



2024 Benefits Guide

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ABOUT THIS GUIDE

This guide is intended to assist you (eligible employees) in making benefits decisions and provide an overview of programs available. When viewing online, you can click on any topic in the *Table of contents* to link directly to a page and you can quickly return to the top of the document using the link at the bottom of each page. Links to associated content or resources can be identified by **orange text**.

This guide is not a complete description of plan provisions and certain benefits described may not be available to all employees. Every effort has been made to provide an accurate summary, but if there is a conflict between the information in this guide and official plan documents, the official plan documents govern. Plan documents and descriptions can be located on the **US Benefits website**. Benefits may vary depending on the applicable laws and are subject to change at any time. This guide does not serve as a contract or offer of employment.

ADDITIONAL INFORMATION AND RESOURCES

If you have questions, there are several resources that can help:

- The **US Benefits website** is a convenient, one-stop resource that makes it easy for you to find the information you're looking for.
- If you have questions about plan coverage or a specific situation, the experts at **CareCounsel** can help.
- If you need assistance navigating Workday, check out the **Workday Support Library**.
- You can also look for Lumi on #slack or contact AskPPL via **Autodesk One**.

ENROLLING IN BENEFITS

You can learn about the benefits that are available to you by reviewing the information in this guide and on the US Benefits website.

Consider using the **medical plan decision support tool** to help you decide which medical plan is right for you.

You will complete your benefits enrollment in **Workday** - new hires receive a notification when it's time to enroll. Once you complete your elections, coverage is effective as of your date of hire.

TIP: You can make your enrollment session as quick and easy as possible by having the date of birth and social security number (if available) of your dependent(s) on hand.

CHANGING COVERAGE

Once enrolled, you may not change your elections until the next open enrollment period unless you have a qualifying life event during the year. It's important that you enter the change in **Workday** within 31 days of the event. Refer to **making benefit changes** for additional details.

ELIGIBILITY

Eligible employees

All regular US employees scheduled to work 20+ hours per week are eligible for all benefits outlined in this guide, unless otherwise noted. Refer to the Autodesk, Inc., Group Welfare and Summary Plan Description document on the [US Benefits website](#) for the full Eligible Employee definition.

Interns can view the [intern eligibility summary](#) for the benefits available to interns.

Eligible dependents

You may enroll your eligible dependents in your medical, dental, vision, and voluntary life and AD&D, and legal insurance plans. By enrolling a dependent, you are certifying that they are an eligible dependent. At any time, the Plan may require proof that a spouse or partner or a child qualifies or continues to qualify as a dependent as defined by the Plan.

Eligible dependents include:

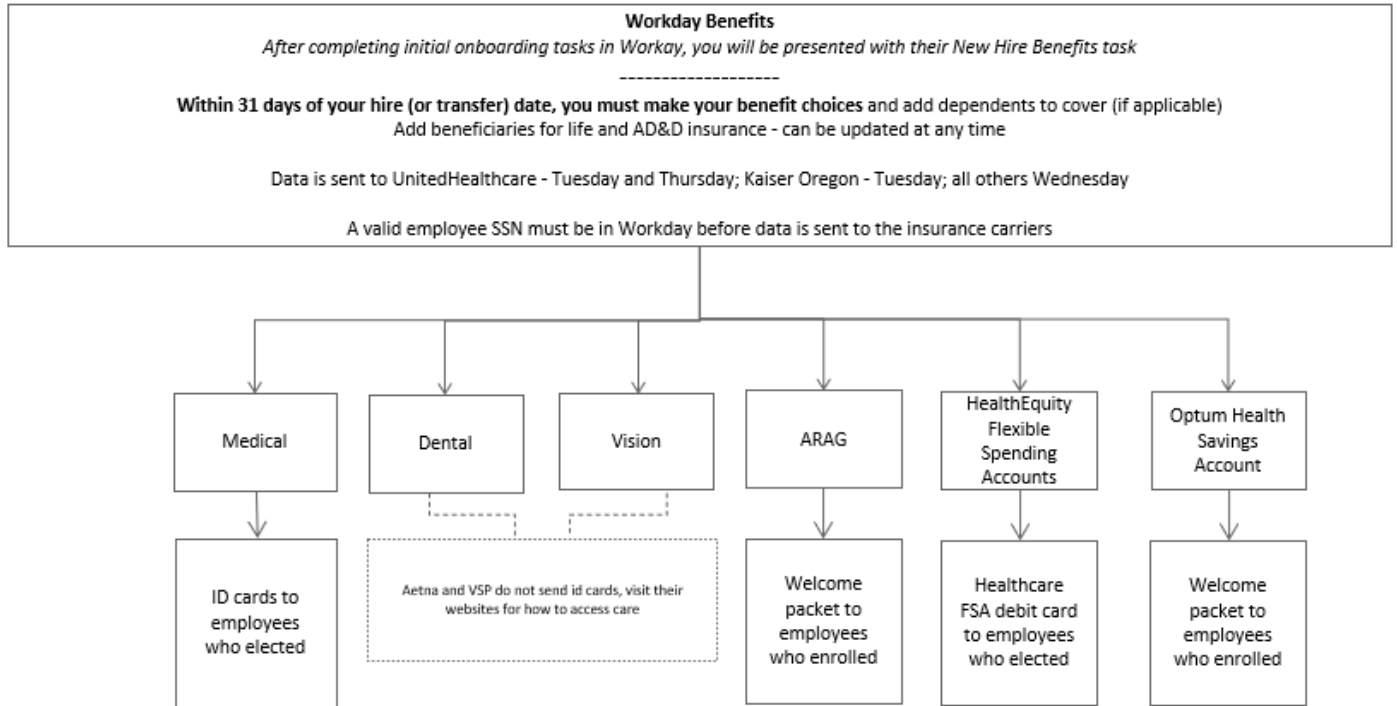
- Your legal spouse or partner (see [domestic partner details](#) for partner requirements)
 - When you add a domestic partner in Workday, the enrollment system will walk you through the certification process
- Children up to age 26 (coverage automatically ends at the *end of the month in which the child turns 26*), including:
 - Your natural children and stepchildren
 - Your adopted children and foster children
 - Children for whom you are required to provide coverage by court order; *it is your responsibility to abide by any court orders requiring coverage for dependents*
 - Children of your legally registered/recognized domestic partner's children
 - Children of your non-legally registered/recognized domestic partner (only if you claim them as a dependent on your federal tax return – see [domestic partner details](#) for the difference between legally registered/recognized and non-registered/recognized)
 - Any other children you claim as a dependent on your federal tax return
 - Disabled children over age 26 may be eligible to continue coverage once proof of ongoing disability is submitted and approved by the insurance carrier

If you cover dependents on your benefits, they will be enrolled in the same plans as you. You cannot enroll in one plan and to have your dependents enrolled in a different plan.

Autodesk spouses/partners: No duplicate coverage for spouses/partners who both work at Autodesk. *If you and your spouse/partner are both Autodesk employees and eligible to participate in the Autodesk Benefits Plan, you can be covered under each plan only once, meaning you cannot be covered as an employee and a spouse/partner. Any eligible dependents may be covered by either parent, but not both. The enrollment system does not prevent you from adding duplicate coverage. You are responsible to know what you and your spouse/partner have elected.*

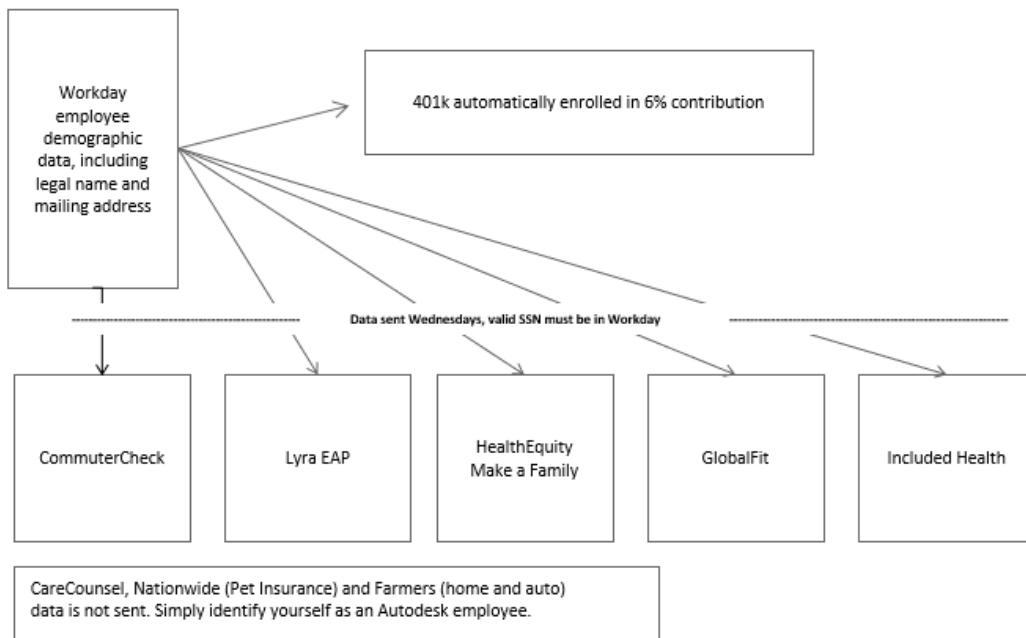
BENEFITS INFORMATION FOR NEW EMPLOYEES

Benefits requiring action within 31 days of date of hire



Benefits available to use or change at anytime

Because you can enroll for the following benefits at any time, you will not be prompted to enroll in Workday.



Default coverage for new hires

Regular employees who do not wish to enroll in medical, dental and/or vision coverage must log into [Workday](#) and waive coverage in those plans. Otherwise, you will be automatically enrolled in default coverage. (Note: this does not apply to interns.)

This coverage costs you nothing and includes employee-only coverage for:

- UnitedHealthcare High Deductible Health Plan (HDHP)
- Aetna PPO dental
- VPS basic vision

In addition, regular employees and interns are automatically enrolled in:

- Basic life and AD&D at 1x annual salary or minimum \$50,000
- Long-term disability

Refer to information in this guide for coverage details on the plans listed above.

AUTODESK'S CONTRIBUTIONS TO YOUR BENEFITS

Autodesk's contributions pay for a majority of your benefits. Effective from your date of hire (or transfer to the US), Autodesk contributes enough toward employees' benefits to purchase a comprehensive benefits package for you and subsidizes health insurance premiums for eligible dependents. Autodesk's contributions are based on how many dependents you are covering and your age and salary (for life, AD&D and long-term disability insurance). Overall, Autodesk covers approximately 80% of medical, dental, and vision insurance premiums and provides a base package of employee medical, dental, vision, life and disability coverage at \$0 employee cost.

The amount you'll pay for coverage each paycheck can be found on the [2024 plan costs page](#).

BENEFIT PLANS AND PROGRAMS

Medical plans

Administered by United Healthcare and Kaiser - see [contact information](#)

The best plan for you and your family depends on whether you are more comfortable with a "pay as you go" plan with higher per paycheck costs or prefer saving in your paycheck and paying more when you seek medical services. The US benefits website offers a [medical plan decision support tool](#) to help you decide the best plan for you, or you can contact CareCounsel at 888-227-3334 or staff@carecounsel.com. Refer to the [medical plan comparison](#) chart for plan details and costs.

Medical plans are available based on where you live. Workday, the online enrollment system, will present the plans for which you are eligible.

Overview of plans:

Plan	Your pay period costs	Your plan costs	Provider choice
UnitedHealthcare Choice Plus High Deductible	\$	\$\$\$\$	Any provider
UnitedHealthcare Choice Plus (PPO)	\$\$\$	\$\$	Any provider
UnitedHealthcare Choice (EPO)	\$\$\$\$	\$	Network only
Kaiser California	\$\$	\$	Network only
Kaiser Oregon	\$\$	\$	Network only

Important: The information in this chart assumes the use of network providers. Costs are higher when using non-network providers.

		UHC Choice Plus (PPO)	UHC Choice (EPO)	UHC Choice Plus High Deductible (HDHP) (HSA compatible)
Overview	Payment level	After calendar-year deductible, Plan generally pays 90% for network, 70% for non-network.	Plan generally pays 100% with applicable copay.	After calendar-year deductible, Plan generally pays 80% for network, 60% for non-network.
	Calendar year deductible	¹ Network—\$500 Individual/ \$1,000 Family Non-network—\$1,000 Individual/\$2,000 Family Does not apply to services with copay, retail pharmacy, or preventive care services. Unless noted otherwise, the deductible will apply to all other network and non-network services.	None	³ Network—\$1,600 Individual/Employee/Single, \$3,200 Family Non-Network—\$3,200 Individual/Employee/Single, \$6,400 Family Deductible applies to all network and non-network services other than preventive care services.
	Coinsurance	Network—90% Non-network—70%	Network – 100%	Network—80% Non-network— 60%
	Out-of-pocket maximum - the most you pay per calendar year	² Network—\$2,000 Individual, \$4,000 Family Non-network—\$4,000 Individual, \$8,000 Family Includes copays, deductibles, and coinsurance	² \$2,000 Individual, \$4,000 Family Includes copays and prescription coinsurance	⁴ Network—\$3,200 Individual/Employee/Single, \$6,400 Family Non-network—\$6,400 Individual/Employee/Single, \$12,800 Family Includes deductibles and coinsurance
	Preauthorization	Required for hospital, skilled nursing facilities, certain outpatient procedures, home health, hospice, private duty nursing, and some prescriptions.	Some prescriptions	Required for hospital, skilled nursing facilities, certain outpatient procedures, home health, hospice, private duty nursing, and some prescriptions.
At the doctor's office	Primary care	Network—\$25 copay; non-network—70%	\$20 copay	Network—80%; non-network—60%
	Specialist	Network—\$35 copay; non-network—70%	\$30 copay	Network—80%; non-network—60%
	Routine physicals (PCP)	100% including associated x-ray and lab services	No charge	100% including associated X-ray and lab services
	Well-baby/child care	100% including associated x-ray and lab services	No charge	100% including associated X-ray and lab services
Urgent care clinic	X-ray and lab services	Network—90%; non-network—70%	No charge	Network—80%; non-network—60%
	Physician fees may apply	Network—90%; non-network—70%	\$35 copay	Network—80%; non-network—60%
Hospitalization	Semiprivate room/board	Network—90%; non-network—70%	\$150 copay	Network—80%; non-network—60%
	X-Ray and lab services	Network—90%; non-network—70%	No charge	Network—80%; non-network—60%
	Surgery	Network—90%; non-network—70%	No charge	Network—80%; non-network—60%
	Emergency room	90% after meeting Network deductible	\$50 copay (waived if admitted)	80% after meeting Network deductible
Prescriptions	Network pharmacy	90% - member pays 10%, to the maximum listed below (up to 31-day supply):	90% - member pays 10%, to the maximum listed below (up to 31-day supply):	80%
	- Tier 1	\$20	\$20	
	- Tier 2	\$50	\$50	
	- Tier 3	\$80	\$80	
	- Specialty	\$100	\$100	
Non-network pharmacy	50%	Not Covered	60%	
Mail order	Mail order	90% - member pays 10%, to the maximum listed below (up to 90-day supply)	90% - member pays 10%, to the maximum listed below (up to 90-day supply)	80%
	- Tier 1	\$40	\$40	
	- Tier 2	\$100	\$100	
	- Tier 3	\$160	\$160	
	- Specialty	N/A	N/A	

¹If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.

² If you have other family members on the plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.

³ If you have other family members on the plan, the overall family deductible must be met before the plan begins to pay – the Individual deductible doesn't apply if you cover two or more people (including yourself).

⁴ If you have other family members on the plan, the overall family out-of-pocket limits must be met – the individual out-of-pocket limit doesn't apply if you cover two or more people (including yourself).

Medical plan comparison - UnitedHealthcare (cont.)

Glossary of key terms

		UHC Choice Plus (PPO)	UHC Choice (EPO)	UHC Choice Plus High Deductible (HDHP) (HSA compatible)
Maternity	Including prenatal care, delivery, and routine nursery charges (non-specialists). Does not include hospitalization.	Network–90%; \$25 copay for initial PPO doctor's office visit (waived after initial visit); Non-network–70%	100%; \$20 copay for initial PCP doctor's office visit (waived after initial visit)	Network–80% Non-network–60%
Mental health/ substance use	Outpatient	Network–\$25 copay; non-network–70%	\$20 copay	Network–80%; non-network–60%
	Inpatient	Network–90%; non-network–70%	100% after \$150 inpatient copay	Network–80%; non-network–60%
Other services	Infertility/fertility medical treatment	Contact UnitedHealthcare for preauthorization requirements and network details.	Contact UnitedHealthcare for preauthorization requirements and network details.	Contact UnitedHealthcare for preauthorization requirements and network details.
	Acupuncture	Network–\$35 copay; non-network–70%; 26 visits per calendar year maximum	\$30 copay; 26 visits per calendar year maximum	Network–80%; non-network–60%; 26 visits per calendar year maximum
	Chiropractic care	Network–\$35 copay; non-network–70%; 26 visits per calendar year maximum	\$30 copay; 26 visits per calendar year maximum	Network–80%; non-network–60%; 26 visits per calendar year maximum

A note about non-network payment levels—applies to UHC Choice Plus (PPO) and UHC Choice Plus High Deductible (HDHP) plans: Non-network claims may be adjusted based upon a reference-based methodology that is geographically adjusted, and based on what providers generally charge for the same or similar service.

Medical plan highlights – Kaiser

Glossary of key terms

		Kaiser HMO (California)	Kaiser HMO (Oregon)
Overview	Payment level	Plan generally pays 100% after out-of-pocket maximum is met	Plan generally pays 100% after out-of-pocket maximum is met
	Calendar year deductible	None	None
	Out-of-pocket maximum for the year	\$1,500 Individual, \$3,000 Family Includes copays	\$600 Individual, \$1,200 Family
	Preauthorization	N/A	N/A
At the doctor's office	Primary care	\$25 copay	\$25 copay
	Specialist	\$35 copay	\$35 copay
	Routine physicals (PCP)	No charge	No charge
	Well-baby/child care	No charge	No charge
	X-ray and lab services	No charge	\$15 copay
Urgent care clinic	Physician fees may apply	\$25 copay/visit	\$35 copay
Hospitalization	Semiprivate room/board	\$150 copay per admission	\$50 copay per day to \$250 maximum per admission
	X-ray and lab services	Included in inpatient hospital copay	Included in inpatient hospital copay
Emergency room (not covered for non-emergencies)	Surgery	Included in inpatient hospital copay /30 copay for outpatient surgery	Included in inpatient hospital copay/\$20 copay for outpatient
	Emergency room	\$75 copay (waived if admitted)	Kaiser facility-\$75 copay (waived if admitted); qualifying care non-Kaiser facility-\$75 copay (waived if admitted)
Prescriptions	Network pharmacy	\$10 copay (generic)/\$20 copay (brand) up to a 30-day supply (50% drugs for the treatment of sexual dysfunction)	\$10 (generic)/\$20 (formulary brand)/\$40 (non-formulary)/\$150 (specialty) (up to 30-day supply)
	Non-network pharmacy	Not covered	Not covered—unless qualifying emergency
	Mail order	\$20 copay (generic)/\$40 copay (brand) up to 100-day supply	\$20 (generic)/\$40 (formulary brand)/\$80 non-formulary for 90-day supply
Maternity	Including prenatal care, delivery, and routine nursery charges (non-specialists). Does not include hospitalization.	No charge for prenatal and postnatal visits	No charge for prenatal and postnatal visits
Mental health/ Substance use	Outpatient	Mental health-\$20 copay individual/\$10 copay group visit; Substance use disorder-\$20 copay individual/\$5 copay group visit	\$25 copay
	Inpatient	Mental health-\$150 hospital admission copay; Substance use disorder-\$150 hospital admission copay (detox only); \$100 copay Transitional residential recovery services	\$50 copay per day to a \$250 maximum per admission
Other medical care	Infertility/fertility medical treatment	Diagnosis and treatment of underlying conditions of infertility. IVF/GIFT/ZIFT covered, up to 2 cycles per lifetime.	Diagnosis of underlying conditions of infertility. IVF/GIFT/ZIFT, covered, up to \$30K per lifetime.
	Acupuncture	Non-physician specialist visit - \$20 copay per visit Physician Specialist Visit - \$30 copay per visit	Acupuncture \$25 copay, 12 visits/year
	Chiropractic care	\$15 copay per visit; 30 visits per calendar year maximum. Kaiser/American Specialty Health Plans (ASHP) network only.	Chiropractic \$25 copay, 20 visits/year

Accessing the right care at the right time

When you or a family member is sick or injured, you need to decide where to go for care. Choosing the right place can save you time and money—and, most importantly, give you access to medical care that is appropriate for your symptoms.

Your symptoms	Where to get care			
	Doctor's office	Virtual visit	Urgent care	Emergency room
It's time for your annual preventive care and wellness exam	✓			
You have a bloody nose	✓	✓		
You have an earache	✓	✓		
You have a rash on your arms and legs	✓	✓		
You have a cough that won't go away	✓	✓		
You are experiencing common cold or flu symptoms	✓	✓		
You threw out your back and are in severe pain			✓	
You have a bug bite and the site is very swollen			✓	
You twisted your ankle and are fairly certain it's sprained			✓	
You cut your finger and are unable to stop the flow of blood			✓	
You have chest pains and numbness in your face, arm, or leg				✓
You have severe shortness of breath				✓
You have a sharp pain in your abdomen accompanied by a high fever				✓
You have sustained a life-threatening injury				✓

Is it an emergency?

If you can answer “yes” to any of these questions, call “911” or go to the nearest emergency room.

- Are the symptoms serious and/or life-threatening?
- Did the symptoms occur suddenly and without warning?
- Is there a lot of bleeding, extreme pain, or shortness of breath?
- Do you feel there may be serious damage to body functioning or an organ or part of the body without getting medical attention right away?

Help with your health care

Medical care assistance and second opinion services

Administered by Included Health - see [contact information](#)

Whether or not you have health insurance through Autodesk, Included Health provides free medical support for you, your spouse/partner, and your children as well as your extended family members (parents, parents-in-law, grandparents, and siblings).

Use Included Health when you or a family member:

- **Want to chat with a doctor for quick medical guidance from a licensed physician.** The doctor can provide education on diagnoses, review/clarify doctor's recommendations, answer medical questions and provide guidance on next steps for a new symptom.
- **Need the right doctor.** Search for trusted, in-network doctors for your health. The personal care team can also assist in finding an in-network primary care physician or specialist in your area and book your appointment for you.
- **Need an expert.** They will collect your medical records and get you a virtual second opinion or personalized care plan from a world-leading doctor specializing in your area of need.
- **Need guidance when you're in the hospital.** They will explain confusing medical terms and help you make decisions.

Health insurance support and claim advocacy

Administered by CareCounsel - see [contact information](#)

CareCounsel, a wholly owned subsidiary of Stanford Health Care, is a health advocacy service paid for by Autodesk to help you and your family navigate our complex health care system and get the most from your health care benefits.

This comprehensive service can help you with administrative issues involving your medical, dental, vision, pharmacy, or any other health care needs. Contact CareCounsel at 888-227-3334 if you are having trouble understanding your medical coverage or need assistance with a claim.

If there is a conflict between information provided by CareCounsel and the insurance carrier, the insurance carrier and official plan documents govern.

Dental plans

Administered by Aetna - see [contact information](#)

You have two dental plans to choose from - the PPO provides the greatest flexibility while the DMO provides a lower-cost option. If you are considering the DMO, there are restrictions you should be aware of (see below).

Important information

- No ID cards - Aetna does not mail ID cards. If you are a new member, you will receive a welcome letter in the mail and it will include a mock card you can cut out and use. You can also register at Aetna.com and print an ID Card or use Aetna's mobile app for a virtual ID Card. Just give your dentist the policy and phone number below.
- If your dentist recommends treatment expected to cost more than \$300, your dentist's office should submit a predetermination of benefits to Aetna so you know how much Aetna will pay before you receive services.

Aetna Dental Maintenance Organization (DMO)



- Has a **limited** choice of dentists - do not select this plan if a choice of dentist is important to you or your family member(s).
- You must see a network provider for services to be covered.
- Each enrolled member may select a different network provider – be sure to provide Aetna with the network provider(s) you have selected.
- You will not be allowed to change plans until a [qualifying life event](#) or [Open Enrollment](#).
- If you are enrolling for the first time and you or your enrolled family member have already started an orthodontic treatment program, the DMO will not cover orthodontia expenses.

Review the [dental plan comparison](#) chart for plan details and costs.

To [search for a dentist](#) without logging in or being a member, simply use the “Continue as a guest” option and look for these networks:

- Aetna PPO provider directory, select the Dental PPO/PDN with PPO II Network
- Aetna DMO provider directory, select the DMO®/DNO

Overview	Preferred Provider Organization (PPO)	Dental Maintenance Organization (DMO)
Summary	<p>Enrollees may use any provider</p> <p>Participating PPO dentists provide dental services at a reduced fee schedule</p>	<p>All services (except for certain emergency care) must be provided or prescribed by your selected network primary care dentist. Network is limited and may change. You can switch DMO dentists by calling Aetna any time before the 15th of the month and the change will become effective the first day of the following month.</p>
Benefit basis	<p>Reasonable and customary (maximum paid based on the most common costs for services or procedures in a specific geographic area)</p>	<p>Negotiated in advance between Aetna and network providers.</p>
Calendar year maximum benefit	<p>\$2,500 per covered member</p> <p>Preventive services are not applied to the calendar year maximum benefit</p>	<p>None</p>
Calendar year deductible Per person Per family	<p>Individual deductible waived for preventive care and orthodontia</p> <p>\$50 \$150</p>	<p>None None</p>
Preventive care	<p>100%; exams, cleaning, fluoride for children, bitewing x-rays</p> <p>Prophylaxis limited to four times per calendar year for adults and two times per calendar year for children</p>	<p>100%; exams, cleaning, fluoride for children, x-rays</p> <p>Prophylaxis limited to four times per calendar year</p>
Basic care	<p>80%; extractions, fillings, periodontics, endodontics, minor restorations, space maintainers, other x-rays</p>	<p>100%; extractions, fillings, most periodontics and endodontics, minor restorations</p>
Major care	<p>60%; inlays, onlays, crowns, bridgework, dentures, implants</p>	<p>60%; inlays, onlays, crowns, bridgework, dentures, space maintainers</p>
Orthodontia, adults and children	<p>50%;</p> <p>\$2,500 lifetime maximum benefit per covered member</p>	<p>50%; Limited to 24 months of active and 24 months of post treatment. If enrolling for the first time and you or dependent have already started an orthodontic treatment program, the DMO option will not cover your orthodontia expenses.</p>

Vision plans

Administered by Vision Service Plan (VSP) - see [contact information](#)

You have two vision plans to choose from - basic coverage at no cost or the Plus plan for enhanced benefits.

No ID cards - VSP does not issue ID cards, simply let your vision provider know you are a VSP member.

Review the [vision plan comparison](#) chart for plan details and costs.

Vision plan comparison

[Glossary of key terms](#)

	Basic	Plus
	Frequency	
Exams	Once every calendar year No copay for Exam	Once every calendar year No copay for Exam
Lenses*	Once every other calendar year (Every calendar year if prescription changes)	Once every calendar year
Frames	Once every other calendar year	Once every calendar year
Contacts*	Once every other calendar year	Once every calendar year
Lens enhancements Covered in full	Polycarbonate lenses for children Standard progressives	Polycarbonate lenses Anti-glare coating Tints/light-reactive Standard progressives UV coating High index lenses
	Copays	
Lens & Frame copay	\$30	\$20
Retinal screening copay	\$15	\$15
Computer VisionCare (Employee-only benefit)	\$10 copay for services Exam every calendar year Lenses & frame every other calendar year \$80 Allowance for frame Anti-glare coating	\$10 copay for services Exam every 12 months Lenses & frame every calendar year \$90 Allowance for frame Anti-glare coating
LightCare	One pair of non-prescription sunglasses or non-prescription blue light filtering glasses, in lieu of prescription frame/lens benefit	One pair of non-prescription sunglasses or non-prescription blue light filtering glasses, in lieu of prescription frame/lens benefit

*You can get either glasses or contacts (but not both) every calendar year or every other calendar year.

	Basic and Plus	
Type of Expense	In-network maximum	Out-of-network maximum
Exam	Covered	Covered up to: \$42
Retinal screening	Covered	Not Covered
Single vision lenses	Covered	Covered up to: \$40
Lined bifocal lenses	Covered	Covered up to: \$60
Lined trifocal lenses	Covered	Covered up to: \$80
Progressive lenses	Covered	Covered up to: \$80
Frames	Covered up to \$180 (Basic) / \$250 (Plus)	Covered up to \$70
Contact lenses	Covered up to \$105 (Basic) / \$250 (Plus)	Covered up to \$105 (Basic) / \$250 (Plus)

In addition to the features covered in the chart, members are eligible for discounts, including the Laser VisionCareSM program.

Health Savings Account (HSA)

Administered by Optum Bank - see [contact information](#)

An HSA is a tax-free savings account that can be paired with the United Healthcare Choice Plus High Deductible Health Plan (HDHP) to help you pay your deductible and qualified out-of-pocket medical, pharmacy, dental and vision expenses. This tax-free account can be used to pay for qualified medical expenses, or let it grow indefinitely. The HSA makes for a great long-term investment tool.

- Your HSA—including the money you contribute and the money Autodesk contributes on your behalf—is yours to keep, even if you change jobs, retire, or leave the health plan.
- Your contributions are tax-free and reduce your overall taxable income.
- You never pay taxes on withdrawals for qualified medical expenses.

2024 HSA Maximum Contribution Amount	
Employee-only coverage	\$4,150
Employee + 1 or more dependents	\$8,300
Individuals age 55+ may be eligible to make additional catchup contributions of \$1,000	

Note to employees with a domestic partner enrolled in the HDHP: you can contribute to the HSA at the \$8,300 level, but you cannot use any HSA funds for your domestic partner's health care expenses unless your domestic partner qualifies as an IRS tax dependent.

If you enroll in the UHC High Deductible Health Plan and elect the HSA, Autodesk will contribute money to your HSA each pay period – \$45 if you are enrolled in single HDHP coverage or \$90 if you cover others.

- Make an HSA election in [Workday](#) to receive the employer contribution each pay period.
- The annual employer contribution amount you receive is based on remaining pay periods once your HSA deduction begins.
- You can [change your contribution amount](#) at any time during the year.
- The 2024 maximum contribution amounts noted previously include the employer contribution.

You are eligible for the HSA if you:

- Are enrolled in the UHC High Deductible Health plan.
- Have no other health coverage except what is permitted by the IRS (See IRS Publication 969)
- Are not enrolled in Medicare
- Are not claimed as a dependent on someone else's tax return.

Check out the [Optum Bank HSA overview](#) and [Optum Bank HSA User Guide](#) for more information.

Flexible Spending Accounts (FSA)

Administered by HealthEquity | WageWorks - see [contact information](#)

FSAs allow you to set aside tax-free dollars which you may then use to pay certain health care and dependent care expenses. Since you are using tax-free dollars to pay these expenses, you lower your federal income and Social Security taxes. When you pay less in taxes, you receive more spendable income. This may offset the cost of many of your out-of-pocket health care expenses (such as copays, deductibles and coinsurance) and ease the financial burden of caring for your children or other IRS recognized dependents while you work. Depending on your personal tax rate, you can save 10% to 30% or more through convenient payroll deductions.

General purpose FSA

Funds from a general-purpose FSA (or health care FSA) can be used for qualified expenses included medical, dental, vision and pharmacy. With an FSA, the entire elected amount is available to you on the first day of the health plan year. You don't have to wait for your payroll contributions to accumulate before paying expenses with your FSA. 2024 Annual Limit: \$3,200.

Limited purpose FSA (if you're electing HDHP/HSA)

Used in conjunction with a health savings account (HSA), an LPFSA allows you to contribute additional pre-tax dollars to use for dental and/or vision expenses. This allows you to maximize your pre-tax HSA contributions and contribute additional pre-tax dollars to an LPFSA. 2024 Annual Limit: \$3,200.

Dependent care FSA

The Dependent care FSA is for eligible **day care** or **elder care** expenses for your legal dependents (children under age 13), or adult dependents who are unable to care for themselves because of a mental or physical disability).

To qualify, the IRS requires that the dependent care is necessary for you (and your spouse) to work, look for work, or attend school full-time at the time your dependent(s) is receiving care.

Each calendar year the IRS allows you to contribute the following amounts, depending on your family status:

- \$5,000 each year for married couples filing jointly, unmarried couples, and single individuals
- \$2,500 if you are married and filing separately.

Important: Be sure to review [FSA details](#) for other important rules and information about participating in the FSA, including the IRS “use it or lose it” rules.

Dependent care FSA subsidy

Get help from Autodesk

If your household adjusted gross income is \$175,000 or less, and you enroll in the Dependent Care FSA during the annual open enrollment period, you qualify for a dependent care subsidy from Autodesk equal to 30% of your annual Dependent Care FSA election.

Following open enrollment, all employees enrolled in the Dependent Care FSA for the following year will receive instructions for applying for the subsidy. If you submit a timely application and qualify for the subsidy, and you are an active employee enrolled in the Dependent Care FSA on January 1, the subsidy will be funded directly to your Dependent Care FSA on the first pay date in January.

Employees who enroll in the Dependent Care FSA outside of the open enrollment period are not eligible to receive the subsidy for calendar year in which they enroll.

Pre-tax commuter benefit program

Administered by Edenred - see [contact information](#)

Since commuter benefits allow you to use tax-free money to pay for qualified commuting costs, you'll end up saving on your income taxes. Savings vary by person because they depend on your salary, tax bracket, and monthly transit and/or parking costs.

Because the pre-tax commuter program is for employees who travel to and from a regular place of work, home based employees are not eligible to participate.

Current monthly tax-free allowable limits

- Transit and eligible vanpooling: \$315
- Qualified commuter parking: \$315
- Combined parking and transit benefits: \$630

If you use a prepaid card, it can be used interchangeably for both transit and parking orders. That means you can use accrued transit balances to pay for parking, or accrued parking balances to pay for eligible transit expenses.

What types of commuting expenses are covered?

- Bus, ferry, train, trolley tickets and passes
- Parking expenses (meters, garages and lots)
- Vanpool fees (including uberPOOL, Via and Lyft Shared)

What's not covered?

- Tolls
- Taxis
- Gas/fuel and mileage
- Airport parking fees

You have until the 6th of the month to make a commuter election/change for the following month and deductions are taken on the second paycheck of the month.



Unused funds/credits cannot be returned to you when you leave Autodesk, become ineligible for the commuter program, or change commute

Choose the amount of money you set aside to pay for commute expenses carefully, including monitoring any recurring orders and avoid a high balance. See [Benefits Coverage after Autodesk](#). For more information on the regulations, review [Section 1.132-9\(b\) Q&A 14\(d\)](#).

Life and accidental death & dismemberment (AD&D) insurance

Administered by Lincoln Financial Group - see [contact information](#)

Basic life & AD&D insurance

All benefits-eligible employees are automatically enrolled in basic life and accidental death and dismemberment (AD&D) coverage at no cost. Employees receive [imputed income](#) on the cost of employer-paid basic life in excess of \$50,000.

- Effective on date of hire
- 1x annual earnings
- Minimum coverage \$50,000

AD&D coverage is *in addition* to life insurance and provides an additional benefit if someone dies or is dismembered in an accident.



Important: Be sure to designate a beneficiary for your basic life and AD&D coverage and keep your beneficiary information up to date! Refer to this [knowledge article](#) on Autodesk One for instructions on how to add or update a beneficiary in Workday.

Supplemental life & AD&D insurance

You have the option to elect supplemental life and/or AD&D insurance for yourself and/or your dependents. You pay 100% of the cost of any supplemental coverage you elect.

Additional coverage you can elect for yourself:

- Elect up to 7x your annual earnings in increments of 1x earnings
- Guarantee issue for new hires: Elect up to 5x your annual earnings – additional amount requires evidence of insurability (EOI)
- Maximum benefit: \$2,000,000 (combined basic and supplemental life coverage)
- The beneficiary you have listed for your basic coverage will apply to any supplemental coverage you elect unless you designate otherwise

Coverage you can purchase for your dependents:

- Life and AD&D for your spouse/domestic partner ranging from a \$10,000 to \$350,000
- The life coverage you elect for your spouse/domestic partner cannot exceed 100% of your combined basic and supplemental life coverage
- The AD&D coverage you elect for your spouse/domestic partner cannot exceed 100% of your combined basic and supplemental AD&D coverage
- Life for child(ren) coverage, \$10,000 or \$20,000
- Autodesk provides \$10,000 of child AD&D coverage at no cost to you
- You have the option to elect an additional \$10,000 of child AD&D coverage, for a total of \$20,000 of child AD&D coverage
- You are automatically designated as the beneficiary for any dependent life and/or AD&D insurance you elect and this cannot be changed

Important things to know when enrolling in life insurance

Evidence of Insurability (EOI) is an application process where you provide health information for you or your spouse/partner in order to be considered for supplemental life insurance coverages. If you are required to complete an EOI, you will receive a task in your Workday inbox to directly complete an EOI with Lincoln. Lincoln can approve or deny coverage based on EOI information. Failing to complete an EOI may result in denial of coverage.



Hint! If you believe you may need life insurance while an Autodesk employee, it is a good idea to enroll in at least 1x supplemental life as a new hire

Supplemental life coverage - EOI requirement examples

Event	Employee	Spouse/Partner
New Hire	<ul style="list-style-type: none"> Election amount over 5x annual earnings* 	<ul style="list-style-type: none"> Election amount over Guaranteed Issue (GI) of \$150,000
Life events	<ul style="list-style-type: none"> Previously waived coverage Increase coverage by more than 1 option Increase in coverage over 5x annual earnings* 	<ul style="list-style-type: none"> Previously waived coverage Increase coverage by more than 1 option Increase in coverage over Guaranteed Issue (GI) of \$150,000
Open enrollment	<ul style="list-style-type: none"> Increase coverage by more than 1 option Increase in coverage over 5x annual earnings* 	<ul style="list-style-type: none"> Increase coverage by more than 1 option Increase in coverage over Guaranteed Issue (GI) of \$150,000

*Or \$2,000,000, whichever is less

Life insurance costs are based on the employee or spouse/partner's age as of the end of the calendar year and the dollar amount of coverage, while AD&D costs are a fixed rate based on only the dollar amount of coverage. The costs for all supplemental coverage levels can be found in the [supplemental life and AD&D rate chart](#).

Supplemental life and AD&D rates

Life rates per month per \$1,000

Age*	EE	Spouse	Child		Age*	EE	Spouse	Child
Under 30	\$0.025	\$0.037	\$0.090		55-59	\$0.201	\$0.310	\$0.090
30-39	\$0.031	\$0.050	\$0.090		60-64	\$0.241	\$0.372	\$0.090
40-44	\$0.040	\$0.062	\$0.090		65-69	\$0.314	\$0.484	\$0.090
45-49	\$0.065	\$0.099	\$0.090		70-74	\$0.338	\$0.521	\$0.090
50-54	\$0.122	\$0.186	\$0.090		75+	\$0.354	\$0.546	\$0.090

*Rates are based on your age as of 12/31 of the plan year.

AD&D rate per month per \$1,000


Age	EE & Spouse	Child
N/A - Flat Rate	\$0.016	\$0.016*

*Rate applies when electing child AD&D coverage that is in addition to the \$10,000 of coverage paid by Autodesk.

Coverage delays for life and AD&D Insurance

If you make elections/changes to your life or AD&D and are away from work because you are ill or injured, the election/change will not be effective until you return to work.

If you make elections/changes to the life or AD&D for your dependents who are confined for medical care or treatment at home or elsewhere, coverage will not be effective until the date of the final medical release from confinement.

	Annual salary/earnings = gross amount of money paid to you in cash for performing the duties required of your job, including shift differentials and targeted compensation for salespersons, before any 401(k) or benefit deductions. Bonuses including Autodesk Incentive Plan, bonus targets for sales, overtime pay, earnings for more than 40 hours per week, and all other benefits are not included.
	Imputed income = the value of benefit provided by employers to employees which must be treated as income based on tax regulations. Review this pay stub example to see how imputed income displays on your pay stub.

Long-term disability insurance

Administered by Lincoln Financial Group - see [contact information](#)

Long-term disability (LTD)

If you are disabled for more than 90 calendar days, long-term disability pays 66.67% of monthly pre-disability earnings (up to a maximum benefit of \$20,000 per month).

For salespeople, pre-disability earnings are based on base salary plus target commissions and sales bonuses.

Pre-existing condition limitations apply to long-term disability claims. Review the [LTD plan document](#) for details.

Long-term disability costs are paid by Autodesk and LTD premiums are based on your annual salary. If your salary increases during the year, your coverage amount automatically increases and your premium changes accordingly. The actual amount of your LTD benefit is based on annual salary. The long-term disability premium paid by Autodesk is considered taxable/imputed income unless you agree to have future disability benefits taxed. If you do not want imputed income, you must sign the taxable benefit agreement in Workday.

Business Travel Accident and Medical Insurance

Our business travel insurance protects you and your family when you are on traveling for business and the cost of travel is paid by Autodesk. Refer to this [knowledge article](#) on Autodesk One for details.

- ISOS provides pre- and during-business travel medical and security advice and support
- Cigna provides travel medical insurance for employees who are traveling outside of the US
- Life insurance and accidental dismemberment coverage is automatic

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RESOURCES FOR YOUR WELLBEING

Employee Assistance Program (EAP)

Administered by Lyra - see [contact information](#)

Sometimes you just need someone to talk to. That's especially true during challenging times. Lyra provides care for your emotional and mental health how, when, and where you need it, at no cost to you. You and each of your dependents have access to up to **20 free coaching or therapy sessions per year**. There is no requirement that you be enrolled in an Autodesk medical plan to access Lyra services.

Here are the highlights:

- Quickly learn new mental health strategies at your own pace with the help of a care plan crafted by your Lyra coach.
- Get to the root of your challenges with ongoing coaching sessions via live messaging or video and between-session support.
- Get support from Lyra's therapists, who are experts at diagnosing and treating mental health conditions like depression, eating disorders, and PTSD.
- Get unlimited access to a full library of research-based self-care resources, such as guided meditations, how-to videos, and mindfulness tips for everyday life.
- Explore unlimited on-demand courses taught by Lyra mental health professionals.
- Engage in Gatherings, virtual small-group discussions on thought-provoking topics related to mental health. To get started, visit Lyra Learn and enter customer code \$autodesk824.

Lyra also offers specialized services to assist you with specific needs, including legal, financial, identity theft, and dependent care.

Self Care by AbleTo

With Self Care by AbleTo, you can get on-demand support for stress, anxiety, and depression—anytime, anywhere, and in any way you choose. Self Care is an evidence-based care solution, created by clinical experts and based on cognitive behavioral therapy (CBT). Tools include:

- Daily mood tracking
- Meditation tools
- Personalized roadmap

How to get started

- Visit ableto.com/begin
- Enter access code: **Autodesk**
- Follow the steps to register
- Download the Self Care by AbleTo mobile app from the App Store or Google Play
- Sign in to the app with the account information you created when you registered

Benefits My Way wellness reimbursement

We recognize that wellness comes in many forms and what's important to one person might not be the best fit for another. Autodesk's global wellness reimbursement program, Benefits My Way, gives you the flexibility to support your physical, emotional, financial, and sustainable wellness. Eligible employees will receive reimbursement toward their choice of a broad range of eligible expenses, up to \$1,000 per year. The benefit is taxable income to you. After submitting the appropriate documentation through Workday, you will receive your reimbursement, minus applicable taxes, on your paycheck.

With a broad range of eligible items and activities, you have the choice to use your reimbursement in ways that are most meaningful to you, including but not limited to:

- Activity tracking devices, including Fitbit, Apple Watch, Garmin, etc.
- Childcare
- Exercise, sports or activity apparel and equipment
- Fitness-related expenses, like gym and sports club memberships
- Financial counseling
- Massage and spa treatments
- Mindfulness and meditation classes and resources
- Pet adoption and daycare fees
- Purchase or lease of a hybrid or electric vehicle
- Student loan repayments

Review [Benefits My Way](#) on Autodesk One for a comprehensive list of reimbursable expenses and FAQ.

Make a Family reimbursement program

Administered by HealthEquity WageWorks - see [contact information](#)

Under the Make a Family reimbursement program, you can be reimbursed up to \$10,000 per calendar year for eligible family making services unrelated to infertility. After submitting the appropriate documentation and having your claim approved by [HealthEquity WageWorks](#), you will receive your taxable reimbursement on your paycheck. Expenses eligible for reimbursement include:

- adoption
- surrogacy/gestational carrier through an agency
- reciprocal IVF/co-maternity, unrelated to infertility
- egg/sperm/embryo freezing and associated costs, unrelated to infertility

Egg freezing and other services related to the disease of infertility are considered IRS Code Section 213(d) medical expenses that can only be paid through a health plan. Because the Make a Family program is not a health plan, these services cannot be reimbursed under the program, even if they are not covered by your medical plan.

To learn about the infertility coverage available to you under all Autodesk medical plans, please contact CareCounsel at 888-227-3334 or staff@counsel.com. If you are enrolled in a UnitedHealthcare (UHC) medical plan through Autodesk, you can also request a consultation with a UHC Fertility Solutions nurse by calling 866-774-4626. Kaiser members can contact their member support team with questions about their fertility coverage.

RethinkCare

Neurodiversity encompasses the subtle and often invisible differences in the way we think and behave. This might include differences in speech and action in our day-to-day lives, or a diagnosed challenge such as ADHD or autism spectrum disorder. Through RethinkCare, you and your family have access to an array of online tools and resources as well as certified experts that can help you navigate the unique challenges of neurodiversity—all at no cost. See [contact information](#).

Cleo

From family planning and expecting a newborn, to raising babies, toddlers, and teens, to caring for adult loved ones, Cleo supports each unique need through 1:1 support and curated content. Once enrolled, you'll have access to a network of certified, credentialed experts in a wide variety of specialties, including lactation and sleep, child care selection, child development, emotional wellness, parenting, college prep, eldercare and chronic conditions, Medicare/Medicaid, and more – all at no cost to you. See [contact information](#).

One Pass Select

One Pass Select is a subscription-based fitness and well-being network that allows you to mix and match access to thousands of national gym brands, local fitness studios, online classes, and more—with one easy membership. See [contact information](#).

Legal resources for all employees

The legal services administered through Estate Guidance and select resources from ARAG are available to all employees – no need to enroll.

The [ARAG Learning Center](#) can be used by all employees and provides online financial tools, guidebooks and hundreds of articles to help you research legal issues on your own and learn more about everyday legal matters. Consider [UltimateAdvisor Legal Insurance](#) if you want more comprehensive coverage.

[GuidanceResources](#) is offered through Autodesk's relationship with Lincoln Financial Group and gives you access to free will document preparation. Registration code: LIFEKEYS

Financial tools and education

Through Lincoln Financial Group's WellnessPATH, you have access to a wide variety of financial tools and education that can help you achieve your overall financial wellness goals. Visit the [Lincoln portal](#) to register and personalize your experience to get info that's relevant to you, all year round.

Registration code: AUTODESK

VOLUNTARY BENEFITS

The benefits described in this section are voluntary, which means you pay 100% of the cost.

Auto & home insurance

Administered by Farmers GroupSelect - see [contact information](#)

Farmers GroupSelect offers insurance for personal needs, including auto, home, renter's, condo, boat, personal excess liability (“umbrella”), RV, landlord's rental dwelling, fire, and mobile home. You can apply for insurance in Farmers GroupSelect's group insurance program anytime by visiting myautohome.farmers.com.

Note: Autodesk does not send employee data to Farmers GroupSelect. If you have any difficulty with Farmers GroupSelect verifying your eligibility, you will need to contact AskPPL via [Autodesk One](#).

Pet insurance

Administered by Nationwide - see [contact information](#)

Nationwide offer affordable plans for dogs, cats, birds, ferrets, reptiles, and other exotic pets. You may elect this coverage for your pet(s) anytime during the year. Best of all, you're free to use any veterinarian worldwide—including specialists and emergency providers. To request a quote or to enroll, visit petinsurance.com. Pet insurance coverage begins 14 calendar days after Nationwide acceptance of your application and premium and does not cover pre-existing conditions.

Legal insurance

Administered by ARAG - see [contact information](#)

Legal insurance is offered through ARAG to protect you from life's legal matters with affordable and reliable legal counsel.

UltimateAdvisor Legal Insurance

The [UltimateAdvisor Legal Insurance plan](#) provides you with the peace of mind knowing that attorney fees for most covered legal matters are 100% paid in full when you work with a network attorney.

Resolve your legal issues with a network attorney in-office

ARAG is backed by a nationwide network of more than 15,000 credentialed attorneys. They can review or prepare documents, make follow-up calls or write letters on your behalf, provide legal advice and consultation, and represent you in court.

Call a network attorney for legal assistance

Get assistance from trusted professionals, a Customer Care Center, network attorneys and specialists who will help you navigate your legal issues. You'll benefit from the following services:

- Call a network attorney who can provide legal advice and help you better understand your covered legal issues. Plus, they can help you review or prepare documents.

- Financial Education and Counseling Services on a wide range of financial topics from a certified Financial Counselor.
- Services for Parent and Grandparents for legal advice from network attorneys and caregiving services from Eldercare Specialists to assist you with parents and grandparents.
- Identity Theft Protection helps you to monitor your personal information and also recover your identity, should identity theft occur.
- Tax, family law and real estate advice.
- Up to four hours of assistance with other eligible in office attorney work.

If you enroll in ARAG, you will receive a welcome packet from them in the mail, containing additional information about your coverage. If you are not already enrolled in ARAG legal insurance, you may not enroll unless you have a qualifying life event or during the next Open Enrollment. In the meantime, you can use the [ARAG Learning Center](#) for general legal resources.

TIME AWAY

Vacation and discretionary time off (DTO)

Vacation

Regular, non-exempt (hourly) employees accrue vacation on a monthly basis.

- The maximum vacation balance is 25 days (200 hours)
- The scheduled monthly accrual amount is reflected in your Workday balance on the first of the month, but these hours are not accrued and earned until the end of the month
- For new hires or terminated employees, if you are an employee on the 15th of the month in which you are hired or terminated, you will receive the full vacation accrual for that month.

Accrual rates

- Full time employees: 10 hours per month
- Part-time employees (20 to 39 weekly scheduled hours): Prorated percentage of 10 hours per month, based on scheduled weekly hours (FTE %).

Discretionary time off (DTO)

Regular exempt (salaried) employees are eligible for DTO and do not accrue vacation.

Holidays

- | | |
|------------------------------|---|
| ▪ New Year's Day | ▪ Labor Day |
| ▪ Martin Luther King Jr. Day | ▪ Thanksgiving and the following day |
| ▪ President's Day | ▪ Annual week of rest from Christmas Eve through New Year's Day |
| ▪ Memorial Day | |
| ▪ Juneteenth | |
| ▪ Independence Day | |

Holidays can be found in [Workday](#). Search Holiday Calendar Report and filter to United States.

Sabbatical

Employees who are scheduled to work 30 hours or more per week are eligible for a 6-week paid sabbatical every four continuous years of Autodesk employment.

Leave of absence

Autodesk offers many types of leave (including 6 weeks of 100% paid leave for new parents). For details, visit the [leaves of absence page](#) on the US Benefits website. If you have questions about a specific type of leave, contact Larkin at 866-923-3336 or autodeskleaves@thelarkincompany.com.

Sick and disability pay

Pay type	Leave Type	Details
Sick pay	Sick leave	<p>You receive normal pay and benefits while on sick leave, which allows time off to recover from minor illnesses and injuries or to care for an immediate family member. Autodesk does not strictly limit the number of sick days used. We expect employees to use sick leave responsibly. Only non-exempt (hourly) employees enter sick time into Workday.</p> <p>If you are sick for more than 7 consecutive calendar days or have a chronic condition that requires frequent absences, contact The Larkin Company. You will need to be placed on short-term disability (STD).</p>
Short-term disability (STD)	Medical leave	<p>Short-term disability benefits are provided by Autodesk, in coordination with any state disability benefits¹ you may be eligible to receive, allowing you to receive up to 100% of your base salary for <i>up to 90 calendar days</i>.</p>
Long-term disability (LTD)		<p>Autodesk will stop paying short-term disability once you meet the 90-calendar day LTD 'elimination period' (also referred to as the LTD 'waiting period'). The 90 days need not be consecutive and meeting the LTD elimination period does not guarantee your application for LTD will be approved. If you return to work from a leave that has met the 'LTD elimination period' and within 6 months restart your leave for the same condition, it is considered a recurrent disability and a continuation of the earlier long-term leave. It will not be paid by Autodesk as a new short-term disability leave.</p>

¹ Or Voluntary Disability Insurance (VDI) benefits (applies only to CA employees enrolled in the VDI plan). Refer to the [VDI Plan Summary of Coverage](#) for details.

Time away from work - quick reference guide

<i>Always notify your manager as far in advance as possible if you will be away from work</i>	Requires manager approval	Employee enters dates in Workday	Employee must contact The Larkin Company	Requires medical certification
Leisure time away				
Vacation (Non-exempt employees only)	✓	✓		
Discretionary Time Off (Exempt employees only)	✓			
Sabbatical	✓	✓		
Sick time – for minor illnesses and healthcare appointments¹				
Sick time (Non-exempt employees only)		✓	If frequent or more than 7 consecutive days	
Sick time (Exempt employees)				
Medical and family leave of absence²				
Medical Leave (your own health condition)		Entered on employee's behalf once leave is approved by Larkin	✓	✓
Family Leave (family member's health condition)	✓*		✓	✓
Parental (bonding) leave – six weeks paid			✓	
Other time away				
Bereavement	✓*	✓		
Hardship	✓*	✓		
Jury duty		✓		
Personal leave	✓		✓	

*Certain situations do not require manager approval, refer to [Leave of Absence policy](#) for clarification.

¹Sick time is used for non-chronic illness that result in absence of less than 7 consecutive days and for infrequent medical, dental or vision appointments. May also be used for immediate family members. Refer to the [Leave of Absence policy](#) for full details.

²Request medical leave or family leave when a health condition results in absence of 7+ consecutive days or when a chronic condition causes frequent absences. Refer to the [Leave of Absence policy](#) for full details.

EMPLOYEE PER-PAYCHECK COSTS

2024 employee rates for medical, dental and vision coverage

- There are 26 pay periods per calendar year.
- Premium contributions for partner coverage will be deducted on an after-tax basis and imputed income will apply on any premium subsidized by Autodesk. See [domestic partner details](#) for more information.

Medical								
			Employee + Child(ren)			Employee + Spouse + Child(ren)		
Plan Name	Employee Only	Employee + Spouse	1 child	2 children	3+ children	1 child	2 children	3+ children
UHC Choice Plus High Deductible (HDHP)	\$0.00	\$59.68	\$38.89	\$49.66	\$63.12	\$70.45	\$81.22	\$94.68
UHC Choice Plus Plan (PPO)	\$82.95	\$180.93	\$118.25	\$150.43	\$191.52	\$213.76	\$239.65	\$287.21
UHC Choice Plan (EPO)	\$195.94	\$435.15	\$282.05	\$362.62	\$459.61	\$512.90	\$620.49	\$689.74
UHC PPO (Hawaii)	\$78.78	\$181.77	\$120.09	\$144.24	\$167.01	\$217.06	\$241.72	\$285.15
Kaiser HMO (California)	\$54.48	\$122.62	\$79.92	\$102.05	\$129.72	\$144.75	\$166.94	\$194.56
Kaiser HMO (Oregon)	\$51.66	\$109.59	\$84.38	\$104.87	\$115.07	\$148.66	\$162.73	\$182.30
Cigna International PPO	\$73.83	\$201.89	\$135.78	\$175.46	\$225.89	\$242.00	\$275.40	\$332.45
Dental								
			Employee + Child(ren)			Employee + Spouse + Child(ren)		
Plan Name	Employee Only	Employee + Spouse	1 child	2 children	3+ children	1 child	2 children	3+ children
Aetna PPO	\$0.00	\$18.70	\$16.22	\$22.79	\$30.96	\$25.22	\$31.78	\$40.01
Aetna DMO	\$0.00	\$11.73	\$9.08	\$12.52	\$16.85	\$15.07	\$18.86	\$23.62
Vision								
			Employee + Child(ren)			Employee + Spouse + Child(ren)		
Plan Name	Employee Only	Employee + Spouse	1 child	2 children	3+ children	1 child	2 children	3+ children
VSP Basic	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
VSP Plus	\$6.62	\$14.05	\$9.16	\$11.69	\$14.87	\$16.57	\$19.12	\$22.29

BENEFITS ELIGIBILITY SUMMARY

For regular US employees

Program	Regularly scheduled hours required for eligibility
Medical, dental, vision coverage	20+ hours per week
Employee Assistance Program (Lyra)	
Flexible Spending Accounts	
Health Savings Account	
Pre-tax commuter benefit	
Life and accidental death & dismemberment	
Long term disability	
Voluntary home, auto, pet, and legal insurance	
Wellbeing programs and resources: Benefits My Way, CareCounsel, Cleo, Included Health, Make a Family, One Pass Select, RethinkCare, Self Care by AbleTo	
401(k)	N/A – no hours requirement
Employee Stock Purchase Plan (ESPP)	
Holidays and annual Week of Rest	N/A – no hours requirement
Vacation/DTO	20+ hours per week
Sabbatical	30+ hours per week
Sick time	N/A – no hours requirement
Short term disability (VDI plan for CA employees)	20+ hours per week
Leave of absence	Refer to Leave of Absence policy
Charitable donation match and volunteer time off	20+ hours per week
Employee Relief Foundation grants	20+ hours per week
Tuition reimbursement	40 hours per week
Learning and development	Refer to Learning and Development site on Autodesk One
Employee purchase program	N/A – no hours requirement

INTERN ELIGIBILITY SUMMARY

Program	Interns Eligible? <i>Must meet the minimum scheduled hours requirement in the definition of Eligible Employee.</i>
Medical, dental, vision	Yes
Life and accidental death & dismemberment	Yes
Flexible Spending Accounts	Yes
Health Savings Account	Yes
Pre-tax commuter program	Yes
Employee Assistance Program (EAP)	Yes
CareCounsel	Yes
Cleo	Yes
Included Health	Yes
Make a Family	Yes
One Pass Select	Yes
RethinkCare	Yes
Self Care by AbleTo	Yes
Voluntary home, auto, and pet insurance	Yes
Voluntary legal insurance	Yes
Paid holidays (excludes annual week of rest)	Yes, if scheduled to work 30+ hours/week
Sick time and short-term disability (or CA VDI)	Yes
Long-term disability	Yes, benefits limited to 2 years
Leaves of absence	Some, see Leave of Absence details
Volunteer time	Yes
Employee Relief Foundation grants	Contact employee.relief.foundation@autodesk.com
Learning and development	Yes
Employee purchase program	Yes
Paid vacation and sabbatical	No
Paid annual week of rest	No
401(k)	No
Employee Stock Purchase Plan (ESPP)	No
Benefits My Way	No
Matching gifts	No
Tuition reimbursement	No

MAKING BENEFIT CHANGES

Life events

Benefits you choose will remain in effect through December 31, unless you have a qualifying life event/change, including: marriage (including marrying your partner), divorce, birth, placement or adoption of a child, dependent/employee gains other coverage, dependent/employee loses other coverage, and change in day care provider or fees. Visit the [US Benefits website](#) for more information about life events. Refer to this [knowledge article](#) on Employee for instructions on entering a life event in Workday.



Changes must be made **within 31** calendar days (except birth is **60** calendar days) of the event. The effective date for benefit changes is the life event date. If you do not enter your life event into Workday in time, you will not be allowed to change your benefits until the next open enrollment.

For **divorce and dissolution of partnership**, if you fail to enter the event within 31 calendar days you will continue to pay premium for the remainder of the calendar year for the dependent who is no longer covered, and he/she will lose out on COBRA eligibility.

Domestic partner to spouse must also be complete within 31 days or you continue paying imputed income.



Children turning 26

Children automatically terminate from coverage **on the last day of the month in which they turn 26**. See [Benefits Coverage after Autodesk](#) for coverage continuation options.

Effective dates when changing coverage following a qualifying life event

Adding coverage: coverage is effective as of the life event date.

Terminating coverage: coverage ends at the end of the month in which the life event or termination of employment occurred.

- Health care FSA claims for expenses incurred before the coverage end date must be submitted within 90 calendar days of the coverage end date
- Dependent care expenses can incurred through the end of the calendar year in which your employment terminates. You have 90 calendar days from the end of the year to submit claims.



Plan documents (full plan descriptions and list of life events) – Autodesk Group Welfare and Summary Plan Description and Cafeteria Plan with Flexible Spending Arrangement) are available on [US Benefits website](#).

Changing your HSA contribution mid-year

You can change your HSA contribution at time for any reason. Refer to this [knowledge article](#) on Autodesk One for step-by-instructions.

Keep in mind that annual HSA contribution limits are based on your medical plan coverage tier. Therefore, if your medical plan tier changes mid-year due to a qualifying life event, you may want or need to adjust your HSA contribution in [Workday](#).

- Going from Individual to Family coverage increases the limit on your HSA contribution.
- Going from Family to Individual coverage may decrease the limit on your HSA contribution.

It is best to [adjust your HSA](#) at the time of your qualifying life event to factor in you new HSA limit. However, if you did not make the necessary adjustment and you have contributed too much to your HSA, you have until the tax deadline (generally April 15) of the following year to [correct the error](#). You would do so by logging into your account at [optumbank.com](#).

Open Enrollment

Each year in October/November, employees have a two-week period in which to make changes to their benefits. Elections/changes made during open enrollment are effective on January 1.

Important: COBRA is not offered to dependents removed during open enrollment. If you are removing a dependent member because of divorce/dissolution of domestic partnership, do so by using the life event option and not as part of open enrollment.

DOMESTIC PARTNER DETAILS

Domestic Partner definition & costs

Partners are eligible for all current and future Autodesk spousal benefits, unless prohibited by law (e.g., health care flexible spending accounts and health savings accounts).

Domestic partners not registered with or recognized by a legal entity

Partners not legally registered or recognized by any legal entity must meet the Autodesk domestic partner requirements. You and your partner must be:

- Each other's sole partner and intend to remain so indefinitely
- Maintaining the same residence(s) and intend to do so indefinitely
- Engaged in a committed relationship of mutual caring and support
- Jointly responsible for each other's common welfare and financial obligations
- Not married to or legally separated from anyone else
- Both at least 18 years of age and mentally competent to consent to a contract
- Not related by blood to a degree that could prohibit legal marriage in the state you legally reside

Legally Registered domestic partners


- Domestic partners—same-sex and opposite-sex couples who have registered with any state or local government domestic partnership registry; or
- Registered domestic partners— two individuals who are registered domestic partners with the state, in a state in which they reside pursuant to a domestic partner registration law; or
- Civil union partners—two individuals who are in a legally recognized civil union with the state, in a state in which they reside pursuant to a civil union law.
- There are no requirements for proof of relationship with a legally registered domestic partner unless Autodesk also applies them to spouses (currently none in place).

Tax impact of covering a partner

Not all relationships are recognized with favorable benefit tax treatment by federal and state governments. See per-paycheck chart and pay stub illustration on the next page for tax details. Only spouses can participate in your tax-favored accounts such as flexible spending and health savings.

Certification

The certification form for non-legally registered/non-recognized domestic partners can be found on the [US Benefits website](#).



Imputed Income = the value of benefit provided by employers to employees which must be treated as income based on tax regulations. The employee must pay the tax on the value of the Domestic Partner benefit.

Note: There is no imputed income on the coverage of a domestic partner’s child(ren) because the employee must be claiming the child(ren) as a tax dependent. See [eligibility rules](#) for further details.

Example of a pay stub with post-tax deductions and imputed income:

The financial impact of having a domestic partner on your coverage is twofold:

1. Post Tax Deductions
2. Imputed income

Pre Tax Deductions			Post Tax Deductions		
Description	Amount	YTD	Description	Amount	YTD
401(k)			Domestic Partner - Dental	17.23	
401(k) AIP Bonus			Domestic Partner - Medical	48.73	
Health Savings Account					
Pre Tax Deductions			Post Tax Deductions	74.05	

Employer Paid Benefits/Imputed Income			Taxable Wages		
Description	Amount	YTD	Description	Amount	YTD
Employer Paid - AD&D			OASDI - Taxable Wages		
Employer Paid - Dental			Medicare - Taxable Wages		
Employer Paid - Employee Assistance Program			Federal Withholding - Taxable Wages		
Employer Paid - Health Advocacy Service			State Tax Taxable Wages - CA		
Employer Paid - Basic Life					
Employer Paid - Long Term Disability					
Employer Paid - Medical Care Assistance					
Employer Paid - Medical					
Employer Paid - Vision					
401(k) Match					
Imputed Income - Domestic Partner Dental	6.99				
Imputed Income - Domestic Partner Medical	182.16				
Imputed Income - Long Term Disability	8.08				
Employer Paid Benefits/Imputed Income					

Premium contributions (per-paycheck deductions) and imputed income

Plan Name	Pre-tax deductions				Post tax deductions	Imputed income
	Emp + Partner	Emp. + Partner + 1 Child	Emp. + Partner + 2 Children	Emp. + Partner + 3+ Children		
Medical					All Tiers*	All Tiers*
UHC Choice Plus High Deductible	\$0.00	\$10.77	\$21.54	\$35.00	\$59.68	\$280.85
UHC Choice Plus Plan (PPO)	\$82.95	\$115.78	\$141.67	\$189.23	\$97.98	\$413.44
UHC Choice Plan (EPO)	\$195.94	\$273.70	\$381.29	\$450.53	\$239.21	\$414.12
UHC PPO Plan (Hawaii)	\$78.78	\$114.07	\$138.73	\$182.16	\$102.99	\$307.65
Kaiser CA HMO	\$54.48	\$76.61	\$98.80	\$126.42	\$68.14	\$323.38
Kaiser OR HMO	\$51.66	\$90.73	\$104.81	\$124.37	\$57.93	\$250.00
Cigna Int. PPO (med/den/vis)	\$79.84	\$123.27	\$159.18	\$220.32	\$138.57	\$364.23
Dental						
Aetna DMO	\$0.00	\$3.34	\$7.13	\$11.88	\$11.73	\$1.92
Aetna PPO	\$0.00	\$6.52	\$13.08	\$21.31	\$18.70	\$7.20
Vision						
VSP Basic Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.80
VSP Plus Plan	\$6.62	\$9.14	\$11.69	\$14.86	\$7.43	\$2.96

*All tiers: Employee + partner + any number of children

FLEXIBLE SPENDING ACCOUNT (FSA) DETAILS

If you are enrolled in the Health Care and/or Dependent Care FSA, you may use your account(s) throughout the year to pay (or reimburse yourself) for certain eligible expenses. Because this money goes into your account(s) before taxes are withheld, you pay less in taxes.

The general purpose and limited purpose health care FSA let you use the pre-tax dollars you contribute to pay for eligible medical (general purpose only), dental, and vision care expenses that are incurred by you or your legal dependents and that are not covered by a health insurance plan. You may not enroll in the general purpose health care FSA if you or your federally qualified spouse are contributing to a health savings account.

The dependent care FSA lets you use the pre-tax dollars you contribute to pay for eligible day care or elder care expenses of your legal dependents that you need for you and your spouse (or for you only, if you are a single parent) to work.

Your FSA elections expire at the end of each plan year (calendar year for Autodesk) and you must reenroll during Open Enrollment for the following plan year. **Current year elections do not roll over to following year.** Your elections will remain in effect for the plan year unless you change your election following a qualifying event, or you leave Autodesk.

How an FSA works

- Each year during Open Enrollment, or when you are hired, you decide whether to enroll in the health care FSA and/or dependent care FSA, or both.
- You estimate your expenses carefully for the coming year. Then you decide how much to put into your pre-tax FSAs for the plan year (January 1 - December 31).
- If you enroll during Open Enrollment, you may use your FSAs for expenses incurred beginning January 1.
- If you are a new hire during the current calendar year and enroll in the FSA plan, only those expenses incurred on or after your hire date can be reimbursed.

FSA rules

Health care FSA and dependent care FSA are both governed by a number of IRS rules and restrictions.

- You are not eligible to submit dependent care FSA expenses you incur while on leave or sabbatical
- No transfers. Health care FSA (general purpose and limited purpose) and dependent care FSA accounts are separate, and IRS regulations don't allow the transfer of money between accounts.
- For 2024 to 2025, you can roll over up to \$640 of unused funds remaining in your health care FSA once the claims deadline has passed. Anything above that limit will be forfeited in accordance with the IRS "use it or lose it rules" so be sure to estimate your expenses carefully.
- You cannot claim a tax credit or deduction for any expenses for which you were reimbursed from a flexible spending account. You may, however, claim a tax credit for any unreimbursed expenses, subject to IRS rules.

Health care FSA

You may use the health care FSA to pay for any health care expenses that are considered tax deductible by the IRS, except health insurance premiums. These expenses may be for you, your spouse or for any person you claim as a dependent on your federal tax return. Expenses for your domestic partner are not eligible unless your domestic partner qualifies as an IRS tax dependent.

General purpose health care FSA

The general purpose health care FSA is for employees not eligible for a health savings account (HSA) in the same calendar year (note: if your spouse is participating in an HSA, you are considered eligible for an HSA). Eligible expenses include medical, dental and vision.

Limited purpose health care FSA

The limited purpose health care FSA is for employees (or employees with spouses) who are participating in a health savings account (HSA) in the same calendar year but want to use a flexible spending account for their dental and vision expenses. Eligible expenses include dental and vision. Based on federal regulations, this is the only option for employees participating in a health savings account.

Moving from limited purpose to general purpose FSA

As a general rule you cannot change the type of health care FSA you elected. An exception is if you meet the full annual deductible in your high deductible plan, you can have your funds moved from limited purpose to general purpose. To make the change, you need to provide HealthEquity a copy of an evidence of benefits proving you have met your deductible.

HealthEquity Healthcare card

Your HealthEquity Healthcare card makes using your tax-advantaged health care FSA account easier by eliminating out-of-pocket spending and claims through point-of-purchase reimbursement. However, there are a few things you should know about your benefits card to ensure that you can make the most of your tax-advantaged benefit and enjoy a smooth reimbursement process with each transaction.

Keep track of your account balance

Your HealthEquity Healthcare card will be accepted for expenses at the point of purchase only if your account balance covers the amount of your purchase.

Retain your receipts and records

Even with the HealthEquity Healthcare card claim-free reimbursement process, you are still required to retain your receipts and other expense documentation, such as the Explanation of Benefits. In case of an IRS audit, you will need these items to prove that your health account expenses comply with IRS Section 125, the federal regulation that allows you to save on health care expenses through tax-free reimbursement.

Understand the substantiation process

Just like a reimbursement claim, all benefits card transactions need to be reviewed or “substantiated” to determine if the expense is eligible for tax-free reimbursement under IRS regulations. It’s important to keep your receipts because sometimes HealthEquity needs additional documentation to verify your expense.

Submit claims for non-card purchases

You are not required to use your HealthEquity Healthcare card. If you pay for an eligible health care purchase with something other than your HealthEquity Healthcare card, submit your claim on the HealthEquity website.

Orthodontia rule

The IRS recognizes that orthodontia services are generally provided over an extended period of time, often with no direct relationship between the date of treatment and the payments. As a result, the rules for reimbursing orthodontia claims are different from those for other eligible health care FSA expenses. Rather than being based on the date of service, orthodontia claims are generally reimbursed from the FSA plan year in which the payment is due. You may be reimbursed from the FSA plan year in which payment is made, if you provide proof of payment to HealthEquity, such as a canceled check or itemized receipt.



Health care FSA If you pay for expenses through your health care FSA, you may not also take a tax deduction for those same expenses. Since you are eligible for the tax deduction only if your health care expenses exceed 7.5% of your adjusted gross income for that year, it is usually more tax-advantageous to participate in the health care FSA.

Dependent care FSA

You may use your dependent care FSA to pay for child or elder care expenses you incur for you and your spouse (or for you only, if you are a single parent) to work. Eligible expenses include care at a licensed day care facility, care at an unlicensed facility caring for fewer than seven individuals, in-home babysitting services, day camp, after-school care, and practical nursing care for an adult.

The dependent care FSA is not the only tax-advantaged way to offset eligible day care or elder care expenses. The IRS also offers a federal tax credit for dependent care expenses. Your tax filing status, income, and number of dependents determine which method is best for you. You may not use both dependent care FSA and the federal tax credit for the same expenses. For more information about the federal tax credit, contact your tax adviser or the IRS.

IRS Publication 503 defines eligible dependent care expenses. Under current tax law, you are eligible to enroll in the dependent care FSA if you have an eligible dependent and:

- You are single and work, or
- You are married and both you and your spouse work, or
- Your spouse is a full-time student for at least five months of the calendar year, or
- Your spouse is mentally or physically disabled and unable to care for your eligible dependent and him/herself, or
- You are divorced or legally separated and have custody of your child most of the time, even though your former spouse claims the child for income tax purposes

Your dependent is eligible if:

- He or she lives with you most of the time or in most instances you claim him or her on your federal income tax return, and
- The dependent is either under age 13 as of the end of the calendar year or physically or mentally unable to care for himself or herself, regardless of age (this could include care for a disabled spouse or elder care for parents living with you)
- If your day care or elder care provider is your own child or relative, their charges are eligible for reimbursement only if the child or relative providing care is at least age 19 before the end of the calendar year in which claims were incurred and you do not claim that child or relative as a dependent on your income tax return

If you have questions regarding your eligibility to participate in dependent care FSA, refer to IRS Publication 503, Child Care and Dependent Care Expenses, or contact your local IRS office.

Dependent care FSA contribution limits

- If you are single, or if you are married, file a joint tax return, and your spouse does not enroll in a dependent care FSA - you may contribute up to \$5,000 in 2043
- If you are married and file a joint return, and your spouse has a dependent care FSA - together, you and your spouse may contribute a combined \$5,000 for 2043 (not to exceed \$2,500 each)
- If your spouse earns less than \$5,000 - you may contribute up to your spouse's earnings.

Refer to the plan document for the Autodesk, Inc., Cafeteria Plan with Flexible Spending Arrangement on the [US Benefits website](#) for full plan details.

BENEFITS COVERAGE AFTER AUTODESK

If you are moving on from Autodesk (or you or a covered dependent are losing eligibility for Autodesk benefits, including when your dependent turns age 26), you are encouraged to carefully review [this knowledge article](#) on Autodesk One to understand when benefits will end, options for continuing coverage, and the costs associated with continuing certain benefits under COBRA.

GLOSSARY OF KEY TERMS

Co-insurance – A form of cost-sharing in which the member and the plan each pay a set percentage for covered services.

Copay – A fixed amount paid by the member for covered services at the time they are rendered or for prescription medications.

Deductible – A flat dollar amount that a member pays for covered services before the plan begins to share the cost of those services.

Out-of-Network – Provision of certain medical, dental, and vision plans that allows you to receive benefits even when utilizing providers that are not part of the respective network. Also referred to as non-network providers.

Out-of-Pocket Maximum (OOPM)– The maximum amount you will be required to pay in a calendar year for deductibles and co-insurance. Once you reach the OOPM, the plan pays 100% of eligible expenses. Note: Health insurance premiums and charges in excess of the maximum allowed amount do not count toward the annual OOPM.

Pre-authorization – Advance approval from the insurance company required to receive benefits. Pre-authorization is obtained by the member or provider contacting the insurance company.

Qualifying life event – An event that allows you to make certain changes to insurance coverage. You must request any changes to coverage within 31 calendar days of the date the event occurred.

CONTACT INFORMATION

Provider	Details	Contact information	Website
Health and wellbeing			
Aetna Dental	Dental Policy # 878966	T: 877-238-6200	www.aetna.com/ProviderSearch www.aetn navigator.com (members)
Kaiser California	Medical Policy # 23941-0000 Northern CA Policy #234891-0000 Southern CA	T: 800-464-4000	www.kaiserpermanente.org
Kaiser Oregon	Medical Policy # 4367-001	T: 800-813-2000	www.kaiserpermanente.org
Lyra Health	Employee Assistance Program (EAP)	T: 844-937-6404 E: care@lyrahealth.com	https://autodesk.lyrahealth.com/
UnitedHealthcare	Medical Policy # 169460	T: 866-747-1018	www.uhc.com www.myuhc.com (members)
Vision Service Plan (VSP)	Vision Policy # 12026932	T: 800-877-7195	www.vsp.com
Accounts that help you save on taxes			
Edenred/Commuter Check Direct	Commuter benefits program	T: 800-531-2828	https://login.commuterbenefits.com/ Company code is 1121
HealthEquity WageWorks	Flexible Spending Accounts (FSAs)	T: 877-924-3967	https://healthequity.com/wageworks
Optum Bank	Health Savings Account (HSA) # 169460	T: 866-234-8913	www.optumbank.com

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Provider	Details	Contact information	Website
Help with your health care			
CareCounsel	Health insurance support Claim advocacy	T: 888-227-3334 E: staff@carecounsel.com	www.carecounsel.com
Included Health	Medical care assistance Second opinion services	T: 800-929-0926	www.includedhealth.com/autodesk
Life and disability			
The Larkin Company	Leave of absence questions	T: 866-923-3336 E: autodeskleaves@thelarkincompany.com	
Lincoln Financial Group	Life: Policy # SA3-890-LF1250-01 LTD: Policy # GF3-890-LF1250-01	T: 800-320-7585 Use for disability claims only	https://benefits.autodesk.com
More resources for your wellbeing			
ARAG Legal Learning Center	Online tools, guidebooks, and articles		https://www.araglegal.com/plans/learning-center?access_code=10428aut
Cleo	Caregiving support		https://hicleo.com/activate/ Enter your Autodesk email address to register
HealthEquity WageWorks	Make a Family Reimbursement	T: 877-924-3967	https://healthequity.com/wageworks ID code is last 4 digits of your SSN
One Pass Select	Wellness and fitness subscription program	T: 877-515-9364	https://www.onepassselect.com/How-to-register
WellnessPATH (through Lincoln Financial Group)	Financial tools and education		www.mylincolnportal.com Registration code: AUTODESK
RethinkCare	Neurodiversity and parenting support		connect.rethinkcare.com/sponsor/autodesk
Self Care from AbleTo	App for on-demand help with stress, anxiety, and depression		https://member.ableto.com/begin Access code: Autodesk

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Provider	Details	Contact information	Website
Voluntary benefits			
ARAG Legal	Legal insurance plan	T: 800-247-4184	ARAGlegal.com/plans Access Code: 10428aut
Farmers GroupSelect	Home and auto insurance Policy # 0748905-01 Reference code: A05	T: 800-438-6381	www.myautohome.farmers.com
Nationwide	Pet insurance	T: 800-872-7387	https://benefits.petinsurance.com/autodesk
Other key contacts			
Business Travel Accident and Medical Insurance			Knowledge article on Autodesk One
E*TRADE	Stock Options, RSU and ESPP	T: 800-838-0908	https://us.etrade.com/employee-stock-plans
Vanguard	401(k)	T: 800-523-1188	www.vanguard.com
Autodesk contacts			
AskPPL via Autodesk One			https://one.autodesk.com/support
Autodesk alumni (former employees)		E: alumni.amer@autodesk.com	
US Benefits website			https://benefits.autodesk.com/
US Payroll			Submit a ticket to the Payroll Team