

# 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

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).

	Medical Plan: BlueCross BlueShield of Alabama			
	PPO		CHP	
Plan Features	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 deducible)	\$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 supp	oly)			
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

#### **Accident Insurance**

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

# **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.

### **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.

#### **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.

# 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.

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

<sup>\*</sup>Terms, conditions, state variations, exclusions and limitations apply to these benefits.

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 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: 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)		

<sup>\*</sup>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	\$500	\$3,650
Employee + Spouse	\$8,300	\$750	\$7,550
Employee + Child(ren)	\$8,300	\$750	\$7,550
Employee + Family	\$8,300	\$1,000	\$7,300

<sup>\*</sup>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

