



2023

BENEFITS ENROLLMENT

This publication contains important information about your employee benefit program.

Please read thoroughly.

Nidec

All for dreams

NMOA

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Your 2023 Benefits Guide

At Nidec, we offer our employees a competitive and comprehensive benefits program. This is one of many ways we recognize how important you are to the company. This benefits guide briefly summarizes our program in a quick and easy-to-understand way.

New Hire Enrollment

As a new employee, you are eligible for coverage on your first day of employment. You must enroll in benefits within 30 days of your date of hire.

Annual Enrollment

Annual enrollment is your opportunity to review your current benefits and make benefit changes for the upcoming plan year. During annual enrollment, you can add, change, or decline coverage. In addition, you can add and/or drop dependents during this time. Keep in mind that any dependent you add will need to go through a dependent audit verification process.

Qualifying Life Event

Once you make your elections, you will not be able to make changes until the next annual enrollment period unless you experience a qualifying life event. A qualifying life event is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples of some qualifying events include the following.

- Change of legal marital status (e.g., marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (e.g., birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status

Working Spouse Coverage

If you have a spouse who works full-time and is offered benefits at his or her own employer, your spouse must elect coverage through that employer. If you prefer to have a working spouse, who is eligible for insurance through their company, covered on a Nidec Plan, then you are responsible to pay a \$50 monthly spousal surcharge (\$23.07 bi-weekly). If your spouse later loses eligibility under his or her employer's plan, this is considered a qualifying event and he or she would be eligible to enroll in the Nidec plan as long as an application is made within 30 days of the loss of coverage.

Benefits Eligibility

Eligible Employees

You may enroll in the benefits program if you are a regular full-time employee who is actively working a minimum of 30 hours per week.

Eligible Dependents

Eligible dependents generally include your legally married spouse and children up to age 26. Children may include natural, adopted, step-children, or children obtained through court-appointed legal guardianship.

SSN Required

You must provide a valid Social Security Number for yourself and each enrolled dependent. Employers are required to provide names and Social Security Numbers to the federal government for each individual enrolled for medical coverage

Open Enrollment Overview

The Open Enrollment period will be from October 31 to November 14, 2022.

Changes for 2023

Medical Plan Deductible Changes to the BlueCross BlueShield of Alabama CHP

Due to 2023 IRS provisions for a medical plan deductible to be embedded, if you enroll in the CHP, you will see an increase in your annual deductible when compared to the 2022 plan: In-Network Individual from \$2,800 to \$3,000 and In-Network Family from \$5,600 to \$6,000. Out-of-Network Individual from \$5,600 to \$6,000 and Out-of-Network Family from \$11,200 to \$12,000.

Voluntary Coverage for Additional Peace of Mind

We are happy to announce we are adding Accident Insurance, and Critical Illness Insurance to our benefits offerings! These are supplemental coverage options you can purchase during Open Enrollment that can help fill the gap before you've met your deductible and/or out-of-pocket maximum, should you have a need. See pages 11 and 12 for more information.

We are also enhancing our Hospital Indemnity coverage to provide unlimited hospitalizations.

Teladoc Copay

If you are enrolled in the BlueCross BlueShield of Alabama PPO, your Teladoc copay will go from \$20 to \$0.

Prescription Drug Change

We are introducing the Accumulation Adjustment Program. If you are enrolled in the BCBSAL CHP medical plan, when you use a manufacturer coupon, your deductible and/or out-of-pocket maximum will be adjusted for the value of the coupon.

Increased Health Savings Account (HSA) Contribution Limits

We align our annual HSA contribution limits to IRS guidelines. Therefore contribution limits for 2023 will be: \$3,850 Individual and \$7,750 family.

Increased Contribution Limits for the Healthcare and Dependent Care FSAs

We align our annual FSA contribution limits to IRS guidelines. Therefore, contribution limits for 2023 will be: \$2,850 for the Healthcare FSA and \$5,000 (\$2,500 if married and filing separately) for the Dependent Care FSA.

What's NOT New!

We are pleased to report that there are no increases in copays, coinsurance, or out-of-pocket maximums for the PPO and HDHP; and no increase to the PPO deductibles. Additionally, there are no changes for the benefit coverages for the dental and vision plans.

What Happens if You Don't Enroll

This year's enrollment is a passive enrollment. This means if you do nothing you will be automatically re-enrolled in the coverage choices you had in 2022 for medical, dental, vision, life, and disability benefits. However, if you wish to contribute to either a Health Savings Account (HSA), Healthcare Flexible Spending Account (FSA), or a Dependent Care FSA in 2023, you will need to make those elections during the open enrollment period. These accounts do not roll over.

What You Need to Do

Review the 2023 plan changes in the OE Guide. Log in to Workday during the OE period. Enroll and submit your 2023 benefits during the Open Enrollment period (10/31-11/14). Remember—you will not have another opportunity to change benefits in 2023 unless you experience a qualifying life event.

- Confirm your changes by reviewing your elections and clicking "I Agree" and "submit" on the last summary screen
- Make sure your contact and beneficiary information is up to date

ID Card Reminder

As a reminder, Cigna does not issue dental cards. If you require a card, please download from the Cigna app, or simply provide your dentist with the Group Number 3339200. All other vendors will begin issuing ID cards in late December or early January. Temporary ID cards can be pulled from the vendors' websites after January 1, 2023.



Medical

We partner with Blue Cross Blue Shield of Alabama to offer you and your eligible dependents healthcare insurance. When you receive care in-network you benefit from our negotiated discounts and greater plan coverage for your services.

Nidec offers two medical plan choices—a Preferred Provider Organization (PPO) and a Consumer Healthcare Plan (CHP). The premiums (the amount you pay each month for benefit coverage) for each plan vary.

If you select the PPO, your benefits are higher when you visit a provider in the plan's network. Additionally, you will pay a copay for primary care visits to your doctor, as well as for telemedicine, specialist treatment, and urgent care. Preventive care is covered 100%, as long as you are treated by an in-network provider.

If you select the CHP you will first meet a deductible before the plan covers a percentage of covered expenses. This plan is paired with a special tax-advantaged Health Savings Plan (HSA) to help pay for medical costs, including the higher deductible.

The following chart provides an overview of the benefits of each plan.

Plan Details

	BlueCross BlueShield of Alabama PPO		BlueCross BlueShield of Alabama CHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible				
Individual	\$1,200	\$2,400	\$3,000	\$6,000
Family	\$2,400	\$4,800	\$6,000	\$12,000
Out-of-Pocket Maximum (includes deductible)				
Individual	\$5,450	Not applicable	\$6,400	Not applicable
Family	\$12,800	Not applicable	\$12,800	Not applicable
Hospital Services				
Inpatient	\$250 copay; deductible then 20% coinsurance	\$250 copay; deductible then 50% coinsurance	Deductible then 20% coinsurance	Deductible then 50% coinsurance
Outpatient	Deductible then 20% coinsurance	Deductible then 50% coinsurance	Deductible then 20% coinsurance	Deductible then 50% coinsurance
Office Visits				
Telemedicine	\$0 copay	Not covered	Deductible then 20% coinsurance	Not covered
Preventive Care	100% covered	Not covered	100% covered	Not covered
Primary Care Physician	\$30 copay	Deductible then 50% coinsurance	Deductible then 20% coinsurance	Deductible then 50% coinsurance
Specialist	\$50 copay	Deductible then 50% coinsurance	Deductible then 20% coinsurance	Deductible then 50% coinsurance
Urgent Care	\$50 copay	Deductible then 50% coinsurance	Deductible then 20% coinsurance	Deductible then 50% coinsurance
Emergency Room	\$200 copay, deductible then 20% coinsurance; 50% coinsurance non-emergencies		Deductible then 20% coinsurance; 50% coinsurance non-emergencies	
Prescription Drugs*				
Retail (30-day supply)				
Tier 1	\$10 copay	Not covered	Deductible then 20% coinsurance	Not covered
Tier 2	\$35 copay	Not covered	Deductible then 20% coinsurance	Not covered
Tier 3	\$60 copay	Not covered	Deductible then 20% coinsurance	Not covered
Mail Order (90-day supply)				
Tier 1	\$25 copay	Not applicable	Deductible then 20% coinsurance	Not applicable
Tier 2	\$87.50 copay	Not applicable	Deductible then 20% coinsurance	Not applicable
Tier 3	\$150 copay	Not applicable	Deductible then 20% coinsurance	Not applicable

* New for 2023 if enrolled in the Blue Card HDHP: Specialty Rx Copay Accumulation Adjustment Program: When you use a manufacturer coupon, your deductible and/or out-of-pocket maximum will be adjusted for the value of the coupon.

This is a summary of coverage. Full coverage details are available in your Summary Plan Description (SPDs) or official plan documents. In the event there are differences between this summary and your official plan documents, your plan documents prevail. Find network providers, facilities, and pharmacies at www.bcbsal.org.



Hinge Health for Back and Joint Pain

We partner with Hinge Health to help you conquer back and joint pain, recover from injuries, prepare for surgery, or stay healthy and pain free. Best of all, Hinge Health's programs are **provided at no cost** to you and your eligible dependents enrolled in a medical plan.

Hinge Health provides all the tools you need to get moving again from the comfort of your home. Here are some of the ways your treatment plan could be tailored to you:

- Get a personal care team, including a physical therapist and health coach
- Schedule as many personal physical therapy sessions as needed
- Receive wearable sensors that give live feedback on your form in the app
- Get a second opinion on your recommended surgery and treatment plan

If you don't have pain and are just looking to stay healthy, you can sign up for their free app. Recommended exercises will be tailored to you based on your job and lifestyle.

For questions, you can call Hinge Health at **855.902.2777** or send an email to **hello@hingehealth.com**.

Hospital Indemnity Coverage

Why Hospital Indemnity Coverage?

Hospital Indemnity coverage, available through Cigna, pays a benefit when you or your covered dependents are admitted to the hospital for a covered stay. This coverage can complement your health insurance to help you pay for the costs associated with a hospital stay. It can also provide funds which can be used to help pay the out-of-pocket expenses your medical plan may not cover, such as coinsurance, copays, and deductibles.



Plan Features

- Delivers a tax-free lump sum benefit
- No pre-existing condition exclusion
- Coverage is portable; if you leave Nidec, you can take this with you

Covered Benefits	Benefit Amount
Hospital Admission Benefit (unlimited admissions)	\$500
Daily Hospital Confinement (up to 30 days)	\$100
Daily ICU Confinement (up to 30 days)	\$200
Newborn Nursery Care Admission (limited to 1 day)	\$500
Example: Childbirth (2 day stay)	Benefit Amount
Hospital Admission Benefit	\$500
Newborn Nursery Care Admission	\$500
Daily Hospital Confinement (starting day 2)	\$200
Total Dollars Payable to Employee	\$1,200

Employees are responsible for the cost of coverage, but will receive a group discount through this plan.

Hospital Indemnity Monthly Premiums

Hospital Indemnity—Cigna	
Employee Only	\$9.19
Employee + Spouse	\$21.61
Employee + Child(ren)	\$16.34
Family	\$28.76

These rates shown above are displayed as post-tax.



Accident Insurance

Injuries occurring off the job can be protected with Cigna Accident Insurance. This plan is designed to pay cash directly to you, the employee. This additional cash support can be used to help pay any out-of-pocket expenses related to the injury. Payments are made tax free, to be used at your direction.

Wellness Benefit: \$50 per insured Employee or Covered Dependent per year for completing routine wellness screenings.

Some Covered Benefits	Benefit Amount
Hospital Admission	\$1,500
Daily Hospital Confinement (up to 365 days)	\$300
Daily ICU Confinement (up to 365 days)	\$600
Burns	up to \$10,000
Ambulance (Ground/Air)	\$500/\$2,000
Torn Knee Cartilage	\$400
Example: Broken Ankle	Benefit Amount
Emergency Room with X-Ray	\$300
Broken Ankle, Closed Reduction (no surgery)	\$2,500
Physical Therapy (10 sessions)	\$500
Physician Follow-Up (per visit)	\$75
Crutches	\$150
Total Dollars Payable to Employee	\$ 3,525

Enrollment

You can enroll once a year during Open Enrollment or if you are a new employee signing up for benefits.

Cigna is our provider.

- **Cigna.com**
- **800.754.3207**

Critical Illness Insurance

There can be a lot of expenses associated with a critical illness and a major medical plan may not cover them all. Critical Illness coverage with Cigna pays cash directly to you, the Employee, upon a diagnosis of a critical illness.

You have the option to select the tiered coverage amount of your choice with no pre-existing condition limitations. Employees can elect up to \$30,000 in guaranteed issue coverage. Spouses and Child(ren) will be offered 50% of the Employee’s coverage amount. An Employee must elect coverage for Dependents to elect coverage as well.

Wellness Benefit: \$50 per insured Employee or Covered Dependent per year for completing routine wellness screenings.

Enrollment

You can enroll once a year during Open Enrollment or if you are a new employee signing up for benefits.

Cigna is our provider.

- **Cigna.com**
- **800.754.3207**

Below is an example of how the Critical Illness Plan works.

Donna’s life is turned upside down when she suffered a heart attack which was followed by a stroke only a month later. Not only did she miss work, but so did her husband to help her during her recovery. Their income took a hit and bills piled up. Donna had enrolled in Cigna’s Critical Illness plan with a \$30,000 Benefit Amount per diagnosis. She received a total benefit payment of \$60,000 in her family’s greatest time of need.

Amount Paid to Donna	
Heart Attack	\$30,000
Stroke	\$30,000
Total Direct Benefit Payment to Donna	\$60,000



Health Savings Account (HSA)

What is a Health Savings Account?

An HSA is a tax-favored account you can use to pay for eligible current and future healthcare expenses with tax-free dollars. You must enroll in the HSA plan to be eligible to open a health savings bank account. There is no use it or lose it rule. Any unused money will remain in your HSA for future use.

Nidec does not own the account. You own the account. If you leave, you keep the funds. You may choose to make contributions to your HSA on a pre-tax basis.

Funds may be withdrawn at any time to pay for qualified medical expenses tax-free for most medical, dental, and vision care. For a complete list of eligible expenses, please refer to IRS Publication 502 at [irs.gov](https://www.irs.gov).

HSA expenses can be incurred by you, your spouse, and dependents claimed on your personal tax return even if the dependents are not enrolled in the HSA plan.

You are Eligible to Open a Health Savings Account if

- You are enrolled in an HSA plan (qualified high deductible health plan)—the CHP
- You are not covered by your spouse's health plan, any other health plan, or flexible spending account
- You are not eligible to be claimed as a dependent on someone else's tax return
- You are not enrolled in Medicare, TRICARE, or TRICARE for Life
- You have not received veterans administration benefits in the past three months

Funding Your Account

You may contribute up to the annual IRS limits. It's important you do not go over the IRS limit. Please note the IRS limits shown below are inclusive of the company contributions to your account.

Coverage Tier	IRS Annual Maximum Limit	Nidec Contribution	Employee Maximum*
Employee	\$3,850	\$500	\$3,350
Employee + Spouse	\$7,750	\$750	\$7,000
Employee + Child(ren)	\$7,750	\$750	\$7,000
Employee + Family	\$7,750	\$1,000	\$6,750

* Individuals age 55 and older who reach age 55 by December 31, 2023 can make a catch-up contribution of up to \$1,000 in addition to the employee maximums shown in the table above.

Keep in Mind...

- Nidec contributes HSA seed money to all employees enrolled in the CHP monthly.
- The CHP has the lowest employee paycheck contributions for medical coverage.
- If you switched from the PPO to the CHP you can put those premium savings into your HSA and have those funds to use tax-free during the year when you need them!



Flexible Spending Account (FSA)

What is a Flexible Spending Account?

This voluntary benefit is available to regular (non-temporary) full-time employees. Nidec offers a flexible spending account (FSA) through Health Equity which allows you to set aside pre-tax dollars from your paycheck to pay for qualified medical or dependent care expenses you would normally pay for out of your pocket with after-tax dollars.

Healthcare FSA

The healthcare FSA helps you pay for certain IRS-eligible expenses with pre-tax dollars. The 2023 maximum contribution is \$2,850.

Funds you elect to contribute to the healthcare FSA are available in full on the first day of the plan year. For example, if you elect to contribute \$1,000, the full election is available to you on day one. You'll continue to pay for the election pre-tax from your paycheck throughout the plan year.



Dependent Care FSA

The dependent care FSA lets you set aside pre-tax dollars to use toward qualified dependent care. The maximum amount you may contribute to the dependent care FSA is \$5,000 (or \$2,500 if married and filing separately) per calendar year. Funds you contribute to the dependent care FSA are available as you accrue them during the plan year.

Use It or Lose It

The Healthcare FSA have a "use it or lose it" rule. You need to use up your Healthcare FSA funds by the grace period deadline of March 15, 2023. The claim submission deadline for run out is April 15, 2023 for expenses incurred.

Eligible Expenses

Healthcare FSA

- Doctor's visit copays
- Prescription drug copays
- Medical and dental deductibles
- Over-the-counter medications (with a written prescription)
- Hearing aids
- Eyeglasses/contacts

Dependent Care FSA

- Cost of child or adult daycare*
- Nursery school
- Preschool (excluding kindergarten)

* Eligible dependent: tax dependent child under age 13; tax dependent spouse, parent, or child unable to care for themselves

Dental

We partner with Cigna to offer you and your family members dental insurance. Access to good oral healthcare can help keep your overall health costs down. Regular oral health exams can help detect significant medical conditions before they become serious. Visit www.cigna.com to find in-network providers and access a variety of online tools and programs.

Plan Details

	In-Network	Out-of-Network
Calendar Year Deductible		
Individual	\$0	\$25
Family	\$0	\$75
Annual Maximum Benefit		
	\$1,500	\$1,500
Dental Care Services		
Preventive Care	100% covered no deductible	20% covered no deductible
Basic Care	20% coinsurance	Deductible then 20% coinsurance
Major Care	50% coinsurance	Deductible then 50% coinsurance
Orthodontia		
Coinsurance	50% covered no deductible	
Lifetime Maximum	\$1,000	
Benefit Applies To	Adults and children	

This is a summary of coverage. Full coverage details are available in your Summary Plan Description (SPDs) or official plan documents. In the event there are differences between this summary and your official plan documents, your plan documents prevail.

Orthodontia Services Note

The lifetime maximum illustrated is different from the calendar year maximum. For orthodontia services, this limit does not reset each year, this is the most your plan will cover for your services for the lifetime of your participation in this program.

Examples of Services

- Preventive—exams, cleanings, fluoride, x-rays, and sealants
- Basic—fillings, extractions, periodontics, repairs, and oral surgery
- Major—crowns, inlays, dentures, and dental impacts



Vision

We partner with Cigna to offer you and your family members vision insurance. Whether you need consistent access to comprehensive vision insurance or are exploring this benefit for the first time, our vision insurance coverage is designed to meet a variety of needs. Visit www.cigna.vsp.com to find in-network providers and access a variety of online tools and programs.

Plan Details

	In-Network	Out-of-Network
Exam (once every 12 months)	\$10 copay	Up to \$45
Lenses (once every 12 months)		
Single Vision	\$15 copay	Up to \$32
Bifocal	\$15 copay	Up to \$55
Trifocal	\$15 copay	Up to \$65
Lenticular	\$15 copay	Up to \$80
Approved Contact Lenses (once every 12 months; in lieu of lenses or frames)		
Elective	Up to \$150	Up to \$120
Therapeutic	Covered 100%	Up to \$210
Approved Frames (once every 12 months)		
	Up to \$150	Up to \$83

This is a summary of coverage. Full coverage details are available in your Summary Plan Description (SPDs) or official plan documents. In the event there are differences between this summary and your official plan documents, your plan documents prevail.

When you see a Cigna Vision Network Eye Care Professional*, you can save 20% (or more) on additional frames and/or lenses, including lens options, with a valid prescription. This savings does not apply to contact lens materials. See your Cigna Vision Network Eye Care Professional for details.

* Provider participation is 100% voluntary; please check with your Eye Care Professional for any offered discounts.



Life and Disability Insurance

Basic Life and AD&D Insurance

Nidec offers company paid life and accidental death and dismemberment (AD&D) insurance. This coverage offers financial protection to you or the beneficiaries you designate during enrollment. You do not pay any premium for this benefit.

Voluntary Life Insurance

In the event you need to purchase additional insurance coverage for your family you may purchase voluntary life insurance at competitive group rates. Once you purchase coverage for yourself you may also purchase coverage for your spouse and eligible dependents.

If you are newly eligible and have not previously waived your opportunity to elect coverage, you can elect up to the plan's guaranteed issue amounts without submitting evidence of insurability (EOI). If you are a late entrant and have previously waived the opportunity to purchase additional coverage, you may be required to submit EOI. EOI requirements are communicated to you when you enroll.

Disability

Nidec offers short term and/or long term disability. Eligibility is based upon business unit and location. Please work with your local benefits partner for additional details.

Our short term disability plan covers a portion of your weekly earnings while you are unable to work due a non-work related short term illness or injury. Our long term disability plan covers a portion of your monthly earnings while you are unable to work due a non-work related short term illness or injury.

Log into your Workday account for Life and Disability Insurance benefits applicable to you, or contact your HR team.



Additional Benefits

Employee Assistance Program (EAP)

The EAP is a confidential service designed to help employees and families with personal or work/life balance issues. Your employer is providing the EAP to help you toward an early resolution of most any personal concern. This includes access to tens of thousands of clinicians throughout the country without a predetermined, artificial cap on the number of in-person sessions.

Accessing the EAP is easy. Simply call the EAP. Counselors are available, 24 hours a day, 7 days a week. The EAP will gather some information, evaluate your needs, and suggest a possible plan of action.

What Does The Eap Cost?

There is no charge for services provided within the EAP. Your employer has provided short-term counseling, research, consultation, and referral services for you, your family, and your significant others. When necessary, you may be referred to services that go beyond the scope of the EAP. Charges for the services outside the EAP are your responsibility. In some cases, however, your health insurance may cover a portion of the cost of the services you require.

How Confidential Is The EAP?

No information, including your name, can be released without your written consent. The only exceptions are those required by law such as the duty of counselors to warn someone of a serious threat or the mandated reporting of a child and elder abuse.

Teladoc

Teladoc consultations that are available at a low cost to you and your covered family members. Teladoc provides you virtual visit access to a doctor for non-emergency healthcare anytime, anywhere in the U.S. You can talk to a physician without an appointment by using your mobile device or computer to have a private video visit.

Teladoc can be used to treat conditions such as:

- Cold and flu symptoms
- Allergies
- Bronchitis
- Urinary tract infection
- Respiratory infection
- Sinus problems

Issues Addressed By The EAP

- | | |
|--|-------------------------|
| ■ Stress management | ■ Job stress |
| ■ Emotional issues | ■ Career frustration |
| ■ Depression, anxiety, and panic attacks | ■ Child care needs |
| ■ Elder care resources | ■ Grief or loss |
| ■ Relationship and family problems | ■ Work/life issues |
| ■ Chemical dependency | ■ Financial resources |
| ■ Eating disorders | ■ Nutritional questions |
| ■ Domestic violence | ■ Legal resources |
| | ■ Health coaching needs |

314.845.8302/800.832.8302

Contact Information



Nidec Benefit Center

833.213.8135
NidecBenefits@nidec-motor.com



Medical

Blue Cross Blue Shield of Alabama
800.783.2197
www.bcbsal.org



Hinge Health

855.902.2777
hello@hingehealth.com



Wellness Program

Asset Health
www.assethealth.com/Nidec



Dental

Cigna
800.244.6224
www.cigna.com



Vision

Cigna
877.487.7557
www.cigna.vsp.com



Life Insurance

New York Life
800.362.4462
Hours: 7:00 a.m. to 7:00 p.m. CST
(Monday–Friday)
www.mynylgbs.com



Disability Insurance

800.362.4462
Hours: 7:00 a.m. to 7:00 p.m. CST
(Monday–Friday)
www.mynylgbs.com



Employee Assistance Program

H&H Health Associates
800.832.8302
www.hhhealthassociates.com



401K

Vanguard 401K
800.523.1188
www.vanguard.com



FSA

Health Equity
877.288.0719
www.healthequity.com



HSA

Health Equity
877.288.0719
www.healthequity.com



Hospital Indemnity, Accident, and Critical Illness Insurance

Cigna
800.754.3207
www.cigna.com



Teladoc

Blue Cross and Blue Shield of Alabama
855.477.4549
Teladoc.com/Alabama



2023

BENEFITS

GUIDE

This benefits guide is only intended to highlight some of the major benefit provisions of the company plan and should not be relied upon as a complete detailed representation of the plan. Please refer to the plan's summary plan descriptions for further detail. Should this guide differ from the summary plan descriptions, the summary plan descriptions prevail.

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[Rev 10/13/22] NIDMO 23BG Nidec BCBSAL 1918683.pdf

