

Visit [NidecTotalRewards.com](https://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

### MCE & Valmark

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](https://NidecTotalRewards.com)



## Information About Several of Your Benefits

### Medical

You have three options to consider for medical coverage—a Preferred Provider Organization (PPO), a Consumer Healthcare Plan (CHP), and a health maintenance organization (HMO) option. Both the PPO and the CHP medical plans are offered through BlueCross BlueShield of Alabama and include Prescription Drug coverage options. Nidec also offers eligible employees access to Hinge Health (for joint and muscle care).

	BlueCross BlueShield of Alabama PPO		BlueCross BlueShield of Alabama CHP	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network
<b>Calendar Year Deductible</b>				
Individual	\$1,200	\$2,400	\$3,300	\$6,600
Family	\$2,400	\$4,800	\$6,600	\$13,200
<b>Out-of-Pocket Maximum (includes deductible)</b>				
Individual	\$5,450	Not applicable	\$6,400	Not applicable
Family	\$12,800	Not applicable	\$12,800	Not applicable
<b>Hospital Services</b>				
Inpatient	\$250 copay; deductible then 20% coinsurance	\$250 copay; deductible then 50% coinsurance	Deductible then 20% coinsurance	Deductible then 50% coinsurance
Outpatient	Deductible then 20% coinsurance	Deductible then 50% coinsurance	Deductible then 20% coinsurance	Deductible then 50% coinsurance
<b>Office Visits</b>				
Preventive Care	100% covered	Not Covered	100% covered	Not Covered
Primary Care Physician	\$30 copay	Deductible then 50% coinsurance	Deductible then 20% coinsurance	Deductible then 50% coinsurance
Specialist	\$50 copay	Deductible then 50% coinsurance	Deductible then 20% coinsurance	Deductible then 50% coinsurance
Urgent Care	\$50 copay	Deductible then 50% coinsurance	Deductible then 20% coinsurance	Deductible then 50% coinsurance
Emergency Room	\$200 copay, deductible then 20% coinsurance; 50% coinsurance non-emergencies		Deductible then 20% coinsurance; 50% coinsurance non-emergencies	
<b>Prescription Drugs</b>				
<b>Retail (30-day supply)</b>				
Tier 1	\$10 copay	Not Covered	Deductible then 20% coinsurance	Not Covered
Tier 2	\$35 copay	Not Covered	Deductible then 20% coinsurance	Not Covered
Tier 3	\$60 copay	Not Covered	Deductible then 20% coinsurance	Not Covered
<b>Mail Order (90-day supply)</b>				
Tier 1	\$25 copay	Not Covered	Deductible then 20% coinsurance	Not Applicable
Tier 2	\$87.50 copay	Not Covered	Deductible then 20% coinsurance	Not Applicable
Tier 3	\$150 copay	Not Covered	Deductible then 20% coinsurance	Not Applicable



## Information About Several of Your Benefits



### Medical

The Kaiser plan, which is a health maintenance organization (HMO), is the third medical plan option for you to consider. Participants in an HMO first seek care through a primary care provider who helps patients with primary care and then recommends care from specialists if needed. The HMO is offered through Kaiser and includes Prescription Drug coverage options. Nidec also offers eligible employees access to Hinge Health (for joint and muscle care).

	Kaiser HMO	
	In-Network	Out-Of-Network
<b>Calendar Year Deductible</b>		
Individual	\$1,000	Not covered
Family	\$2,000	Not covered
<b>Out-of-Pocket Maximum (includes deductible)</b>		
Individual	\$3,000	Not covered
Family	\$6,000	Not covered
<b>Hospital Services</b>		
Inpatient	20% after deductible	Not covered
Outpatient Surgery	20% after deductible	Not covered
<b>Office Visits</b>		
Preventive Care	100% covered	Not covered
Primary Care Physician	\$30 copay	Not covered
Specialist	\$40 copay	Not covered
Urgent Care	\$20 copay	Not covered
Emergency Room	20% after deductible	
<b>Prescription Drugs</b>		
Preventive Medications Based on Preventive Drug List	100% covered	Not covered
<b>Retail (for 1 to 30-day supply)</b>		
Tier 1 (Generic)	\$10 copay	Not covered
Tier 2 (Preferred Brand)	\$30 copay	Not covered
Tier 3 (Non-Preferred Brand)	\$30 copay	Not covered
Tier 4 (Specialty)	20% coinsurance up to \$250	Not covered
<b>Mail Order (90-day supply)</b>		
Tier 1 (Generic)	\$20 copay	Not covered
Tier 2 (Preferred Brand)	\$60 copay	Not covered
Tier 3 (Non-Preferred Brand)	\$60 copay	Not covered
Tier 4 (Specialty)	20% coinsurance up to \$250	Not covered

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## 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
<b>Calendar Year Deductible</b>		
Individual	\$0	\$25
Family	\$0	\$75
<b>Annual Maximum Benefit</b>		
	\$1,500	\$1,500
<b>Dental Care Services</b>		
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
<b>Orthodontia</b>		
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
<b>Lenses (once every 12 months)</b>		
Single Vision	\$15 copay	Up to \$30
Bifocal	\$15 copay	Up to \$50
Trifocal	\$15 copay	Up to \$65
<b>Approved Contact Lenses (once every 12 months; in lieu of lenses or frames)</b>		
Elective	Up to \$150	Up to \$105
Therapeutic	Covered 100%	Up to \$210
<b>Approved Frames (once every 12 months)</b>		
	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://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	\$788	\$3,512
Employee + Spouse	\$8,550	\$1,600	\$6,950
Employee + Child(ren)	\$8,550	\$1,600	\$6,950
Employee + Family	\$8,550	\$2,400	\$6,150

\* 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.

\*\* Valmark employees contribution differs. Please visit [NidecTotalRewards.com](https://NidecTotalRewards.com) to view your contribution.

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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

