

Kato

2025 Benefits



Open Enrollment & Eligibility

- What is Open Enrollment?
 - Review, change, or decline current benefit elections for 2025
 - Change dependent enrollment
 - OE 2025 dates are Nov. 4 – Nov. 18, 2024
- Eligibility
 - All employees working at least 30 hours a week
 - Your legally married spouse who doesn't have coverage with their employer
 - Your children up to age 26
- Changing Benefits Mid-Year
 - You cannot change your benefits mid-year without a qualifying life event
 - Changes will be subject to a dependent audit

Enrollment Deadlines & Information

New employees
30 days
from hire date

Open Enrollment
**Nov. 4-
Nov. 18**

Mid-year changes
30 days
from qualifying
life event

NidecKatoUnion.com



No Changes to Benefits on Jan. 1, 2025

- We're pleased to let you know that there will be *no changes* to your benefits for 2025





Medical Plan Details PPO with FSAs



Medical Overview—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		
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—CVS

Medical Plan: BlueCross BlueShield of Alabama—PPO Prescription Drugs		
	In-Network	Out-of-Network
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

Find additional information at [NidecKatoUnion.com](https://www.NidecKatoUnion.com)
 and at [caremark.com](https://www.caremark.com)
 or call the Nidec dedicated phone number 844.256.0031



Important FSA Rules

Coverage Level	IRS Mandated Limit
Health Care FSA	\$3,200
Dependent Care FSA	\$5,000*
*\$2,500 if married and filing separately	

■ Health Care FSA

- Covers out-of-pocket eligible medical, dental, and vision expenses (e.g., copays, coinsurance, eye exams, and certain medications)
- Funds are available in full on the first day of plan year

■ Dependent Care FSA

- Covers out-of-pocket costs for dependent care (e.g., daycare and afterschool program costs)
- Dependent Care FSA funds are available as you accrue them through the plan year

Plan Carefully for Using Your Health Care and Dependent Care FSA

- "Use-it-or-lose-it" rule
- FSA grace period to March 15



Dental & Vision Plans



Dental Overview & Plan Summary

Dental PPO: Cigna		
	In-Network	Out-of-Network
Calendar Year Deductible		
Individual	\$0	\$25
Family	\$0	\$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 & Children		
Coinsurance	50% covered no deductible	
Lifetime Maximum	\$1,000	

Find additional information at [cigna.com](https://www.cigna.com)



Vision Overview & Plan Summary

Vision Plan: VSP		
	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

Find additional information at vsp.com

Other Important Benefits

- Basic Life and Accidental Death and Dismemberment (AD&D) Insurance
- Voluntary Life and AD&D Insurance
- Voluntary Spouse & Dependent Life Insurance
- Short Term Disability
- Hospital Indemnity Insurance
- 401(k) Plan

Visit NidecKatoUnion.com for details about each of these benefits



Life Insurance

- **Basic Life and Accidental Death and Dismemberment (AD&D)**
 - No cost to you, this is a company-paid benefit
 - Provided to all employees
 - Check Workday/Nidec site for your coverage amount as it varies by location
 - Make sure you designate a beneficiary for this benefit during enrollment
- **Voluntary Life and AD&D Insurance**
 - Competitive group rates offered
 - Voluntary Life: increments of \$5,000 starting at \$10,000 up to a maximum of \$50,000
 - Voluntary AD&D benefit amount is flat \$5,000



Life Insurance (cont'd)

- Voluntary Spouse and Dependent Life Insurance
 - Must elect voluntary employee coverage
 - Spouse Life: increments of \$5,000 up to a maximum of \$25,000
 - Cannot exceed 50% of employee voluntary benefit
 - Child Life: increments of \$5,000 up to a maximum of \$10,000



Life Insurance (cont'd)

- Voluntary Life Considerations
 - If you previously declined opportunity for this coverage, you will get a **one-time opportunity** to elect supplemental coverage up to the guaranteed issue amount without EOI requirement during this open enrollment period
 - Newly eligible can elect up to guaranteed issue amount without EOI
 - Guaranteed Issue
 - Employee: \$10,000
 - Spouse: \$25,000



Disability Insurance

- Short Term Disability
 - Replaces a portion of your income during the initial weeks of a non-work-related illness or accident
 - Offered through New York Life

Visit [NidecKatoUnion.com](https://www.nideckatounion.com), Workday (as coverage amount vary by location)



Supplemental Coverage Options

- Hospital Indemnity Insurance
 - Pays a benefit when you or your covered dependents are admitted to the hospital for a covered stay

Additional Information

- **NidecKatoUnion.com**
- Carrier websites for all your benefits
 - Medical bcbsal.org
 - Prescription Drugs caremark.com
 - Dental cigna.com
 - Vision vsp.com
 - FSA healthequity.com
 - Life and Disability nylGBS.com
 - Hospital Indemnity cigna.com
 - 401(k) Plan Vanguard.com
- Other questions
 - Email nidecbenefits@nidec-motor.com
 - Phone: 1.833.213.8135



Questions?