Your Nidec Kato Union 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 through the year. You'll find more details by visiting your on-the-go resource via a PC or smartphone at **NidecKatoUnion.com**.

New for you and your family!

Nidec's Kato Union benefits 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 NidecKatoUnion.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 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				
Plan Features	In-Network	Out-Of-Network		
Calendar Year Deductibl	e			
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	\$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		
Retail (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		



Dental

Vision

on costs.

Our vision coverage is

designed to meet a variety

coverage services are an

When you use in-network

services, you can save

of needs. Examples of vision

eye exam, approved contact

lenses and approved frames.

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 **cigna.com** to find in-network providers and access to a variety of online tools and programs. Plan Features Calendar Year Deduct Individual Family Annual Maximum Ben

Dental Care Services Preventive Basic Major Orthodontia Coinsurance Lifetime Maximum Benefit Applies To

Plan Features Exam (once every 12 mor Lenses (once every 12 Single Vision Bifocal Trifocal Approved Contact Len Elective Therapeutic Approved Frames (ond

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

Hospital Admissi Daily Hospita Daily ICU (Newborn Nursery

On-the-go tools make your life easier at NidecKatoUnion.com.

	Cigna Dental Plar	1	
	In-Network	Out-Of-Network	
tik	ble		
	\$0	\$25	
	\$0	\$75	
nefit			
	\$1,500	\$1,500	
	100% covered no deductible	80% covered no deductible	
	20% coinsurance	Deductible then 20% coinsurance	
	50% coinsurance	Deductible then 50% coinsurance	
	50% covered no deductible	50% coinsurance no deductible	
	\$1,000	\$1,000	
	Adults and children	Adults and children	

	Vision Plan: VSP			
	In-Network	Out-of-Network		
nths)	\$10 copay	Up to \$45		
2 months)				
	\$15 copay	Up to \$30		
	\$15 copay	Up to \$50		
	\$15 copay	Up to \$65		
nses (once every 12 months in lieu of lenses or frames)				
	Up to \$150	Up to \$105		
	Covered 100%	Up to \$210		
ce every 12 months)				
	Up to \$150	Up to \$70		

Hospital Indemnity: Cigna	
Plan Features	Benefit Amount
sion Benefit (unlimited admissions)	\$500
al Confinement (up to 30 days)	\$100
Confinement (up to 30 days)	\$200
ry 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.

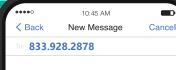
Maximum FSA Contributions*		
Health Care FSA Maximum	Dependent Care FSA Maximum	
\$3,200	\$5,000 (\$2,500 if married & filing separately)	

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

Other Benefits

- Hinge Health
- Employee Assistance Program (EAP)
- Life and Disability Insurance

Annual Health Plan Notices are posted at NidecKatoUnion.com ► Resources ► Document Library





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

Thanks for joining! You have been subscribed to Kato Union from Nidec. You'll stay up to date with important benefits information, deadlines and more.

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 NidecKatoUnion.com
Resources
Document Library for further details. Should this Benefits At-a-Glance differ from the SPDs, the SPDs prevail.