

Autodesk
2027 Health Plan Rates
(Per Pay Period)
Comparison to 2026 Rates

Anthem - High Deductible Health Plan (HDHP)		
Coverage Tier	2027	2026
EE Only	\$ -	\$ -
EE + SP	\$ 74.00	\$ 73.00
EE+Child(ren) (2026: EE + 1 CH)	\$ 56.00	\$ 48.00
EE+Child(ren) (2026: EE + 2 CH)		\$ 61.00
EE+Child(ren) (2026: EE + 3+ CH)		\$ 77.00
EE+Family (2026: EE + SP + 1 CH)	\$ 99.00	\$ 86.00
EE+Family (2026: EE + SP + 2 CH)		\$ 99.00
EE+Family (2026: EE + SP + 3+ CH)		\$ 116.00

Kaiser CA		
Coverage Tier	2027	2026
EE Only	\$ 69.00	\$ 69.00
EE + SP	\$ 156.00	\$ 156.00
EE+Child(ren) (2026: EE + 1 CH)	\$ 114.00	\$ 102.00
EE+Child(ren) (2026: EE + 2 CH)		\$ 130.00
EE+Child(ren) (2026: EE + 3+ CH)		\$ 165.00
EE+Family (2026: EE + SP + 1 CH)	\$ 207.00	\$ 184.00
EE+Family (2026: EE + SP + 2 CH)		\$ 213.00
EE+Family (2026: EE + SP + 3/more CH)		\$ 248.00

Kaiser San Francisco Basic Plan (Formerly Pier 9)		
Coverage Tier	2027	2026
EE Only	\$ -	\$ -
EE + SP	\$ 551.00	\$ 551.00
EE+Child(ren) (2026: EE + 1 CH)	\$ 466.00	\$ 357.00
EE+Child(ren) (2026: EE + 2 CH)		\$ 459.00
EE+Child(ren) (2026: EE + 3+ CH)		\$ 582.00
EE+Family (2026: EE + SP + 1 CH)	\$ 770.00	\$ 650.00
EE+Family (2026: EE + SP + 2 CH)		\$ 786.00
EE+Family (2026: EE + SP + 3/more CH)		\$ 874.00

Delta Dental Plus		
Coverage Tier	2027	2026
EE Only	\$ 8.00	\$ -
EE + SP	\$ 21.00	\$ 19.71
EE+Child(ren) (2026: EE + 1 CH)	\$ 23.00	\$ 17.10
EE+Child(ren) (2026: EE + 2 CH)		\$ 24.03
EE+Child(ren) (2026: EE + 3+ CH)		\$ 32.64
EE+Family (2026: EE + SP + 1 CH)	\$ 35.00	\$ 26.58
EE+Family (2026: EE + SP + 2 CH)		\$ 33.51
EE+Family (2026: EE + SP + 3/more CH)		\$ 42.18

VSP - Basic Vision		
Coverage Tier	2027	2026
EE Only	\$ -	\$ -
EE + SP	\$ -	\$ -
EE+Child(ren) (2026: EE + 1 CH)	\$ -	\$ -
EE+Child(ren) (2026: EE + 2 CH)		\$ -
EE+Child(ren) (2026: EE + 3+ CH)		\$ -
EE+Family (2026: EE + SP + 1 CH)	\$ -	\$ -
EE+Family (2026: EE + SP + 2 CH)		\$ -
EE+Family (2026: EE + SP + 3/more CH)		\$ -

Anthem (PPO)		
Coverage Tier	2027	2026
EE Only	\$ 105.00	\$ 103.00
EE + SP	\$ 230.00	\$ 225.00
EE+Child(ren) (2026: EE + 1 CH)	\$ 170.00	\$ 147.00
EE+Child(ren) (2026: EE + 2 CH)		\$ 187.00
EE+Child(ren) (2026: EE + 3+ CH)		\$ 238.00
EE+Family (2026: EE + SP + 1 CH)	\$ 298.00	\$ 265.00
EE+Family (2026: EE + SP + 2 CH)		\$ 297.00
EE+Family (2026: EE + SP + 3+ CH)		\$ 356.00

Kaiser OR		
Coverage Tier	2027	2026
EE Only	\$ 66.00	\$ 61.00
EE + SP	\$ 141.00	\$ 130.00
EE+Child(ren) (2026: EE + 1 CH)	\$ 115.00	\$ 100.00
EE+Child(ren) (2026: EE + 2 CH)		\$ 124.00
EE+Child(ren) (2026: EE + 3+ CH)		\$ 136.00
EE+Family (2026: EE + SP + 1 CH)	\$ 206.00	\$ 176.00
EE+Family (2026: EE + SP + 2 CH)		\$ 193.00
EE+Family (2026: EE + SP + 3/more CH)		\$ 216.00

Hawaii		
Coverage Tier	2027	2026
EE Only	\$ 65.00	\$ 64.00
EE + One (2026: EE + SP)	\$ 209.00	\$ 205.00
EE + One (2026: EE + 1 CH)	\$ 209.00	\$ 133.00
EE+Child(ren) (2026: EE + 2 CH)	\$ 230.00	\$ 159.00
EE+Child(ren) (2026: EE + 3CH)		\$ 185.00
EE+Family (2026: EE + SP + 1 CH)		\$ 239.00
EE+Family (2026: EE + SP + 2 CH)		\$ 266.00
EE+Family (2026: EE + SP + 3/more CH)		\$ 314.00

Delta Dental Basic (Replacing Aetna DMO)		
Coverage Tier	2027	2026 (DMO)
EE Only	\$ -	\$ -
EE + SP	\$ 15.00	\$ 12.23
EE+Child(ren) (2026: EE + 1 CH)	\$ 15.00	\$ 9.46
EE+Child(ren) (2026: EE + 2 CH)		\$ 13.05
EE+Child(ren) (2026: EE + 3+ CH)		\$ 17.55
EE+Family (2026: EE + SP + 1 CH)	\$ 25.00	\$ 15.70
EE+Family (2026: EE + SP + 2 CH)		\$ 19.66
EE+Family (2026: EE + SP + 3/more CH)		\$ 24.61

VSP - Plus Vision		
Coverage Tier	2027	2026
EE Only	\$ 7.00	\$ 7.00
EE + SP	\$ 14.00	\$ 14.00
EE+Child(ren) (2026: EE + 1 CH)	\$ 11.00	\$ 9.00
EE+Child(ren) (2026: EE + 2 CH)		\$ 12.00
EE+Child(ren) (2026: EE + 3+ CH)		\$ 15.00
EE+Family (2026: EE + SP + 1 CH)	\$ 20.00	\$ 17.00
EE+Family (2026: EE + SP + 2 CH)		\$ 20.00
EE+Family (2026: EE + SP + 3/more CH)		\$ 23.00