Visit **NidecKatoUnion.com** or scan the QR code for details about each of the benefits offered to you by Nidec.

2026 Benefits

Your Nidec Benefits At-A-Glance Brochure

Kato Union

This brochure is the first step on your journey to well-being. Use it as a resource during enrollment and throughout the year. More details about all your benefits are available at **NidecKatoUnion.com**.

Nidec All for dreams

YOUR BENEFITS YOUR FUTURE
Your Health, Your Wellness and Your Financial Security

Visit **NidecKatoUnion.com** or scan the QR code for details about each of the benefits offered to you by Nidec.

Information About Several of Your Benefits

Medical

You have the option to enroll yourself and your eligible dependents in a Preferred Provider Organization (PPO) offered through BlueCross BlueShield of Alabama. This plan includes Prescription Drug coverage options. With the PPO, when you receive care in-network you benefit from our negotiated discounts and greater plan coverage for medical services. Nidec also offers eligible employees access to Hinge Health (for joint and muscle care).

	BlueCross BlueShield of Alabama PPO	
	In-Network	Out-Of-Network
Calendar Year Deductible		
Individual	$600 per person	$1,200 per person
Family	$1,200 per family	$1,200 per person
Out-of-Pocket Maximum (includes deductible)		
Individual	$5,200	$13,275 per person
Family	$12,700	$13,275 per person
Hospital Services		
Inpatient	Deductible then 20% coinsurance	Deductible then 40% coinsurance
Outpatient	Deductible then 20% coinsurance	Deductible then 40% coinsurance
Office Visits		
Preventive Care	100% covered	Not covered
Primary Care Physician	$35 copay	Deductible then 40% coinsurance
Specialist	Deductible then 20% coinsurance	Deductible then 40% coinsurance
Urgent Care	$35 copay	Deductible then 40% coinsurance
Emergency Room	$200 copay then deductible then 20% coinsurance	
Prescription Drugs		
Retail (30-day supply)		
Tier 1	You pay greater of $10 or 10% up to $40 maximum	Not covered
Tier 2	You pay greater of $30 or 25% up to $100 maximum	Not covered
Tier 3	You pay greater of $60 or 35% up to $400 maximum	Not covered
Mail Order (90-day supply)		
Tier 1	You pay greater of $25 or 10% up to $100 maximum	Not applicable
Tier 2	You pay greater of $75 or 25% up to $250 maximum	Not applicable
Tier 3	You pay greater of $150 or 35% up to $1,000 maximum	Not applicable

Please note: Dental and vision coverage is bundled together. You cannot select one without the other.

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.

Although the Delta Dental plan allows you the freedom to visit any licensed dentist, you'll save the most when you visit a Delta Dental PPO dentist. A Delta Dental Premier dentist is your next best option when you can't find a PPO dentist.

	Delta Dental PPO Network	Delta Dental Premier Network	Out-Of-Network
Calendar Year Deductible			
Individual	$0	$0	$25
Family	$0	$0	$75
Annual Maximum Benefit			
	$1,500	$1,500	$1,500
Dental Care Services			
Preventive Care	100% covered	100% covered	80% covered, no deductible
Basic Care	20% coinsurance	20% coinsurance	Deductible then 20% coinsurance
Major Care	50% coinsurance	50% coinsurance	Deductible then 50% coinsurance
Orthodontia			
Coinsurance	50% covered, no deductible		
Lifetime Maximum	$1,000		
Benefit Applies To	Adults and children		

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.

	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

FSA

Set aside pre-tax dollars from your paycheck to pay for eligible expenses.

Maximum Flexible Spending Account (FSA) Contributions	
Health Care FSA Maximum	Dependent Care FSA Maximum
$3,400	$7,500 ($3,750 if married & filing separately)

Visit **NidecKatoUnion.com** or scan the QR code for details about each of the benefits offered to you by Nidec.

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.

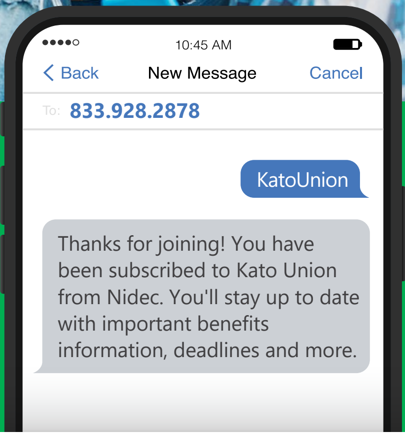
Hospital Indemnity Insurance: Cigna	
Covered Benefits	**Benefit Amount**
Daily Hospital Confinement (up to 30 days)	$100
Daily ICU Confinement (up to 30 days)	$200
Newborn Nursery Care Admission (limited to 1 day)	$500

** This is a fixed indemnity policy, not health insurance. Please visit the Hospital Indemnity Insurance webpage on your benefits website for important information related to Hospital Indemnity Insurance.*

Opt in for benefits texts

Get text reminders so you don't miss important benefits information and enrollment deadlines

Text keyword **KatoUnion** to **833.928.2878** to opt in, or scan the QR code



Disclaimer: This Benefits At-A-Glance is only intended to highlight some of the major benefits 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 NidecKatoUnion.com ► Resources ► Document Library for further details. Should this Benefits At-A-Glance differ from the SPDs, the SPDs prevail.