

Your Nidec Benefits At-a-Glance

Your 2024 At-a-Glance provides important information about benefits available to you in 2024. We hope you find this quick reference guide useful during enrollment and throughout the year. You'll find more details by visiting your on-the-go resource via a PC or smartphone at NidecTotalRewards.com.



On-the-go tools make your life easier

Nidec's Total Rewards website provides access to information about the benefits available to you and your family. It's your on-the-go, one-stop shop for all benefits information.

- Visit NidecTotalRewards.com
- Scan the QR code using your smartphone today and go directly there
- Bookmark it to your favorites



Important Information About Several of Your Benefits

Medical (BlueCross BlueShield of Alabama)

You have two options to consider for medical coverage—a Preferred Provider Organization (PPO) and a Consumer Healthcare Plan (CHP). Both medical plans are offered through BlueCross BlueShield of Alabama and include Prescription Drug coverage options. Nidec also offers eligible employees access to Hinge Health (for joint and muscle care).

Plan Features	Medical Plan: BlueCross BlueShield of Alabama			
	PPO		CHP	
	In-Network (Individual/Family)	Out-of-Network (Individual/Family)	In-Network (Individual/Family)	Out-of-Network (Individual/Family)
Calendar Year Deductible	\$1,200/\$2,400	\$2,400/\$4,800	\$3,200/\$6,400	\$6,400/\$12,800
Out-of-Pocket Maximum (includes deductible)	\$5,450/\$12,800	Not applicable	\$6,400/\$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				
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				
Preventive Medications Based on Preventive Drug List	100% covered	Not covered	100% covered	Not covered
Retail (30-day supply)				
Tier 1 (Generic)	\$10 copay	Not covered	Deductible then 20% coinsurance	Not covered
Tier 2 (Preferred Brand)	\$35 copay	Not covered	Deductible then 20% coinsurance	Not covered
Tier 3 (Non-Preferred Brand)	\$60 copay	Not covered	Deductible then 20% coinsurance	Not covered
Tier 4 (Specialty)	\$120 copay	Not covered	Deductible then 20% coinsurance	Not covered
Mail Order (90-day supply)				
Tier 1 (Generic)	\$25 copay	Not applicable	Deductible then 20% coinsurance	Not applicable
Tier 2 (Preferred Brand)	\$87.50 copay	Not applicable	Deductible then 20% coinsurance	Not applicable
Tier 3 (Non-Preferred Brand)	\$150 copay	Not applicable	Deductible then 20% coinsurance	Not applicable
Tier 4 (Specialty)	Not applicable	Not applicable	Not applicable	Not applicable

Medical (Kaiser)

Kaiser plan is a health maintenance organization (HMO). Participants in an HMO first seek care through a primary care provider who helps patients with primary care and recommends care from specialists if needed.

Plan Features	Kaiser HMO	
	In-Network (Individual/Family)	Out-of-Network (Individual/Family)
Calendar Year Deductible	\$1,000/\$2,000	Not covered
Out-of-Pocket Maximum (includes deductible)	\$3,000/\$6,000	Not covered
Hospital Services		
Inpatient	Deductible then 20% coinsurance	Not covered
Outpatient	Deductible then 20% coinsurance	Not covered
Office Visits		
Preventive Care	100% covered	Not covered
Primary Care Physician	\$20 copay	Not covered
Specialist	\$20 copay	Not covered
Urgent Care	\$20 copay	Not covered
Emergency Medical Service	Emergency Room Care: Deductible then 20% coinsurance Emergency Medical Transportation: \$150 per trip	
Prescription Drugs		
Preventive Medications Based on Preventive Drug List	100% covered	Not covered
Retail (30-day supply)		
Tier 1 (Generic)	\$10 copay	Not covered
Tier 2 (Preferred Brand)	\$30 copay	Not covered
Tier 3 (Non-Preferred Brand)	\$30 copay	Not covered
Tier 4 (Specialty)	20% coinsurance up to \$250	Not covered
Mail Order (90-day supply)		
Tier 1 (Generic)	\$20 copay	Not covered
Tier 2 (Preferred Brand)	\$60 copay	Not covered
Tier 3 (Non-Preferred Brand)	\$60 copay	Not covered
Tier 4 (Specialty)	20% coinsurance up to \$250	Not covered



Accident Insurance

Certain injuries occurring off the job can be protected with Accident Insurance.

Accident Insurance: Cigna	
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
Ambulance (Ground/Air)	\$500/\$2,000

Critical Illness Insurance

In circumstances where major medical plans don't cover all the expenses associated with a critical illness diagnosis, Critical Illness Insurance can help make ends meet.

Critical Illness Insurance: Cigna	
Some Covered Benefits	Benefit Amount*
Invasive Cancer	100%
Heart Attack	100%
Advanced Obesity	25%

*Terms, conditions, state variations, exclusions and limitations apply to these benefits.

Dental

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.

Dental Plan: Cigna Dental PPO		
Plan Features	In-Network	Out-of-Network
Deductible (Individual/Family)	\$0/\$0	\$25/\$75
Annual Maximum	\$1,500	\$1,500
Preventive Care	100% covered no deductible	80% covered no deductible
Basic Care	20% coinsurance	Deductible then 20% coinsurance
Major Care	50% coinsurance	Deductible then 50% coinsurance
Orthodontia (Adults and Children)		
Coinsurance	50% covered no deductible	50% covered no deductible
Lifetime Maximum	\$1,000	\$1,000

Vision

Our vision coverage is designed to meet a variety of needs. Examples of vision coverage services are an eye exam, approved contact lenses and approved frames.

Vision Plan: VSP		
Plan Features	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 \$30
Bifocal	\$15 copay	Up to \$50
Trifocal	\$15 copay	Up to \$65
Approved Contact Lenses (once every 12 months; in lieu of lenses or frames)		
Elective	Up to \$150	Up to \$105
Therapeutic	Covered 100%	Up to \$210
Approved Frames (once every 12 months)	Up to \$150	Up to \$70

Hospital Indemnity Insurance

Hospital Indemnity coverage can complement your health insurance to help you pay for out-of-pocket costs when you or your covered dependents are admitted to the hospital for a covered stay.

Hospital Indemnity Insurance: Cigna	
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

Flexible Spending Account (FSA)

An FSA 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. FSAs have a “use-it-or-lose-it” rule which means you must use the funds by the plan-year deadline. Any unused FSA funds at the end of the plan year are forfeited to the plan.

Maximum FSA Contributions*	
Health Care FSA Maximum	Dependent Care FSA Maximum
\$3,200	\$5,000 (\$2,500 if married & filing separately)

*IRS limits may change for 2024. Check NidecTotalRewards.com for updates.

Note: If you are enrolled in a Consumer Health Plan (CHP) and an HSA, you are not eligible to have an FSA.

Health Savings Account (HSA)

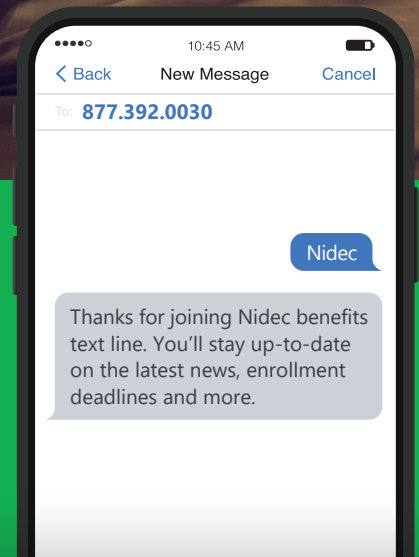
If you are enrolled in a Consumer Health Plan (CHP) you have the option of an HSA. An HSA is a tax-favored account you can use to pay for eligible current and future healthcare expenses with tax-free dollars. There is no use-it-or-lose-it rule. Any unused money will remain in your HSA for future use.

Funding your account

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

Coverage Tier	IRS Annual Maximum Limit	Nidec Contribution	Employee Maximum*
Employee	\$4,150	\$788	\$3,362
Employee + Spouse	\$8,300	\$1,600	\$6,700
Employee + Child(ren)	\$8,300	\$1,600	\$6,700
Employee + Family	\$8,300	\$2,400	\$5,900

*Individuals age 55 and older who reach age 55 by Dec. 31, 2023, can make a catch-up contribution of up to \$1,000 in addition to the employee maximums shown in the table above. IRS limits may change for 2024. Please check NidecTotalRewards.com for updates.



Opt in for benefits texts

- Get text reminders so you don't miss important benefits information and enrollment deadlines
- Text keyword Nidec to 877.392.0030 to opt in, or scan the QR code

Disclaimer: This Benefits At-a-Glance 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 description (SPD) or official plan documents on NidecTotalRewards.com ► Resources ► Document Library for further details. Should this Benefits At-a-Glance differ from the SPDs, the SPDs prevail.