Your Pre-Tax 2026 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	$36.50	$33.69	$73.50	$67.85	$60.50	$55.85	$92.00	$84.92	$102.00	$94.15	$124.50	$114.92
NVIDIA PPO Plan	$101.00	$93.23	$185.00	$170.77	$160.50	$148.15	$231.50	$213.69	$250.50	$231.23	$297.50	$274.62
Kaiser CA HSA	$22.50	$20.77	$42.50	$39.23	$35.50	$32.77	$37.00	$34.15	$68.00	$62.77	$70.50	$65.08
Kaiser CA HMO	$46.00	$42.46	$87.50	$80.77	$72.50	$66.92	$76.00	$70.15	$143.50	$132.46	$147.50	$136.15
UHA Hawaii	$65.50	$60.46	$114.00	$105.23	$113.50	$104.77	$174.50	$161.08	$174.50	$161.08	$174.50	$161.08

Your Pre–Tax 2026 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	$21.50	$19.85	$23.50	$21.69	$26.00	$24.00	$33.00	$30.46	$35.50	$32.77
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

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

Your Post–Tax 2026 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
NVIDIA HSA Plan	$0.00	$0.00	$411.43	$0.00	$0.00	$411.45	$0.00	$0.00	$390.61	$0.00	$0.00	$657.84	$0.00	$0.00	$883.42
NVIDIA HSA Plus Plan	$36.50	$37.00	$449.83	$60.50	$41.50	$445.34	$92.00	$32.50	$443.92	$36.50	$65.50	$706.87	$36.50	$88.00	$959.51
NVIDIA PPO Plan	$101.00	$84.00	$454.96	$160.50	$90.00	$448.97	$231.50	$66.00	$472.97	$101.00	$149.50	$700.70	$101.00	$196.50	$964.96
Kaiser CA HMO	$46.00	$41.50	$363.55	$72.50	$71.00	$334.05	$76.00	$71.50	$337.60	$46.00	$97.50	$542.48	$46.00	$101.50	$773.41
Kaiser CA HSA	$22.50	$20.00	$308.17	$35.50	$32.50	$295.67	$37.00	$33.50	$287.43	$22.50	$45.50	$477.39	$22.50	$48.00	$659.18
UHA Hawaii	$65.50	$48.50	$221.69	$113.50	$61.00	$209.18	$113.50	$61.00	$209.18	$65.50	$109.00	$431.37	$65.50	$109.00	$431.37

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
NVIDIA HSA Plan	$0.00	$0.00	$379.78	$0.00	$0.00	$379.80	$0.00	$0.00	$360.57	$0.00	$0.00	$607.23	$0.00	$0.00	$815.47
NVIDIA HSA Plus Plan	$33.69	$34.16	$415.21	$55.85	$38.30	$411.09	$84.92	$30.00	$409.78	$33.69	$60.46	$652.49	$33.69	$81.23	$885.70
NVIDIA PPO Plan	$93.23	$77.54	$419.96	$148.15	$83.08	$414.43	$213.69	$60.93	$436.58	$93.23	$138.00	$646.80	$93.23	$181.39	$890.73
Kaiser CA HMO	$42.46	$38.31	$335.58	$66.92	$65.54	$308.35	$70.15	$66.00	$311.63	$42.46	$90.00	$500.75	$42.46	$93.69	$713.92
Kaiser CA HSA	$20.77	$18.46	$284.47	$32.77	$30.00	$272.93	$34.15	$30.93	$265.31	$20.77	$42.00	$440.67	$20.77	$44.31	$608.47
UHA Hawaii	$60.46	$44.77	$204.63	$104.77	$56.31	$193.09	$104.77	$56.31	$193.09	$60.46	$100.62	$398.18	$60.46	$100.62	$398.18

Your Post–Tax 2026 Premiums (Per Pay Period)

Dental Plan Coverage Level

	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)		
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	$12.00	$29.13	$23.50	$9.50	$32.02	$26.00	$9.50	$31.63	$9.50	$23.50	$46.35	$9.50	$26.00	$72.17
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	$11.08	$26.88	$21.69	$8.77	$29.55	$24.00	$8.77	$29.20	$8.77	$21.69	$42.78	$8.77	$24.00	$66.61
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 + 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)		
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	$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	**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

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