

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



2025 Benefits

Your Nidec Benefits At-A-Glance Brochure

Nidec Aerospace

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 NidecTotalRewards.com

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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 Anthem BlueCross BlueShield and include Prescription Drug coverage options. Nidec also offers eligible employees access to Hinge Health (for joint and muscle care).

	Anthem BlueCross BlueShield PPO		Anthem BlueCross BlueShield CHP	
	In-Network (Individual/Family)	Out-of-Network (Individual/Family)	In-Network (Individual/Family)	Out-of-Network (Individual/Family)
Calendar Year Deductible	\$1,000/\$3,000	\$2,500/\$5,000	\$3,300/\$6,600	\$8,250/\$16,500
Out-of-Pocket Maximum (includes deductible)	\$6,250/\$12,500	\$15,625/\$31,250	\$7,800/\$15,600	\$19,500/\$39,000
Hospital Services				
Inpatient	20% after deductible	40% after deductible	Various copays after deductible	40% after deductible
Outpatient	20% after deductible	40% after deductible	Various copays after deductible	40% after deductible
Office Visits				
Preventive Care	100% covered	40% after deductible	100% covered	40% after deductible
Primary Care Physician	\$25 copay	40% after deductible	\$35 copay after deductible	40% after deductible
Specialist	\$50 copay	40% after deductible	\$75 copay after deductible	40% after deductible
Urgent Care	\$50 copay	40% after deductible	\$50 copay after deductible	40% after deductible
Emergency Room	\$400 copay, then 20% coinsurance; deductible does not apply		\$500 copay after deductible	
Prescription Drugs				
	Level 1/Level 2 Pharmacy	Out-of-Network	Level 1/Level 2 Pharmacy	Out-of-Network
Preventive Medications per the ACA Mandate	100% covered	Not covered	100% covered	Not covered
Retail (30-day supply)				
Tier 1 (Typically Generic)	\$10 copay/ \$20 copay	50% coinsurance	\$15 copay/\$25 copay after deductible	50% coinsurance
Tier 2 (Typically Preferred Brand)	\$40 copay/ \$50 copay	50% coinsurance	\$60 copay/\$70 copay after deductible	50% coinsurance
Tier 3 (Typically Non-Preferred Brand)	\$125 copay/ \$135 copay	50% coinsurance	\$125 copay/\$135 copay after deductible	50% coinsurance
Tier 4 (Specialty)	25% up to \$400/ 25% up to \$500	50% coinsurance	25% up to \$400/script after deductible/ 25% up to \$500/ script after deductible	50% coinsurance
Home Delivery (90-day supply)				
Tier 1 (Typically Generic)	\$20 copay	Not covered	\$30 copay after deductible	Not covered
Tier 2 (Typically Preferred Brand)	\$100 copay	Not covered	\$150 copay after deductible	Not covered
Tier 3 (Typically Non-Preferred Brand)	\$313 copay	Not covered	\$313 copay after deductible	Not covered
Tier 4 (Specialty) 30-day supply only	25% up to \$400	Not covered	25% up to \$400 after deductible	Not covered

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.

	In-Network	Out-of-Network
Calendar Year Deductible		
Individual	\$0	\$25
Family	\$0	\$75
Annual Maximum Benefit		
	\$1,500	\$1,500
Dental Care Services		
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		
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
\$3,200	\$5,000 ((\$2,500 if married & filing separately))

* IRS limits may change for 2025. Check [NidecTotalRewards.com](https://www.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.

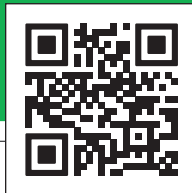
HSA

If you are enrolled in the CHP, you have the option of an HSA, which is a tax-favored account you can use to pay for eligible expenses.

Coverage Tier	IRS Annual Maximum Limit	Nidec Contribution	Employee Maximum*
Employee	\$4,300	\$500	\$3,800
Employee + Spouse	\$8,550	\$750	\$7,800
Employee + Child(ren)	\$8,550	\$750	\$7,800
Employee + Family	\$8,550	\$1,000	\$7,550

* Individuals age 55 and older who reach age 55 by Dec. 31, 2025, can make a catch-up contribution of up to \$1,000 in addition to the employee maximums shown in the table above.

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Accident Insurance

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

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
Burns	up to \$10,000
Ambulance (Ground/Air)	\$500/\$2,000
Torn Knee Cartilage	\$400



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.

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

* Terms, conditions, state variations, exclusions and limitations apply to these benefits.

** For example purposes only. The percentage corresponds to the percent of your elected coverage level.



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

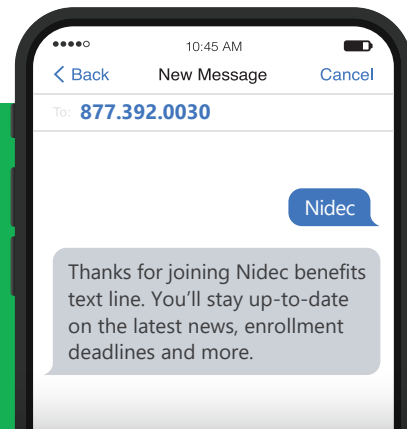
* This is a fixed indemnity policy not health insurance. Please visit the Hospital Indemnity Insurance webpage on your benefits website for important information related to Hospital Indemnity Insurance.



Opt in for benefits texts

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

Text keyword **Nidec** to **877.392.0030** 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 NidecTotalRewards.com ► Resources ► Document Library for further details. Should this Benefits At-A-Glance differ from the SPDs, the SPDs prevail.