

YOUR PRE-TAX 2022 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	\$90.00	\$83.08	\$164.00	\$151.38	\$142.50	\$131.54	\$205.50	\$189.69	\$222.50	\$205.38	\$264.00	\$243.69
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 2022 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	\$6.00	\$5.54	\$5.00	\$4.62	\$7.00	\$6.46	\$8.00	\$7.38	\$10.00	\$9.23

YOUR POST-TAX 2022 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	\$346.86	\$0.00	\$0.00	\$346.85	\$0.00	\$0.00	\$326.02	\$0.00	\$0.00	\$544.70	\$0.00	\$0.00	\$748.36
NVIDIA HSA Plus Plan	\$32.50	\$33.00	\$363.83	\$53.50	\$37.00	\$359.82	\$82.00	\$28.50	\$357.91	\$32.50	\$58.00	\$566.75	\$32.50	\$78.00	\$777.61
NVIDIA PPO Plan	\$90.00	\$74.00	\$350.12	\$142.50	\$80.00	\$344.14	\$205.50	\$58.50	\$365.63	\$90.00	\$132.50	\$536.55	\$90.00	\$174.00	\$739.98
Kaiser CA HMO	\$41.50	\$37.50	\$236.01	\$65.50	\$64.50	\$209.00	\$68.50	\$65.00	\$211.24	\$41.50	\$88.50	\$343.64	\$41.50	\$92.00	\$498.77
Kaiser CA HSA	\$20.00	\$18.50	\$209.91	\$32.00	\$29.50	\$198.90	\$33.50	\$30.50	\$189.67	\$20.00	\$41.50	\$323.76	\$20.00	\$44.00	\$447.70

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	\$320.17	\$0.00	\$0.00	\$320.17	\$0.00	\$0.00	\$300.95	\$0.00	\$0.00	\$502.80	\$0.00	\$0.00	\$690.79
NVIDIA HSA Plus Plan	\$30.00	\$30.46	\$335.84	\$49.38	\$34.16	\$332.14	\$75.69	\$26.31	\$330.38	\$30.00	\$53.54	\$523.15	\$30.00	\$72.00	\$717.79
NVIDIA PPO Plan	\$83.08	\$68.30	\$323.19	\$131.54	\$73.84	\$317.67	\$189.69	\$54.00	\$337.50	\$83.08	\$122.30	\$495.28	\$83.08	\$160.61	\$683.05
Kaiser CA HMO	\$38.31	\$34.61	\$217.86	\$60.46	\$59.54	\$192.93	\$63.23	\$60.00	\$194.99	\$38.31	\$81.69	\$317.21	\$38.31	\$84.92	\$460.41
Kaiser CA HSA	\$18.46	\$17.08	\$193.76	\$29.54	\$27.23	\$183.61	\$30.92	\$28.16	\$175.08	\$18.46	\$38.31	\$298.85	\$18.46	\$40.62	\$413.25

YOUR POST-TAX 2022 PREMIUMS (PER PAY PERIOD)

DENTAL 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 DENTAL Plan	\$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
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	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 DENTAL Plan	\$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
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 + 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	\$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 + 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
VSP Plan	\$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