

## YOUR PRE-TAX 2020 PREMIUMS [PER PAY PERIOD]

MEDICAL												
PLAN	COVERAGE LEVEL											
	2020		2020		2020		2020		2020		2020	
	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 H.S.A	\$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	\$92.00	\$84.95	\$166.00	\$153.25	\$135.00	\$125.65	\$143.00	\$132.00	\$208.00	\$192.00	\$208.00	\$192.00

DENTAL												
PLAN	COVERAGE LEVEL											
	2020		2020		2020		2020		2020		2020	
	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											
	2020		2020		2020		2020		2020		2020	
	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 2020 PREMIUMS [PER PAY PERIOD]

MEDICAL															
PLAN	COVERAGE LEVEL														
	You + DP			You +DP +1 CH			You +DP +2 or More CH			You +DP+ 1(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	\$310.60	\$0.00	\$0.00	\$310.60	\$0.00	\$0.00	\$289.76	\$0.00	\$0.00	\$488.76	\$0.00	\$0.00	\$669.76
NVIDIA HSA Plus Plan	\$32.50	\$33.00	\$320.26	\$53.50	\$37.00	\$316.26	\$82.00	\$28.50	\$314.35	\$32.50	\$58.00	\$498.66	\$32.50	\$78.00	\$683.49
NVIDIA PPO Plan	\$84.50	\$69.50	\$315.33	\$134.00	\$75.00	\$309.84	\$193.00	\$55.00	\$329.83	\$84.50	\$124.50	\$482.57	\$84.50	\$163.50	\$665.81
Kaiser CA HMO	\$38.00	\$34.00	\$223.41	\$59.50	\$59.00	\$198.41	\$62.50	\$59.00	\$200.98	\$38.00	\$80.50	\$326.21	\$38.00	\$83.50	\$472.51
Kaiser CA HSA	\$18.50	\$17.00	\$199.66	\$29.50	\$27.50	\$189.15	\$31.00	\$28.00	\$180.30	\$18.50	\$38.50	\$308.19	\$18.50	\$40.50	\$425.81

MEDICAL															
PLAN	COVERAGE LEVEL														
	You + DP			You +DP +1 CH			You +DP +2 or More CH			You +DP+ 1(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 HSA Plan	\$0.00	\$0.00	\$286.71	\$0.00	\$0.00	\$286.70	\$0.00	\$0.00	\$267.47	\$0.00	\$0.00	\$451.16	\$0.00	\$0.00	\$618.24
NVIDIA HSA Plus Plan	\$30.00	\$30.46	\$295.63	\$49.38	\$34.16	\$291.93	\$75.69	\$26.31	\$290.16	\$30.00	\$53.54	\$460.31	\$30.00	\$72.00	\$630.91
NVIDIA PPO Plan	\$78.00	\$64.15	\$291.08	\$123.69	\$69.23	\$286.01	\$178.15	\$50.77	\$304.46	\$78.00	\$114.92	\$445.45	\$78.00	\$150.92	\$614.59
Kaiser CA HMO	\$35.08	\$31.38	\$206.23	\$54.92	\$54.46	\$183.15	\$57.69	\$54.46	\$185.53	\$35.08	\$74.30	\$301.12	\$35.08	\$77.07	\$436.17
Kaiser CA HSA	\$17.08	\$15.69	\$184.30	\$27.23	\$25.39	\$174.59	\$28.62	\$25.84	\$166.44	\$17.08	\$35.54	\$284.48	\$17.08	\$37.38	\$393.06

DENTAL															
PLAN	COVERAGE LEVEL														
	You + DP			You +DP +1 CH			You +DP +2 or More CH			You +DP+ 1(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	\$28.28	\$23.00	\$9.50	\$30.66	\$25.50	\$9.50	\$30.28	\$9.50	\$23.00	\$44.56	\$9.50	\$25.50	\$69.46
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

DENTAL															
PLAN	COVERAGE LEVEL														
	You + DP			You +DP +1 CH			You +DP +2 or More CH			You +DP+ 1(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	\$26.11	\$21.23	\$8.77	\$28.31	\$23.54	\$8.77	\$27.96	\$8.77	\$21.23	\$41.14	\$8.77	\$23.54	\$64.12
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																
EXEMPT	You + DP			You +DP +1 CH			You +DP +2 or More CH			You +DP+ 1(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	
VSP Plan	\$3.00	\$2.50	\$7.26	\$4.50	\$3.00	\$6.76	\$6.50	\$3.00	\$6.77	\$3.00	\$4.50	\$12.00	\$3.00	\$6.50	\$16.64	

VISION																
PLAN COVERAGE LEVEL																
NON-EXEMPT	You + DP			You +DP +1 CH			You +DP +2 or More CH			You +DP+ 1(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	
VSP Plan	\$2.77	\$2.31	\$6.71	\$4.15	\$2.77	\$6.24	\$6.00	\$2.77	\$6.24	\$2.77	\$4.15	\$11.09	\$2.77	\$6.00	\$15.36	