)		
	Pre-Tax	Post-Tax	Imputed Income	Pre-Tax	Post-Tax	Imputed Income	Pre-Tax	Post-Tax	Imputed Income	Pre-Tax	Post-Tax	Imputed Income	Pre-Tax	Post-Tax	Imputed Income
<b>NVIDIA Dental Plan</b>	\$9.50	\$11.50	\$29.02	\$23.00	\$9.50	\$31.41	\$25.50	\$9.50	\$31.02	\$9.50	\$23.00	\$45.82	\$9.50	\$25.50	\$71.22
<b>DeltaCare USA*</b>	\$2.00	\$2.00	\$7.16	\$4.00	\$2.00	\$7.71	\$4.50	\$2.00	\$7.71	\$2.00	\$4.00	\$15.92	\$2.00	\$4.50	\$15.42

Non-Exempt	You + Domestic Partner			You + Domestic Partner + 1 Child			You + Domestic Partner + 2 or More Children			You + Domestic Partner + Domestic Partner's Child(ren)			You + Domestic Partner + Your Child(ren) + Domestic Partner's Child(ren)		
	Pre-Tax	Post-Tax	Imputed Income	Pre-Tax	Post-Tax	Imputed Income	Pre-Tax	Post-Tax	Imputed Income	Pre-Tax	Post-Tax	Imputed Income	Pre-Tax	Post-Tax	Imputed Income
<b>NVIDIA Dental Plan</b>	\$8.77	\$10.61	\$26.79	\$21.23	\$8.77	\$28.99	\$23.54	\$8.77	\$28.64	\$8.77	\$21.23	\$42.29	\$8.77	\$23.54	\$65.74
<b>DeltaCare USA*</b>	\$1.85	\$1.84	\$6.61	\$3.69	\$1.85	\$7.11	\$4.15	\$1.85	\$7.11	\$1.85	\$3.69	\$14.69	\$1.85	\$4.15	\$14.23

## Vision Plan Coverage Level

Exempt	You + Domestic Partner			You + Domestic Partner + 1 Child			You + Domestic Partner + 2 or More Children			You + Domestic Partner + Domestic Partner's Child(ren)			You + Domestic Partner + Your Child(ren) + Domestic Partner's Child(ren)		
	Pre-Tax	Post-Tax	Imputed Income	Pre-Tax	Post-Tax	Imputed Income	Pre-Tax	Post-Tax	Imputed Income	Pre-Tax	Post-Tax	Imputed Income	Pre-Tax	Post-Tax	Imputed Income
<b>VSP Plan</b>	\$3.00	\$3.00	\$7.05	\$5.00	\$3.00	\$7.06	\$7.00	\$3.00	\$7.05	\$3.00	\$5.00	\$11.99	\$3.00	\$7.00	\$16.82

Non-Exempt	You + Domestic Partner			You + Domestic Partner + 1 Child			You + Domestic Partner + 2 or More Children			You + Domestic Partner + Domestic Partner's Child(ren)			You + Domestic Partner + Your Child(ren) + Domestic Partner's Child(ren)		
	Pre-Tax	Post-Tax	Imputed Income	Pre-Tax	Post-Tax	Imputed Income	Pre-Tax	Post-Tax	Imputed Income	Pre-Tax	Post-Tax	Imputed Income	Pre-Tax	Post-Tax	Imputed Income
<b>VSP Plan</b>	\$2.77	\$2.77	\$6.51	\$4.62	\$2.76	\$6.52	\$6.46	\$2.77	\$6.51	\$2.77	\$4.61	\$11.07	\$2.77	\$6.46	\$15.53

\*DeltaCare USA is for currently enrolled participants only; the plan is no longer available for new enrollment.