

Middleport

# 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
  - Dependent children up to age 26


# Enrollment Opportunities



[NidecMiddleportUnion.com](https://www.NidecMiddleportUnion.com)



# What's Changing in 2026

- Important Resources
  - At-A-Glance brochure
  - [NidecMiddleportUnion.com](https://www.NidecMiddleportUnion.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
<b>Calendar Year Deductible</b>		
Individual	\$250	\$500
Family	\$500	\$1,000
<b>Out-of-Pocket Maximum</b>		
Individual	\$1,100	\$2,200
Family	\$2,200	\$4,400
<b>Hospital Services</b>		
Inpatient	Deductible then 10% coinsurance	Deductible then 30% coinsurance
Outpatient	Deductible then 10% coinsurance	Deductible then 30% coinsurance
<b>Office Visits</b>		
Preventive Care	100% covered	Deductible then 30% coinsurance
Primary Care Physician	\$10 copay	Deductible then 30% coinsurance
Specialist	\$10 copay	Deductible then 30% coinsurance
Urgent Care	\$10 copay	\$10 copay
Emergency Room	Deductible then 10% coinsurance	

Find in-network providers and facilities at [bcbsal.org](https://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	20% coinsurance*	20% coinsurance*
Tier 2	20% coinsurance*	20% coinsurance*
Tier 3	20% coinsurance*	20% coinsurance*
Mail Order (90-day supply)		
Tier 1	20% coinsurance*	Not Applicable
Tier 2	20% coinsurance*	Not Applicable
Tier 3	20% coinsurance*	Not Applicable

\* Not subject to calendar year deductible

Find additional information at [NidecMiddleportUnion.com](http://NidecMiddleportUnion.com) and at [caremark.com](http://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**



# Dental Overview

	Delta Dental PPO Network	Delta Dental Premier Network	Out-of-Network
<b>Calendar Year Deductible</b>			
Individual	\$50	\$50	\$50
Family	\$150	\$150	\$150
<b>Annual Maximum</b>			
	\$1,000	\$1,000	\$1,000
<b>Services</b>			
Preventive Care	100% covered no deductible	100% covered no deductible	100% covered no deductible
Basic Care	100% covered no deductible	100% covered no deductible	100% covered no deductible
Major Care	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible
<b>Orthodontia – Adults &amp; Children</b>			
Coinsurance	50% covered no deductible		
Lifetime Maximum	\$1,000		

Find additional information at [DeltaDentalMO.com](https://www.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](https://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 amount is a flat \$15,000 for both Basic Life and AD&D
  - Designate a beneficiary during enrollment
  
- **Voluntary Life Insurance**
  - Competitive group rates offered
  - Amounts are in terms of salary: 1X salary–5X salary with a maximum of the lesser of 5X or \$500,000
  - 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: \$10K, \$25K, \$35K, \$50K, \$75K or \$100K (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: 5X salary or \$300,000, whichever is less
    - Spouse: \$50,000



# Disability Insurance

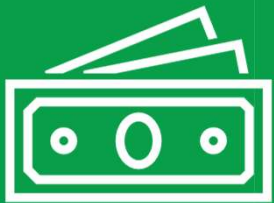
- Available through The Hartford
- Short-Term Disability
  - Replaces a portion of your income during the initial weeks of a non-work-related illness or accident
  - Provides 66.67% of weekly Covered Earnings, up to 13 weeks

Visit [NidecTotalRewards.com](https://www.nidectotalrewards.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
- Accident Coverage\*
  - Pays a benefit when you sustain a specific accident/injury; you have a high plan and low plan option to choose from
- Critical Illness\*
  - Pays a benefit when you are diagnosed with a covered critical illness and can be used however you choose based on the amount you elect



## \* Health Screening Benefit

For those enrolled in the Accident and/or Critical Illness Plan, earn \$50 per insured employee or covered dependent per year for completing routine wellness screenings. This benefit is provided directly through Cigna.

# Get Ready to Enroll

- [NidecMiddleportUnion.com](http://NidecMiddleportUnion.com)
- At-A-Glance brochure
- Other questions
  - Email [nidecbenefits@nidec-motor.com](mailto:nidecbenefits@nidec-motor.com)
  - Phone: **833.213.8135**



# Important Contacts

- [NidecMiddleportUnion.com](http://NidecMiddleportUnion.com)
- Carrier websites for all your benefits
  - Medical [bcbsal.org](http://bcbsal.org)
  - Prescription Drugs [caremark.com](http://caremark.com)
  - Dental [DeltaDentalMO.com](http://DeltaDentalMO.com)
  - Vision [vsp.com](http://vsp.com)
  - FSA [healthequity.com](http://healthequity.com)
  - Life and Disability [thehartford.com](http://thehartford.com)
  - Hospital Indemnity, Critical Illness and Accident [cigna.com](http://cigna.com)
- Other questions
  - Email [nidecbenefits@nidec-motor.com](mailto:nidecbenefits@nidec-motor.com)
  - Call 833.213.8135



**Questions?**