

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



2026 Benefits



Your Nidec Benefits At-A-Glance Brochure MCE and 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.



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
Calendar Year Deductible				
Individual	\$1,200	\$2,400	\$3,400	\$6,800
Family	\$2,400	\$4,800	\$6,800	\$13,600
Out-of-Pocket Maximum (includes deductible)				
Individual	\$5,450	Not applicable	\$6,400	Not applicable
Family	\$12,800	Not applicable	\$12,800	Not applicable
Hospital Services				
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
Office Visits				
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 for non-emergencies		Deductible then 20% coinsurance; 50% coinsurance for non-emergencies	
Prescription Drugs				
Retail (30-day supply)				
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
Mail Order (90-day supply)				
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
Calendar Year Deductible		
Individual	\$1,000	Not covered
Family	\$2,000	Not covered
Out-of-Pocket Maximum (includes deductible)		
Individual	\$3,000	Not covered
Family	\$6,000	Not covered
Hospital Services		
Inpatient	20% after deductible	Not covered
Outpatient Surgery	20% after deductible	Not covered
Office Visits		
Preventive Care	100% covered	Not covered
Primary Care Physician	\$30 copay	Not covered
Specialist	\$40 copay	Not covered
Urgent Care	\$30 copay	Not covered
Emergency Room	20% after deductible	
Prescription Drugs		
Preventive Medications Based on Preventive Drug List	100% covered	Not covered
Retail (for 1- to 30-day supply)		
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
Mail Order (90-day supply)		
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



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.

Although the Delta Dental plan allows you the freedom to visit any licensed dentist, you'll save the most when you visit a Delta Dental PPO dentist. A Delta Dental Premier dentist is your next best option when you can't find a PPO dentist.

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.

FSA

Set aside pre-tax dollars from your paycheck to pay for eligible expenses.

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.

	Delta Dental PPO Network	Delta Dental Premier Network	Out-Of-Network
Calendar Year Deductible			
Individual	\$0	\$0	\$25
Family	\$0	\$0	\$75
Annual Maximum Benefit			
	\$1,500	\$1,500	\$1,500
Dental Care 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			
Coinsurance	50% covered no deductible		
Lifetime Maximum	\$1,000		
Benefit Applies To	Adults and children		

	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

Maximum Flexible Spending Account (FSA) Contributions*	
Health Care FSA Maximum	Dependent Care FSA Maximum
\$3,300	\$7,500 (\$3,750 if married & filing separately)

* If you are enrolled in a Consumer Health Plan (CHP) and a Health Savings Account (HSA), you are not eligible to have an FSA.

Maximum Health Savings Account (HSA) Contributions			
Coverage Tier	IRS Annual Maximum Limit	Nidec Contribution**	Employee Maximum*
Employee	\$4,400	\$788	\$3,612
Employee + Spouse	\$8,750	\$1,600	\$7,150
Employee + Child(ren)	\$8,750	\$1,600	\$7,150
Employee + Family	\$8,750	\$2,400	\$6,350

* Individuals age 55 and older who reach age 55 by Dec. 31, 2026, 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 to view your contribution.

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



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.

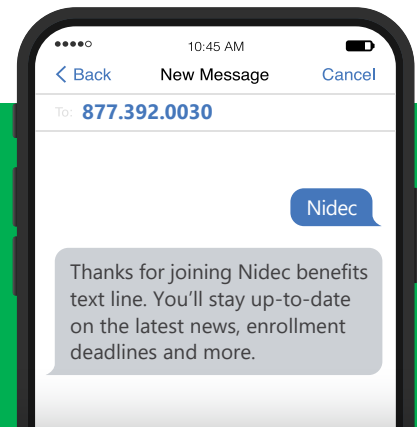


Hospital Indemnity Insurance*

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.