Kato Union

2026 Benefits

Nidec
All for dreams

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

Open Enrollment and Eligibility

- What is Open Enrollment (OE)?
  - Update benefit elections
  - Change dependent enrollment
  - Nov. 3 – Nov. 17, 2025
- Eligibility
  - Employees working at least 30 hours a week
  - Legally married spouse without access to employer coverage
  - Dependent children up to age 26

Enrollment Opportunities

New employees
30 days
from hire date

Open Enrollment
Nov. 3 –
Nov. 17

Mid-year changes
30 days
from Qualified
Life Event

NidecKatoUnion.com

What's Changing in 2026

- Important Resources
  - At-A-Glance brochure
  - NidecKatoUnion.com
- Flexible Spending Accounts (FSAs) Limits Increase
  - Health Care FSA: $3,300*
  - Dependent Care FSA: $7,500
- Hospital Indemnity Insurance
  - Hospital observation stay
  - Newborn nursery care stay

** 2026 Health Care FSA limits have not been released at the time of this video production.*

New Carriers in 2026

- New Dental Carrier
  - Delta Dental of Missouri
  - Extensive network of providers
  - Save the most when you visit a Delta Dental PPO dentist
  - Delta Dental Premier Network also provides cost-saving features
- New Life and Disability Carrier
  - The Hartford
  - Plans and rates are the same
  - Special one-time option during 2026 Open Enrollment: Elect voluntary life insurance coverage up to the guaranteed issue amount without providing evidence of insurability (EOI)

Medical and Prescription Overview

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	Deducible 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	

Find in-network providers and facilities at **bcbsal.org**.

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** and at **caremark.com** or call the Nidec dedicated phone number **844.256.0031**.

FSA Overview

Coverage Level	IRS Mandated Limit
Health Care FSA	$3,300*
Dependent Care FSA	$7,500**

* 2026 Health Care FSA limits have not been released at the time of this video production.
** $3,750 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 Your FSA Funds Carefully
- "Use-it-or-lose-it" rule
- Health Care FSA grace period to March 15

Dental & Vision Plans

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

Dental Overview

	Delta Dental PPO Network	Delta Dental Premier Network	Out-of-Network
Calendar Year Deductible			
Individual	$0	$0	$25
Family	$0	$0	$75
Annual Maximum			
	$1,500	$1,500	$1,500
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 – Adults & Children			
Coinsurance	50% covered no deductible		
Lifetime Maximum	$1,000		

Find additional information at **DeltaDentalMO.com**.

Vision Overview

	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

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
  - Benefit amounts of $11,500 for basic life and $7,500 for AD&D
  - Designate a beneficiary during enrollment
- Voluntary Life Insurance
  - Competitive group rates offered
  - Amounts are in increments of $5,000 starting at $10,000 up to a maximum of $50,000
  - Voluntary AD&D benefit amount is flat $5,000
  - Special Enrollment: No Evidence of Insurability (EOI) required during 2026 open enrollment for coverage up to the guaranteed issue amount
  - EOI required if you enroll or increase after this enrollment

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: $5,000 or $10,000
- Voluntary Life Considerations
  - Newly eligible can elect up to guaranteed issue amount without EOI
  - Guaranteed Issue:
    - Employee: $10,000
    - Spouse: $25,000

Disability Insurance

- Available through The Hartford
- Short-Term Disability
  - Replaces a portion of your income during the initial weeks of a non-work-related illness or accident
  - Provides $410 a week, up to 26 weeks

Visit **NidecKatoUnion.com** or Workday (coverage amounts vary by location).

Supplemental Coverage Options

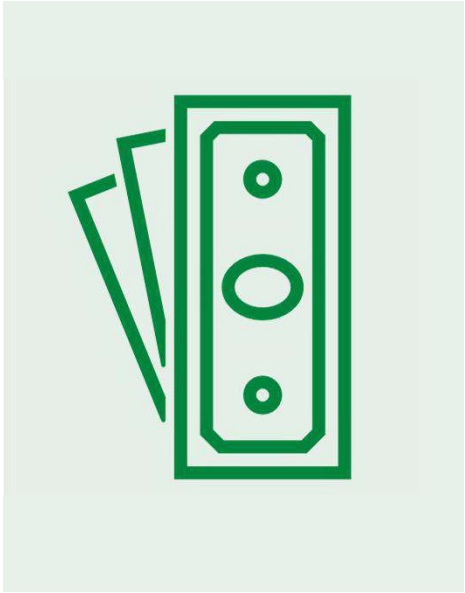
- Benefits paid directly to you
- Hospital Indemnity Insurance
  - Pays a benefit when you or your covered dependents are admitted to the hospital for a covered stay

Nidec Motor Corporation 401(k) Plan

Saving for the future is an important part of financial wellness. It's never too early—or too late—to save for retirement. The Nidec 401(k) Plan is administered by Vanguard.

Eligibility

You are eligible to participate in the 401(k) Plan. Log on to the Vanguard website any time to choose your beneficiaries and adjust your asset distributions.



Company Matching Contributions

The Company will contribute on your behalf an amount equal to 100% of the first 1% of Compensation that you contribute to the Plan for that pay period as a payroll deduction but taking into account Base Hourly Wages only.

Non-Contributory Employer Contributions (NCP)

The Company will make a contribution in an amount equal to 3% of your Base Hourly Wages for all hours worked for such plan year.

Auto Re-Enroll & Auto Escalate

You will be auto enrolled each January if you are contributing less than 6%. Your contribution will be auto escalated in January if you are contributing less than 10%.

Vesting

You are 100% vested after 3 years with the company:

Less than 3 years – 0%
3 or more years – 100%

Loans & Hardship Withdrawals

Your account balance is eligible for loans and hardship withdrawals.

401(k) Plan Contributions

- You may contribute up to 100% pre-tax, Roth (after-tax), or a combination of both of your eligible earnings to the annual IRS maximum.
- The 2025 IRS maximum contribution is $23,500.*
- If you are age 50 or older, you can contribute a “catch-up”* contribution of an additional $7,500.
- If you are age 60-63 years old, you can make an additional “catch-up” contribution of $3,750 on top of the $7,500 catch up contribution.
- If you make $145,000+ in FICA wages in 2025, catch-up contributions in 2026 must be made to Roth source.

For more information call Vanguard at **800-523-1188** or visit **vanguard.com.**

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Get Ready to Enroll

- **NidecKatoUnion.com**
- At-A-Glance brochure
- Other questions
  - Email nidecbenefits@nidec-motor.com
  - Phone: 833-213-8135

Important Contacts

- **NidecKatoUnion.com**
- Carrier websites for all your benefits
  - Medical bcbsal.org
  - Prescription Drugs caremark.com
  - Dental DeltaDentalMO.com
  - Vision vsp.com
  - FSA healthequity.com
  - Life and Disability thehartford.com
  - Hospital Indemnity cigna.com
  - 401(k) Plan Vanguard.com
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Questions?