Your Pre-Tax 2027 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	$41.00	$37.85	$94.50	$87.23	$68.50	$63.23	$104.00	$96.00	$130.00	$120.00	$159.00	$146.77
NVIDIA PPO Plan	$126.50	$116.77	$231.50	$213.69	$200.50	$185.08	$289.50	$267.23	$313.00	$288.92	$372.00	$343.38
Kaiser CA HSA	$23.00	$21.23	$50.50	$46.62	$42.00	$38.77	$45.50	$42.00	$79.00	$72.92	$83.50	$77.08
Kaiser CA HMO	$47.50	$43.85	$98.00	$90.46	$81.00	$74.77	$87.00	$80.31	$158.00	$145.85	$164.50	$151.85
UHA Hawaii	$73.00	$67.38	$132.50	$122.31	$126.00	$116.31	$194.00	$179.08	$203.00	$187.38	$203.00	$187.38

Your Pre–Tax 2027 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 2027 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	$478.81	$0.00	$0.00	$478.83	$0.00	$0.00	$458.00	$0.00	$0.00	$764.13	$0.00	$0.00	$1,028.63
NVIDIA HSA Plus Plan	$41.00	$53.50	$499.19	$68.50	$61.50	$491.21	$104.00	$55.00	$487.29	$41.00	$89.00	$787.27	$41.00	$118.00	$1,071.45
NVIDIA PPO Plan	$126.50	$105.00	$497.59	$200.50	$112.50	$490.12	$289.50	$82.50	$520.12	$126.50	$186.50	$764.09	$126.50	$245.50	$1,053.11
Kaiser CA HMO	$47.50	$50.50	$365.57	$81.00	$77.00	$339.07	$87.00	$77.50	$342.73	$47.50	$110.50	$546.89	$47.50	$117.00	$781.71
Kaiser CA HSA	$23.00	$27.50	$309.71	$42.00	$37.00	$300.20	$45.50	$38.00	$292.06	$23.00	$56.00	$481.16	$23.00	$60.50	$666.20
UHA Hawaii	$73.00	$59.50	$240.82	$126.00	$77.00	$223.31	$126.00	$77.00	$223.31	$73.00	$130.00	$470.63	$73.00	$130.00	$470.63

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	$441.99	$0.00	$0.00	$442.00	$0.00	$0.00	$422.77	$0.00	$0.00	$705.36	$0.00	$0.00	$949.51
NVIDIA HSA Plus Plan	$37.85	$49.38	$460.79	$63.23	$56.77	$453.42	$96.00	$50.77	$449.81	$37.85	$82.15	$726.71	$37.85	$108.92	$989.03
NVIDIA PPO Plan	$116.77	$96.92	$459.32	$185.08	$103.84	$452.42	$267.23	$76.15	$480.11	$116.77	$172.15	$705.32	$116.77	$226.61	$972.11
Kaiser CA HMO	$43.85	$46.61	$337.46	$74.77	$71.08	$312.98	$80.31	$71.54	$316.37	$43.85	$102.00	$504.82	$43.85	$108.00	$721.58
Kaiser CA HSA	$21.23	$25.39	$285.87	$38.77	$34.15	$277.12	$42.00	$35.08	$269.58	$21.23	$51.69	$444.15	$21.23	$55.85	$614.94
UHA Hawaii	$67.38	$54.93	$222.29	$116.31	$71.07	$206.15	$116.31	$71.07	$206.15	$67.38	$120.00	$434.44	$67.38	$120.00	$434.44

Your Post–Tax 2027 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.