

YOUR 2019 PRE-TAX PREMIUM COMPARISON (PER PAY PERIOD)

Employee plus Spouse and/or Children

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
NVIDIA HSA Plan	Company Paid		Company Paid		Company Paid		Company Paid		Company Paid		Company Paid	
NVIDIA HSA Plus Plan	\$32.50	\$30.00	\$65.50	\$60.46	\$53.50	\$49.38	\$82.00	\$75.69	\$90.50	\$83.54	\$110.50	\$102.00
NVIDIA PPO Plan	\$84.50	\$78.00	\$154.00	\$142.15	\$134.00	\$123.69	\$193.00	\$178.15	\$209.00	\$192.92	\$248.00	\$228.92
Kaiser CA HSA	\$18.50	\$17.08	\$35.50	\$32.77	\$29.50	\$27.23	\$31.00	\$28.62	\$57.00	\$52.62	\$59.00	\$54.46
Kaiser CA HMO	\$38.00	\$35.08	\$72.00	\$66.46	\$59.50	\$54.92	\$62.50	\$57.69	\$118.50	\$109.38	\$121.50	\$112.15
BCBSAL Platinum PPO	\$101.00	\$93.23	\$182.50	\$168.46	\$148.50	\$137.08	\$157.50	\$145.38	\$229.00	\$211.38	\$229.00	\$211.38

YOUR 2019 PRE-TAX PREMIUM COMPARISON (PER PAY PERIOD)

Employee plus Spouse and/or Children

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
NVIDIA PPO DENTAL	\$9.50	\$8.77	\$21.00	\$19.38	\$23.00	\$21.23	\$25.50	\$23.54	\$32.50	\$30.00	\$35.00	\$32.31
DELTACARE USA (DHMO)	\$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
VSP Plan	\$3.00	\$2.77	\$5.50	\$5.08	\$4.50	\$4.15	\$6.50	\$6.00	\$7.50	\$6.92	\$9.50	\$8.77

YOUR 2019 POST-TAX PREMIUM COMPARISON (PER PAY PERIOD)

Employee plus Domestic Partner and/or Children

MEDICAL PLAN

COVERAGE LEVEL

	YOU + DP			YOU + DP + 1 CH			YOU + DP + 2 OR MORE CH			YOU + DP + DP CH			YOU + DP + YOUR CH + DP CH		
EXEMPT	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
NVIDIA HSA Plan	\$0.00	\$0.00	\$311.21	\$0.00	\$0.00	\$311.21	\$0.00	\$0.00	\$290.38	\$0.00	\$0.00	\$498.71	\$0.00	\$0.00	\$671.10
NVIDIA HSA Plus Plan	\$32.50	\$33.00	\$320.99	\$53.50	\$37.00	\$316.99	\$82.00	\$28.50	\$315.07	\$32.50	\$58.00	\$499.80	\$32.50	\$78.00	\$685.06
NVIDIA PPO Plan	\$84.50	\$69.50	\$316.15	\$134.00	\$75.00	\$310.66	\$193.00	\$55.00	\$330.65	\$84.50	\$124.50	\$483.86	\$84.50	\$163.50	\$667.57
Kaiser CA HMO	\$38.00	\$34.00	\$226.14	\$59.50	\$59.00	\$201.14	\$62.50	\$59.00	\$203.75	\$38.00	\$80.50	\$330.52	\$38.00	\$83.50	\$478.41
Kaiser CA HSA	\$18.50	\$17.00	\$212.95	\$29.50	\$27.50	\$181.62	\$31.00	\$28.00	\$183.21	\$18.50	\$38.50	\$312.74	\$18.50	\$40.50	\$432.03
NON-EXEMPT	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
NVIDIA HSA Plan	\$0.00	\$0.00	\$287.27	\$0.00	\$0.00	\$287.27	\$0.00	\$0.00	\$268.04	\$0.00	\$0.00	\$452.04	\$0.00	\$0.00	\$619.47
NVIDIA HSA Plus Plan	\$30.00	\$30.46	\$296.30	\$49.38	\$34.16	\$292.60	\$75.69	\$26.31	\$290.83	\$30.00	\$53.54	\$461.35	\$30.00	\$72.00	\$632.36
NVIDIA PPO Plan	\$78.00	\$64.15	\$291.83	\$123.69	\$69.23	\$286.76	\$178.15	\$50.77	\$305.22	\$78.00	\$114.92	\$446.64	\$78.00	\$150.92	\$616.23
Kaiser CA HMO	\$35.08	\$31.38	\$208.76	\$54.92	\$54.46	\$185.67	\$57.69	\$54.46	\$188.07	\$35.08	\$74.30	\$305.11	\$35.08	\$77.07	\$441.62
Kaiser CA HSA	\$17.08	\$15.69	\$196.57	\$27.23	\$25.39	\$167.64	\$28.62	\$25.84	\$169.13	\$17.08	\$35.54	\$288.68	\$17.08	\$37.38	\$398.80

YOUR 2019 POST-TAX PREMIUM COMPARISON (PER PAY PERIOD)

Employee plus Domestic Partner and/or Children

DENTAL PLAN COVERAGE LEVEL

	YOU + DP			YOU + DP +1 CH			YOU + DP + 2 OR MORE CH			YOU + DP + DP CH			YOU + DP + YOUR CH + DP CH		
EXEMPT	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
NVIDIA DENTAL Plan	\$9.50	\$11.50	\$31.39	\$23.00	\$9.50	\$33.80	\$25.50	\$9.50	\$33.39	\$9.50	\$23.00	\$49.84	\$9.50	\$25.50	\$76.88
DeltaCare USA	\$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	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
NVIDIA DENTAL Plan	\$8.77	\$10.61	\$28.99	\$21.23	\$8.77	\$31.20	\$23.54	\$8.77	\$30.82	\$8.77	\$21.23	\$46.01	\$8.77	\$23.54	\$70.97
DeltaCare USA	\$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

YOUR 2019 POST-TAX PREMIUM COMPARISON (PER PAY PERIOD)

Employee plus Domestic Partner and/or Children

VISION
PLAN

COVERAGE LEVEL

	YOU + DP			YOU + DP + 1 CH			YOU + DP + 2 OR MORE CH			YOU + DP + DP CH			YOU + DP + YOUR CH + DP CH		
EXEMPT	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
VSP Plan	\$3.00	\$2.50	\$7.05	\$4.50	\$3.00	\$6.55	\$6.50	\$3.00	\$6.54	\$3.00	\$4.50	\$11.64	\$3.00	\$6.50	\$16.12
NON-EXEMPT	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
VSP Plan	\$2.77	\$2.31	\$6.51	\$4.15	\$2.77	\$6.05	\$6.00	\$2.77	\$6.05	\$2.77	\$4.15	\$10.75	\$2.77	\$6.00	\$14.89