

2025 Benefits

Your Nidec Benefits At-A-Glance Brochure Middleport Union

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 **NidecMiddleportUnion.com**





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



$^{\bigcirc}$ 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.

Family
Annual Maximum Benef
Dental Care Services
Preventive Care
Basic Care
Major Care
Orthodontia
Coinsurance
Lifetime Maximum
Benefit Applies To

ion

₀́⊂,`₀́ FSA

Set aside pre-tax dollars

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.

Exam (once every 12 mor Lenses (once every 12 m Single Vision Bifocal Trifocal Approved Contact Lens Elective Therapeutic Approved Frames (once

Maximum Flexible Spending Account (FSA) Contributions*	
Health Care FSA Maximum	Dependent Care FSA Maximum
\$3,200	\$5,000 (\$2,500 if married & filing separately)

from your paycheck to pay for eligible expenses.

Calendar Year Deductible Individual

Information About Several of Your Benefits

Medical

Nidec partners with Blue Cross Blue Shield of Alabama to offer you and your eligible dependents healthcare insurance through a Preferred Provider Organization (PPO). When you receive care in-network you benefit from our negotiated discounts and greater plan coverage for your services. You will pay a copay for certain primary care visits to your doctor or a specialist. The following chart provides an overview of the plan. Nidec also offers eligible employees access to Hinge Health (for joint and muscle care).

BlueCross BlueShield of Alabama PPO			
	In-Network	Out-Of-Network	
Calendar Year Deductible	2		
Individual	\$250	\$500	
Family	\$500	\$1,000	
Out-of-Pocket Maximum	(includes deductible)		
Individual	\$1,100	\$2,200	
Family	\$2,200	\$4,400	
Hospital Services			
Inpatient	Deductible then 10% coinsurance	Deductible then 30% coinsurance	
Outpatient	Deductible then 10% coinsurance	Deductible then 30% coinsurance	
Office Visits			
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 c	сорау	
Emergency Room	Deductible then	10% coinsurance	
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 suppl	y)		
Tier 1	20% coinsurance*	Not applicable	
Tier 2	20% coinsurance*	Not applicable	
Tier 3	20% coinsurance*	Not applicable	
* Not subject to calendar year	deductible.		

In-Network	Out-of-Network
e	
\$50	\$50
\$150	\$150
t	
\$1,000	\$1,000
100% covered no deductible	100% covered no deductible
100% covered no deductible	100% covered no deductible
50% covered after deductible	50% covered after deductible
50% covered no deductible	

\$1,000

Adults and children

	In-Network	Out-Of-Network
nths)	\$10 copay	Up to \$45
onths)	
	\$15 copay	Up to \$30
	\$15 copay	Up to \$50
	\$15 copay	Up to \$65
s (onc	e every 12 months; in lieu of lens	es or frames)
	Up to \$150	Up to \$105
	Covered 100%	Up to \$210
every	12 months)	
	Up to \$150	Up to \$70



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

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.

Hospital Indemnity

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.

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: 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	

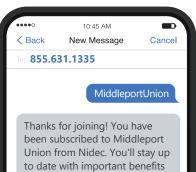
* This is a fixed indemnity policy not health insurance. Please visit the Hospital Indemnity Insurance webpage on your benefits website for important information related to Hospital Indemnity Insurance.



Opt in for benefits texts

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

Text keyword **MiddleportUnion** to **855.631.1335** to opt in, or scan the QR code



information, deadlines and more.

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 NidecMiddleportUnion.com
Resources
Document Library for further details. Should this Benefits At-a-Glance differ from the SPDs, the SPDs prevail.