

Your Nidec Akron Union Benefits At-a-Glance

Your 2024 At-a Glance provides important information about benefits available to you in 2024. We hope you find this quick reference guide useful during enrollment and through the year. You'll find more details by visiting your on-the-go resource via a PC or smartphone at NidecAkronUnion.com.

New for you and your family!

Nidec's Akron Union benefits website provides access to information about the benefits available to you and your family. It's your on-the-go, one-stop shop for all benefits information.

- Visit NidecAkronUnion.com
- Scan the QR code using your smartphone today and go directly there
- Bookmark it to your favorites



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

Medical Plan: BlueCross BlueShield of Alabama				
Plan Features	PPO		CHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible				
Individual	\$250	\$500	\$3,200	\$6,400
Family	\$500	\$1,000	\$6,400	\$12,800
Out-of-Pocket Maximum (includes deductible)				
Individual	\$1,100	\$2,200	\$3,200	\$7,400
Family	\$2,200	\$4,400	\$6,400	\$13,800
Hospital Services				
Inpatient	Deductible then 10% coinsurance	Deductible then 30% coinsurance	100% covered after deductible	Deductible then 20% coinsurance
Outpatient	Deductible then 10% coinsurance	Deductible then 30% coinsurance	100% covered after deductible	Deductible then 20% coinsurance
Office Visits				
Preventive Care	100% covered	Deductible then 30% coinsurance	100% covered no deductible	Not covered
Primary Care Physician	\$10 copay then 100% covered	Deductible then 30% coinsurance	100% covered after deductible	Deductible then 20% coinsurance
Specialist	\$10 copay then 100% covered	Deductible then 30% coinsurance	100% covered after deductible	Deductible then 20% coinsurance
Urgent Care	\$10 copay then deductible then 100% covered	\$10 copay then deductible then 100% covered	100% covered after deductible	Deductible then 20% coinsurance
Emergency Room	Deductible then 10% coinsurance		100% covered after deductible	
Prescription Drugs**				
Retail (30-day supply)				
Tier 1	20% coinsurance*	20% coinsurance*	100% covered after deductible	Deductible then 20% coinsurance
Tier 2	20% coinsurance*	20% coinsurance*	100% covered after deductible	Deductible then 20% coinsurance
Tier 3	20% coinsurance*	20% coinsurance*	100% covered after deductible	Deductible then 20% coinsurance
Mail Order (90-day supply)				
Tier 1	20% coinsurance*	Not applicable	100% covered after deductible	Not applicable
Tier 2	20% coinsurance*	Not applicable	100% covered after deductible	Not applicable
Tier 3	20% coinsurance*	Not applicable	100% covered after deductible	Not applicable

* Not subject to calendar-year deductible.

** If you are enrolled in the Blue Card HDHP Specialty Rx Copay Accumulation Adjustment Program: When you use a manufacturer coupon, your deductible and/or out-of-pocket maximum will be adjusted for the value of the coupon.

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. Visit [cigna.com](https://www.cigna.com) to find in-network providers and access to a variety of online tools and programs.

Cigna Dental Plan		
Plan Features	In-Network	Out-Of-Network
Calendar Year Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefit		
	\$1,000	\$1,000
Dental Care Services		
Preventive	100% covered no deductible	100% covered no deductible
Basic	100% covered no deductible	100% covered no deductible
Major	50% covered after deductible	50% covered after deductible
Orthodontia		
Coinsurance	50% covered no deductible	50% coinsurance no deductible
Lifetime Maximum	\$1,000	\$1,000
Benefit Applies To	Adults and children	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. When you use in-network services, you can save on costs.

Vision Plan: VSP		
Plan Features	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

Critical Illness Insurance

Visit [NidecAkronUnion.com](https://www.nidecakronunion.com) for more information about critical illness insurance which can help you make ends meet when there is a critical illness diagnosis.

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

On-the-go tools make your life easier at [NidecAkronUnion.com](https://www.nidecakronunion.com).

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. Employees are responsible for the cost of coverage but will receive a group discount through this plan.

Flexible Spending Account (FSA)

An FSA allows you to set aside pre-tax dollars from your paycheck to pay for qualified medical or dependent care expenses you would normally pay for out of your pocket with after-tax dollars. FSAs have a “use-it-or-lose-it” rule which means you must use the funds by the plan-year deadline. Any unused FSA funds at the end of the plan year are forfeited to the plan.

Health Savings Account (HSA)

If you are enrolled in a Consumer Health Plan (CHP) you have the option of an HSA. An HSA is a tax-favored account you can use to pay for eligible current and future healthcare expenses with tax-free dollars. There is no use-it-or-lose-it rule. Any unused money will remain in your HSA for future use.

Funding your account

You may contribute up to the annual IRS limits. It's important you do not go over the IRS limit. IRS limits shown below are inclusive of the company contributions to your account.

Other Benefits

Hinge Health, Employee Assistance Program (EAP) and Life and Disability Insurance

Annual Health Plan Notices are posted at [NidecAkronUnion.com](https://www.nidecakronunion.com) ► Resources ► Document Library

Hospital Indemnity Insurance: Cigna	
Covered Benefits	Benefit Amount
Hospital Admission Benefit (unlimited admissions)	\$500
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

Maximum 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 2024. Check [NidecAkronUnion.com](https://www.nidecakronunion.com) for updates.

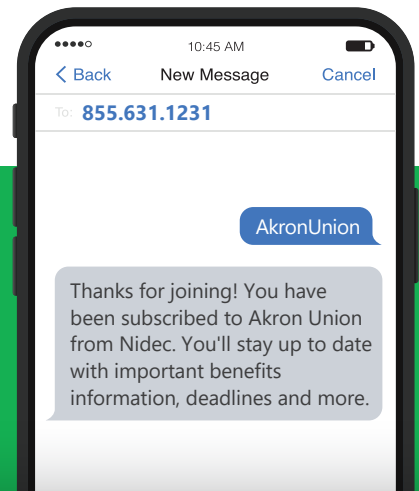
Coverage Tier	IRS Annual Maximum Limit	Nidec Contribution	Employee Maximum*
Employee	\$4,150	\$500	\$3,650
Employee + Spouse	\$8,300	\$750	\$7,550
Employee + Child(ren)	\$8,300	\$750	\$7,550
Employee + Family	\$8,300	\$1,000	\$7,300

*Individuals age 55 and older who reach age 55 by Dec. 31, 2023, can make a catch-up contribution of up to \$1,000 in addition to the employee maximums shown in the table above. IRS limits may change for 2024. Please check [NidecTotalRewards.com](https://www.nidec.com) for updates.



Opt in for benefits texts

- Get text reminders so you don't miss important benefits information and enrollment deadlines
- Text keyword AkronUnion to 855.631.1231 to opt in, or scan the QR code



Disclaimer: This Benefits At-a-Glance is only intended to highlight some of the major benefit 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 [NidecAkronUnion.com](https://www.nidecakronunion.com) ► Resources ► Document Library for further details. Should this Benefits At-a-Glance differ from the SPDs, the SPDs prevail.