AUTODESK

2027 and 2026

Employee + partner health care premium contributions (per-paycheck deductions) and imputed income

2027				
Plan Name	**Pre-tax deductions**		**Post tax deductions**	**Imputed income**
Medical	**Employee + Partner**	**Employee + Partner + Family**	**All Tiers***	**All Tiers***
Anthem HDHP	$0.00	$25.00	$74.00	$351.54
Anthem PPO	$105.00	$173.00	$125.00	$514.23
HSMA PPO (Hawaii)	$65.00	$86.00	$144.00	$299.68
Kaiser CA HMO	$69.00	$120.00	$87.00	$386.99
Kaiser OR HMO	$66.00	$131.00	$75.00	301.77
Dental				
Delta Dental Basic	$0.00	$10.00	$15.00	$6.45
Delta Dental Plus	$8.00	$22.00	$13.00	$16.18
Vision				
VSP Basic	$0.00	$0.00	$0.00	$2.92
VSP Plus	$7.00	$13.00	$7.00	$3.83

*All tiers: Employee + Partner + Family must be qualified tax dependents.

2026						
Plan Name	**Pre-tax deductions**				**Post tax deductions**	**Imputed income**
Medical	**Employee + Partner**	**Employee + Partner + 1 Child**	**Employee + Partner + 2 Children**	**Employee + Partner + 3+ Children**	**All Tiers***	**All Tiers***
UHC Choice Plus High Deductible	$0.00	$13.00	$26.00	$43.00	$73.00	$343.94
UHC Choice Plus Plan (PPO)	$103.00	$143.00	$175.00	$234.00	$122.00	$504.17
UHC Choice Plan (EPO)	$248.00	$346.00	$482.00	$570.00	$302.00	$497.93
UHC PPO Plan (Hawaii)	$64.00	$98.00	$125.00	$173.00	$141.00	$343.35
Kaiser CA HMO	$69.00	$97.00	$126.00	$161.00	$87.00	$411.66
Kaiser OR HMO	$61.00	$107.00	$124.00	$147.00	$69.00	$277.56

Dental						
Aetna DMO	$0.00	$3.00	$7.00	$13.00	$13.00	$1.51
Aetna PPO	$0.00	$7.00	$15.00	$24.00	$20.00	$8.18
Vision						
VSP Basic Plan	$0.00	$0.00	$0.00	$0.00	$0.00	$2.87
VSP Plus Plan	$7.00	$10.00	$13.00	$16.00	$7.00	$3.65

*All tiers: Employee + partner + any number of children. Children must be qualified tax dependen