

YOUR PRE-TAX 2021 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
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	\$20.00	\$18.46	\$38.50	\$35.54	\$32.00	\$29.54	\$33.50	\$30.92	\$61.50	\$56.77	\$64.00	\$59.08
Kaiser CA HMO	\$41.50	\$38.31	\$79.00	\$72.92	\$65.50	\$60.46	\$68.50	\$63.23	\$130.00	\$120.00	\$133.50	\$123.23
BCBSAL Platinum	\$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 2021 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
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 POST-TAX 2021 PREMIUMS (PER PAY PERIOD)

MEDICAL PLAN COVERAGE LEVEL

Exempt	YOU + DP			YOU + DP + 1 CH			YOU + DP + 2 OR MORE CH			YOU + DP + DP CH			YOU + DP + YOUR CH + DP CH		
	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	\$330.11	\$0.00	\$0.00	\$330.11	\$0.00	\$0.00	\$309.27	\$0.00	\$0.00	\$518.87	\$0.00	\$0.00	\$712.06
NVIDIA HSA Plus Plan	\$32.50	\$33.00	\$343.35	\$53.50	\$37.00	\$339.35	\$82.00	\$28.50	\$337.44	\$32.50	\$58.00	\$534.75	\$32.50	\$78.00	\$733.37
NVIDIA PPO Plan	\$84.50	\$69.50	\$329.09	\$134.00	\$75.00	\$323.59	\$193.00	\$55.00	\$343.59	\$84.50	\$124.50	\$504.27	\$84.50	\$163.50	\$695.46
Kaiser CA HMO	\$41.50	\$37.50	\$245.06	\$65.50	\$64.50	\$218.06	\$68.50	\$65.00	\$220.38	\$41.50	\$88.50	\$357.95	\$41.50	\$92.00	\$518.33
Kaiser CA HSA	\$20.00	\$18.50	\$216.48	\$32.00	\$29.50	\$205.48	\$33.50	\$30.50	\$196.30	\$20.00	\$41.50	\$334.14	\$20.00	\$44.00	\$461.88

Non-Exempt	YOU + DP			YOU + DP + 1 CH			YOU + DP + 2 OR MORE CH			YOU + DP + DP CH			YOU + DP + YOUR CH + DP CH		
	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	\$304.72	\$0.00	\$0.00	\$304.71	\$0.00	\$0.00	\$285.49	\$0.00	\$0.00	\$478.95	\$0.00	\$0.00	\$657.29
NVIDIA HSA Plus Plan	\$30.00	\$30.46	\$316.94	\$49.38	\$34.16	\$313.24	\$75.69	\$26.31	\$311.48	\$30.00	\$53.54	\$493.61	\$30.00	\$72.00	\$676.96
NVIDIA PPO Plan	\$78.00	\$64.15	\$303.78	\$123.69	\$69.23	\$298.71	\$178.15	\$50.77	\$317.17	\$78.00	\$114.92	\$465.49	\$78.00	\$150.92	\$641.97
Kaiser CA HMO	\$38.31	\$34.61	\$226.22	\$60.46	\$59.54	\$201.29	\$63.23	\$60.00	\$203.43	\$38.31	\$81.69	\$330.42	\$38.31	\$84.92	\$478.47
Kaiser CA HSA	\$18.46	\$17.08	\$199.82	\$29.54	\$27.23	\$189.67	\$30.92	\$28.16	\$181.20	\$18.46	\$38.31	\$308.43	\$18.46	\$40.62	\$426.35

YOUR POST-TAX 2021 PREMIUMS (PER PAY PERIOD)

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	\$29.60	\$23.00	\$9.50	\$31.98	\$25.50	\$9.50	\$31.59	\$9.50	\$23.00	\$46.79	\$9.50	\$25.50	\$72.59
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

	YOU + DP			YOU + DP + 1 CH			YOU + DP + 2 OR MORE CH			YOU + DP + DP CH			YOU + DP + YOUR CH + DP CH		
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	\$27.32	\$21.23	\$8.77	\$29.52	\$23.54	\$8.77	\$29.16	\$8.77	\$21.23	\$43.19	\$8.77	\$23.54	\$67.00
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

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	\$7.39	\$4.50	\$3.00	\$6.89	\$6.50	\$3.00	\$6.90	\$3.00	\$4.50	\$12.22	\$3.00	\$6.50	\$16.95

	YOU + DP			YOU + DP + 1 CH			YOU + DP + 2 OR MORE CH			YOU + DP + DP CH			YOU + DP + YOUR CH + DP CH		
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	\$6.83	\$4.15	\$2.77	\$6.36	\$6.00	\$2.77	\$6.36	\$2.77	\$4.15	\$11.29	\$2.77	\$6.00	\$15.65