JANUARY 2024

HITACHI
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Hitachi Benefits Guide

BENEFITS FOR WHAT'S NEXT

Welcome

Your 2024 Benefits Guide

This Guide is intended as a summary of your 2024 benefits. Please use it as a resource to help you make your benefit choices. It is important that you take the time to understand your options, ask questions and make your choices accordingly.

The details of the benefit plans described in this guide are contained in the official plan and policy documents, including insurance contracts. This guide is only meant to highlight major points of each plan and does not contain all the policy provisions, limitations and exclusions that are included in the official plan documents and Summary Plan Descriptions (SPDs).

You can review these documents at benefits.hitachivantara.com.

If there is ever a question about one of these plans or policies, or if there is a conflict between the information contained in this benefits guide and the official plan documents, the official plan documents will govern.

QUESTIONS?

Hitachi Benefit Pool Service Center
Phone: 1-844-318-3274
Monday-Friday, 7 a.m.-7 p.m. CT

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Introduction

Hitachi employees represent a wide range of people in all phases of their lives. To support the needs of all employees and their families, we are committed to offering Benefits for Every Journey, a diverse and comprehensive package of benefits and programs.

Hitachi provides you the opportunity to select the benefits coverage that best fits your needs when you are first hired and subsequently at each Open Enrollment. Healthcare is a major component of our offering and the related company expenses; therefore, one of our long-term goals is to help educate our employees so that we all make good, informed choices not only during Open Enrollment but any time we use healthcare services. Along with healthcare, Hitachi provides you with a wide array of benefits options. The goal of this Guide is to walk you through and help you understand the options available to you.

For additional information on the benefits Hitachi offers, visit benefits.hitachivantara.com.

WHO IS ELIGIBLE

You are eligible to enroll in your benefits on your date of hire if you are a full-time active employee who works twenty (20) hours or more per week in any Hitachi business unit, including Hitachi Vantara LLC, Hitachi Digital LLC, Hitachi Vantara Federal Corporation and Hitachi Digital Services LLC. You may also choose to enroll your eligible dependents, who include:

- Your spouse or qualified domestic partner.
- Your children up to age 26, regardless of student or marital status, including adopted children and children of your domestic partner. (For HSA contribution purposes, your child must be a tax dependent and under age 24.)
- Any dependent child who is incapable of self-support due to a mental or physical disability.

TERMINATION OF COVERAGE

Your Medical, Dental and Vision coverage ends on the last day of the month in which your active service ends. Your Life and AD&D Insurance, Disability and Flexible Spending Accounts will terminate on the date your employment ends.

MAKING CHANGES

You cannot make changes during the year unless you have a change in family status (a qualifying event), as defined by the IRS.

Qualifying events include:

- Marriage or divorce.
- Birth, adoption or custody change of an eligible dependent.
- The loss of coverage due to the death of a spouse or domestic partner.
- The loss of coverage due to a change in the employment status of you, your spouse or domestic partner.
- A change in employment (either yours, your spouse's or domestic partner's) that results in losing or gaining coverage.

If you have a qualifying event any time other than Open Enrollment, you may change your benefits by visiting the Hitachi Benefit Pool website at hitachi.us/benefitpool (Company Key "hitachi") within 31 days of the event. The change in your benefits must be consistent with the change in your family status. For example, if you have a new baby, you can enroll the child as a dependent under your medical plan, but you may not remove another dependent who is already covered. Remember that newly eligible dependents, including newborns, spouses and domestic partners, must be added to your plans within 31 days of first becoming eligible.

The Anthem HSA Plus, Anthem HSA Core and Kaiser CDHP

You have the option to enroll in the Anthem HSA Plus, the Anthem HSA Core or the Kaiser CDHP (if you live within the Kaiser service area in California).

In 2003, the Medicare Prescription Drug, Improvement, and Modernization Act was passed and it added section 223 to the Internal Revenue Code to permit eligible employees to establish health savings accounts (HSAs). In order to qualify for the HSA, you MUST enroll in one of the Consumer Driven Health Plans (CDHPs); the Anthem HSA Plus or HSA Core, or the Kaiser CDHP. HSA plans must meet certain criteria each year as defined by the Treasury Department. The Anthem HSA Plus, the Anthem HSA Core, and the Kaiser CDHP all satisfy those criteria.

HEALTH SAVINGS ACCOUNT CONTRIBUTIONS

An HSA is a tax-advantaged bank account that can be used to pay for qualified health expenses (including dental and vision) tax-free (federal tax-free for all; state taxes apply in California and New Jersey). Both eligible employees and Hitachi may contribute to the HSA, except for Medicare enrollees and those receiving veterans benefits. The account belongs to you, and any money left in your account carries over from year to year. It remains your money even if you change health insurance, leave Hitachi or retire. The maximum contribution for 2024 is $4,150 for employee only coverage or $8,300 for family coverage. Hitachi will contribute to your HSA regardless of the plan you choose (Anthem HSA Plus, the Anthem HSA Core, or Kaiser CDHP).

You cannot use your HSA funds to pay for your domestic partner's expenses unless they also qualify as your IRS tax dependent. Hitachi pays the set-up and maintenance fees associated with your HSA, regardless of which CDHP plan you enroll in. If you leave Hitachi you can keep your HSA, but you will be responsible for any fees or HSA charges associated with the administration of your HSA.

ANTHEM HSA PLUS (ALL EMPLOYEES)

For the Anthem HSA Plus, Hitachi will contribute $1,000 for a single employee and $2,000 for employees covering one or more dependents for 2024.
Hitachi will deposit half of that contribution to your HSA in January and the remaining half in July of 2024 for all employees enrolled as of January 1, 2024.
For employees hired midyear, contributions will be prorated based on your date of hire.

ANTHEM HSA CORE (ALL EMPLOYEES)

Hitachi will contribute $750 for a single employee and $1,500 for employees covering one or more dependents. Hitachi will deposit half of that contribution to your HSA in January and the remaining half in July of 2024 for all employees enrolled as of January 1, 2024. For employees hired midyear, contributions will be prorated based on your date of hire.

KAISER CDHP (EMPLOYEES IN NORTHERN OR SOUTHERN CALIFORNIA ONLY)

For the Kaiser CDHP, Hitachi will contribute $1,000 for a single employee and $2,000 for employees covering one or more dependents. Hitachi will deposit half of that contribution to your HSA in January and the remaining half in July of 2024 for all employees enrolled as of January 1, 2024. For employees hired midyear, contributions will be prorated based on your date of hire.

CATCH-UP CONTRIBUTION

If you are age 55 to 64 or turn age 55 in 2024, you can also contribute an additional catch-up contribution of $1,000 per year (your spouse can also contribute an additional $1,000 if they are age 55 or older or turn age 55 in 2024 and have established their own HSA).

ELIGIBILITY

To be eligible to open and contribute to an HSA, you must be covered by a health plan that meets IRS requirements. The following rules apply:

- You must not be covered by other health insurance.
- The HSA must not apply to specific injury insurance and accident, disability, dental care, vision care, long-term care or other high-deductible health plans that meet IRS requirements.
- Enrollment in a spouse's nonqualified health plan, and eligibility for a spouse's Health Care FSA or HRA will disqualify you, even if you don't use your spouse's FSA or HRA to reimburse your own medical expenses.
- You must not be enrolled in Medicare. Remember, enrolling in SSI (the income portion of Social Security) automatically enrolls you for Medicare Part A, making you ineligible for HSA contributions.
- You may not be claimed as a dependent on someone else's tax return.

HSA PLANS

IRS regulations state that in order to contribute to an HSA, it must be accompanied by a qualified health plan with minimum deductibles (determined by the IRS and indexed and increased annually).

If you enroll as a single employee prior to reaching the individual deductible limit, you will receive all medical services at Anthem's discounted rate as long as you stay in-network. If you elect the Kaiser CDHP, you must receive all services from Kaiser, unless there is an emergency or Kaiser otherwise authorizes care from another provider. You will be responsible for paying your provider either from your HSA (if funds are available) or out of pocket. If HSA funds are not available, you can reimburse yourself from your HSA once funds become available.

If you enroll in one of the Anthem HSA Plans as an employee with one or more dependents, you must satisfy the entire family deductible before the plan begins to pay claims. The family deductible can be satisfied by one person, or it can be accumulated by several family members, until the family deductible has been met for the year. Note, if you enroll in the Kaiser CDHP, different rules apply in compliance with California law. See the Kaiser section of this guide for additional details (page 17).

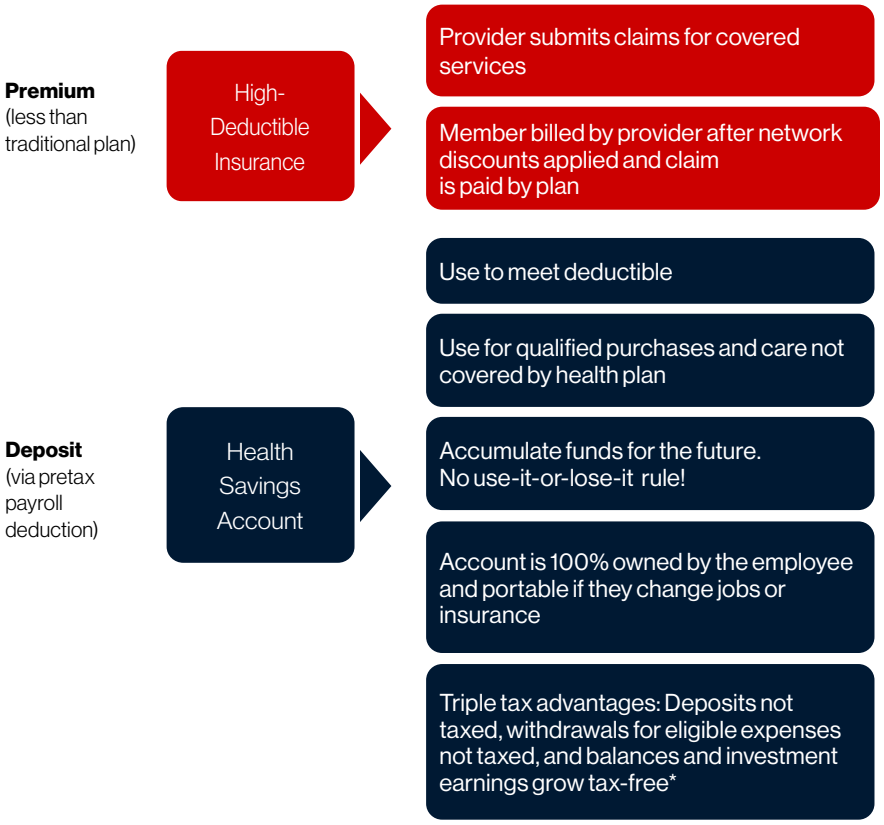
IRS regulations allow preventive care to be covered at 100% with no deductible or copay (in-network only). Here is the list of preventive services covered under the Anthem HSA Plans and the Kaiser CDHP (including but not limited to):

- Routine colonoscopy when provided in accordance with the American Cancer Society guidelines.
- Routine annual physical exam.
- Annual GYN exam and Pap smear.
- Annual mammograms for women age 40 and older.
- Routine hearing screenings.
- Well-child checkups per guidelines.

All other medical services, including prescription drugs, are subject to the deductible and coinsurance. Please see pages 13-17 for a summary of the Hitachi Plans.

HOW THE CDHPS WORK WITH AN HSA

Here's how the CDHPs' medical coverage will work in conjunction with your Health Savings Account:



** State taxes apply if you live in California or New Jersey.*

QUALIFIED EXPENSES AND HEALTH SAVINGS ACCOUNT DISTRIBUTIONS

How does a Health Savings Account work?

HSA funds can be used for both qualified and nonqualified expenses. However, only funds withdrawn for qualified healthcare expenses (defined by IRS Code Sec.213(d)) are tax-free. A full list of qualified expenses can be found at irs.gov/publications/p502. Examples of qualified expenses include:

- Office visits (including deductibles and coinsurance).
- Chiropractic services.
- Prescription drugs.
- Over-the-counter drugs (pain or cold meds, etc.) with a prescription.
- Dental expenses.
- Visionwnses.
- Lab fees.
- COBRA, Medicare (Parts B, C and D but not Part A) and qualified Long-Term Care premiums.

Distributions are tax-free if used for qualified healthcare expenses for the account holder, their spouse and/or their dependents (must be eligible to be claimed as a dependent on account holder's federal tax return). Spouses and dependents under the age of 24 don't need to be covered by the HSA plan for account funds to be used to pay for their out-of-pocket eligible healthcare expenses. Currently, HSA account funds cannot be used to pay for a domestic partner's healthcare expenses or for the expenses of a domestic partner's children.

Funds withdrawn for nonqualified expenses are considered as income and subject to income taxes plus a 20% penalty. However, that 20% penalty will not apply when funds are withdrawn after the account holder becomes eligible for (and enrolls in) Medicare or becomes disabled. Additionally, this applies if a beneficiary receives the balance in the account after the death of the account holder.

Another advantage of an HSA is that you can grow your account tax-free, both through saving and investing. As your balance rolls over from year to year, it earns interest. When your balance is large enough, you can invest it tax-free, the same way you can invest dollars from other retirement accounts.

Plan Costs for 2024

YOUR 2024 MONTHLY COSTS FOR BENEFITS COVERAGE

Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Medical				
Anthem HSA Plus	$105.31	$250.03	$234.06	$379.04
Anthem HSA Core	$30.89	$125.72	$117.68	$190.58
Kaiser CDHP – Northern California	$109.51	$281.08	$255.53	$383.29
Kaiser CDHP – Southern California	$84.43	$216.69	$196.99	$295.49
Dental				
Plus PPO	$18.00	$27.00	$35.00	$45.00
Core PPO	$12.00	$24.00	$26.00	$38.00
Vision				
VSP Vision Plan	$5.50	$9.00	$7.50	$13.00

Note: Premium contributions are deducted from your paycheck on a pretax basis unless otherwise requested by you in writing. "Spouse" can also refer to Domestic Partner. The value of Domestic Partner coverage will be taxable to you.

Medical

SUMMARY OF THE MEDICAL PLANS

Plan Features	Anthem HSA Plus and HSA Core	Kaiser CDHP
Availability	Available to all employees	Available to employees in California in the Kaiser Service area
Network	Anthem is both the plan administrator (they pay the claims) and the network of providers. You may use providers outside the Anthem network, but you pay more out of pocket. When you use in-network providers, you receive a higher level of benefit coverage.	You must use Kaiser providers.
Deductible	There is an annual deductible. See the benefit comparison on the next page for more information.	There is an annual deductible. See the benefit comparison on the following pages for more information.
Managing Care	You decide each time you need medical care whether you want to use in-network providers or out-of-network providers.	You have the option to choose a primary care physician who will play an important role in coordinating your healthcare needs.
Paying for Services	You will pay a percentage of the cost (coinsurance), including office visits and prescription drugs after the deductible. You may choose to use your HSA to pay for qualified services, HSA balance permitting.	You pay a flat fee (copay) for most services, including office visits, hospital stays and emergency care, after the annual deductible.
Claim Forms	You must file a claim form for reimbursement of medical expenses for services received from out-of-network providers, and you will be subject to Usual, Customary and Reasonable (UCR) charges.	No claim forms are required except for emergency claims at a non-Kaiser facility.
Usual, Customary and Reasonable	Applicable to out-of-network providers only. Anthem pays based on what 80% of the providers in that zip code charge for a given service.	Not applicable
Out-of-Area Coverage at an In-Network Rate	You are covered for medical emergencies anywhere in the world.	You are covered for medical emergencies anywhere in the world.

ANTHEM HSA PLUS AND HSA CORE

	Anthem HSA Plus		Anthem HSA Core	
Plan Features	In-Network	Out-of-Network	In-Network	Out-of-Network
General Information	You may select any provider you wish for your healthcare. When you obtain services from providers in-network, you will receive a higher level of coverage with lower out-of-pocket costs.[1,2]		You may select any provider you wish for your healthcare. When you obtain services from providers in network, you will receive a higher level of coverage with lower out-of-pocket costs.[1,2]	
Annual Deductible	$1,600 per ndividual[1,2] $3,200 per family	$3,200 per individual $6,400 per family	$2,750 per individual[1,2] $5,500 per family	$5,500 per individual $11,000 per family
Annual Out-of-Pocket Maximum (includes deductible)	$3,750 per individual $6,850 per individual within a family $7,500 per family	$7,500 per individual $7,500 per individual within a family $15,000 per family	$5,950 per individual $6,850 per individual within a family $11,900 per family	$11,900 per individual $11,900 per individual within a family $23,800 per family
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
Physician Office Visits	20% coinsurance after deductible	40% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible
Annual Routine Physical Exam	No charge (screening and lab work included)	40% coinsurance after deductible	No charge (screening and lab work included)	40% coinsurance after deductible
Well-Baby or Well-Child Care	No charge (screening and lab work included)	40% coinsurance after deductible	No charge (screening and lab work included)	40% coinsurance after deductible
Diagnostic Lab and X-Ray	20% coinsurance after deductible	40% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible
Outpatient Surgery Services	20% coinsurance after deductible	40% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible
Hospitalization (room and board)	20% coinsurance after deductible	40% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible
Emergency Room Services (copay waived if admitted)	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
Chiropractic Care	20% coinsurance after deductible	40% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible
Acupuncture	20% coinsurance after deductible; limited to $1,000 per calendar year in- and out-of-network combined	40% coinsurance after deductible; limited to $1,000 per calendar year in- and out-of-network combined	20% coinsurance after deductible; limited to $1,000 per calendar year in- and out-of-network combined	40% coinsurance after deductible; limited to $1,000 per calendar year in- and out-of-network combined
Infertility	20% coinsurance after deductible; limited to $7,500 lifetime maximum	40% coinsurance after deductible; limited to $7,500 lifetime maximum (limited to diagnosis and treatment of underlying cause only)	20% coinsurance after deductible; limited to $7,500 lifetime maximum	40% coinsurance after deductible; limited to $7,500 lifetime maximum (limited to diagnosis and treatment of underlying cause only)

1. Hitachi will contribute $1,000 single, $2,000 employee plus dependents for employees who enroll in the Anthem HSA Plus Plan and $750 single, $1,500 for employees who enroll in the Anthem HSA Core Plan. To qualify for the contribution, you must establish a Health Savings Account. See the Frequently Asked Questions section of this guide for more information. When covering one or more dependents, you must satisfy the entire family deductible before the plan begins to pay claims (with the exception of preventive care. That family deductible can be satisfied by one person or it can be accumulated by several family members. For example, the employee could satisfy $1,000 of the family deductible and their spouse could satisfy the other $2,000.

2. You can cover your domestic partner under this plan, but you cannot use your HSA funds to pay for your domestic partner's or your domestic partner's children's expenses, unless they are your tax dependent.

ANTHEM HSA PLUS AND HSA CORE

The Anthem HSA Plans are available to all Hitachi employees.

	Anthem HSA Plus		Anthem HSA Core	
Plan Features	In-Network	Out-of-Network	In-Network	Out-of-Network
Prescription Drugs				
Retail Pharmacies	Through CVS Caremark: 20% coinsurance after deductible. Once the out-of-pocket maximum is reached for the year, the plan pays 100% of costs for that year. The deductible is waived for certain preventive prescription drugs.[3]	Covered same as In-Network	Through CVS Caremark: 20% coinsurance after deductible. Once the out-of-pocket maximum is reached for the year, the plan pays 100% of costs for that year. The deductible is waived for certain preventive prescription drugs.[3]	Covered same as In-Network
Mail Order	20% coinsurance after deductible	Covered same as In-Network	20% coinsurance after deductible	Covered same as In-Network
Mental Health				
Inpatient Services	20% coinsurance after deductible	40% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible
Outpatient Services	20% coinsurance after deductible	40% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible
Substance Abuse				
Inpatient Services	20% coinsurance after deductible	40% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible
Outpatient Services	20% coinsurance after deductible	40% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible

3. Please refer to the CVS Preventive Drug list for eligible medications.

VIRTUAL VISITS THROUGH LIVEHEALTH ONLINE

Anthem now offers Virtual Visits through LiveHealth Online, which lets you see and talk to a doctor from your mobile device or computer without an appointment. Most visits take about 10 to 15 minutes, and doctors can write a prescription, if needed, that you can pick up at your local pharmacy.

Virtual Visits are great for instances when your doctor is unavailable, you become ill while traveling, or you need urgent (nonemergency) care. Log on to livehealthonline.com, or download the app and register on your mobile device to access this benefit.

To visit a licensed behavioral health therapist in four days or less, or a board-certified psychiatrist within two weeks, call 1-888-548-3432.

You will pay the cost (typically $59) for the visit unless you have already met your deductible. If you have met the deductible, coinsurance applies the same way it does when you see your physician at his or her office.

ANTHEM HEALTH GUIDE

When you have questions about how your health benefits work or need to get connected to services and support, Anthem Health Guide can help. You can reach an Anthem Health Guide by phone, mobile app, email or online chat.

Your Health Guide can:

- Get answers to questions about your health plan benefits or claims.
- Find the right provider for the care and services you need.
- Obtain referrals for care by partnering with you and your doctors.
- Connect to tools and resources you might not know you had, like the EAP and Virtual Visits. Call 1-877-411-1637 or visit anthem.com.

Deductibles are the amount you pay before the insurance plan begins paying the benefits.

Coinsurance is the percentage amount you pay for the cost of a procedure. The insurance plan pays the difference.

Annual Out-of-Pocket Maximum means the maximum you will have to pay in eligible expenses in a calendar year. It includes deductibles and copays.

KAISER CDHP

The Kaiser CDHP is available to employees who live within the service area of Northern and Southern California only.

Plan Features	Kaiser CDHP
General Information	You must seek services through a Kaiser provider. Services obtained from nonauthorized providers will not be covered by Kaiser[1]
Annual Deductible	$2,000 per individual $3,200 per individual within a family $4,000 per family[2,3]
Annual Out-of-Pocket Maximum	$3,200 per individual $3,200 per individual within a family $6,000 per family
Lifetime Maximum Benefit	Unlimited
Physician Office Visits	$30 copay, after deductible
Annual Routine Physical Exam	No charge
Well-Baby or Well-Child Care	No charge
Diagnostic Lab and X-Ray	$10 copay, after deductible
Outpatient Surgery Services	$150 copay per procedure, after deductible
Hospitalization (room and board)	$250 copay per admission, after deductible
Emergency Room Services (copay waived if admitted)	$100 copay, waived if admitted, after deductible
Chiropractic Care	$15 copay after deductible; limited to 20 visits per calendar year
Acupuncture	Not covered unless prescribed by Kaiser for treatment of nausea or as part of a comprehensive pain management program for chronic pain
Prescription Drugs	
Retail Pharmacies	30-day supply After the deductible, Generic – $10 copay | Brand – $30 copay
Mail Order	100-day supply After the deductible, Generic – $20 copay | Brand – $60 copay
Mental Health	
Inpatient Services	$250 per admission, after deductible
Outpatient Services	$30 copay ($15 copay for group therapy), after deductible
Substance Abuse	
Inpatient Services	$250 per admission, after deductible for inpatient detoxification services
Outpatient Services	$30 co-pay ($5 co-pay for group therapy), after deductible

1. Except for emergency services or referral by Kaiser.

2. Hitachi will contribute 50% of the deductible annually: $1,000 single; $2,000 for employee plus dependents. To qualify for the contribution you must establish a Health Savings Account. See the Frequently Asked Questions section of this guide for more information. When covering one or more dependents, you no longer need to meet the family deductible before the Plan begins to pay claims (with the exception of preventive care) which is always covered at 100%). The Plan will begin paying claims for an individual within that family once that individual meets a $3,200 deductible. The Plan will also begin paying claims if no single individual meets $3,200 but the family collectively meets the family deductible of $4,000. Likewise, the Plan will begin paying 100% of eligible charges for an individual once that individual meets the out-of-pocket maximum of $3,200. If no individual within a family meets $3,200, the family collectively must meet the $6,000 family out-of-pocket maximum before the Plan begins paying 100%.

3. You can cover your domestic partner under this plan, but you cannot use your HSA funds to pay for your domestic partner's or your domestic partner's children's expenses, unless they are your tax dependent.

Medical Carrier Websites and Provider Searches

ANTHEM

Log in to anthem.com.

On the site, you will find information on:

- Benefits
- Preventive Care
- Transition of Care (if you are currently using a doctor or medical facility that is not contracted with Anthem)
- Provider Searches
- Videos and links to interactive sites to help you learn more about your medical plan options
- Health and Education Resources

KAISER – CALIFORNIA ONLY

Kaiser's website includes information about providers you can select. Follow the instructions below to find a participating provider located near you.

Log in to kp.org.

Select Choose Your Region in the upper right section of the page.

Click on Find a Doctor.

- Select Northern or Southern California Region.
- Click on link to **Search all doctors** or **Search doctors accepting new patients**.
- This will take you to the online **Clinical Staff Directory**.

Prescription Drug Coverage

When you enroll in a medical plan, you (and your eligible dependents) automatically receive prescription drug coverage.

ANTHEM HSA PLUS AND HSA CORE (PROVIDED BY CVS CAREMARK)

CVS Caremark Welcome Booklet

Employees who enroll in an Anthem HSA Plan for the first time will receive a Welcome Booklet from CVS Caremark. It will have information on how your prescription drug plan will work, including information on how to find a list of participating pharmacies, manage your prescriptions and enroll in mail order.

Filling Prescriptions

For employees who enroll in the Anthem HSA Plus or HSA Core plan, you will present your prescription drug ID card to the pharmacist, but your prescriptions will be covered subject to your deductible and coinsurance. You can use your HSA debit card to pay for the charges if you have a sufficient balance in your HSA. Remember, you cannot use your debit card for OTC drugs unless you have a prescription. As a reminder, if you use your HSA funds for nonqualified expenses, you will be taxed, as well as subject to a 20% penalty tax unless you are age 65 or older.

Specialty medications are often injectables used to treat complex, chronic health conditions and often require special monitoring and careful coordination of therapies. Due to these requirements, enhanced member services are provided to assist with these unique prescription products. You will be responsible for 20% of the cost for a 30-day supply after the annual deductible is satisfied.

- **Retail Pharmacies:** You can receive up to a 30-day supply of a covered medication. To locate a participating retail pharmacy near you, call the phone number on your prescription drug ID card, or check online at caremark.com. You can also ask your pharmacist if their pharmacy is a participating pharmacy.
- **Mail Order:** For maintenance prescription drugs, you can receive up to a 90-day supply, but the deductible and coinsurance will continue to apply. Maintenance medications are drugs you take regularly for ongoing conditions, such as diabetes, high blood pressure and asthma.

Follow the steps below to receive maintenance medications via mail order:

- **Obtain a written prescription:** If you are currently taking a medication to treat an ongoing health condition, ask your physician to write two prescriptions, one for a sufficient supply of medication to be filled at a local pharmacy to cover your immediate needs and one for a 90-day supply with refills (up to one year, if appropriate) to send to the mail-order pharmacy.
- **Enroll:** In order to start using the mail-order services and enroll in home delivery, contact CVS Caremark by calling them at the number on your prescription drug ID card.

Prior Authorization (CVS Caremark only)

Some prescription drugs require prior approval before they can be dispensed. When the pharmacist enters your prescription information at the pharmacy, the pharmacist will receive an alert and give a phone number for your physician to call. Your physician will have to call the number provided in order to get an approval. This process may take approximately two business days for standard prior authorization and approximately one business day for an urgent request. If authorization is granted, your prescription will be filled. If authorization is not granted, you have two choices: Pay the entire cost of the drug yourself, or you may ask your doctor to prescribe an alternative drug covered by your benefit, if available.

PRESCRIPTION DRUG COVERAGE FOR THE KAISER CDHP

For employees who enroll in the Kaiser CDHP, you will present your ID card to the Kaiser pharmacy, but your prescriptions will be subject to the deductible before the copays apply. You can use your HSA debit card to pay for the charges if you have a sufficient balance in your HSA.

- **Kaiser Pharmacies:** You can receive up to a 30-day supply of a covered medication.
- **Mail Order:** For maintenance prescription drugs, you can receive up to a 100-day supply for two copays.
- You must satisfy the Annual Deductible before you begin paying copays..

Dental

The MetLife Dental Plus and Core PPO plans are available to all employees.

METLIFE PPO PLANS

The MetLife Plus and Core PPO plans allow you to choose your own dentist. As preferred provider organizations (PPO), these plans utilize a network of dentists and specialists who have agreed to provide dental care at discounted fees. Though you are free to visit any dentist you choose, if you go to an in-network dentist, you will pay less for your dental services due to those fee discounts.

If you choose to go to a non-network dentist, you're still covered, but you won't qualify for reduced rates, and your claims will be reimbursed at a lower coinsurance percentage. You will also be responsible for paying the difference between what the plan covers and the amount your out-of-network dentist charges. Further, out-of-network dentists may require you to pay for services up front, which means you may have to file a claim for reimbursment through your plan.

Please consult the chart below for a summary of your dental plan benefits:

Plan Features	Dental Plus PPO		Dental Core PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (waived for Preventive and Diagnostic Services)	$50 / $150	$50 / $150	$50 / $150	$50 / $150
Annual Maximum Benefit	$2,000	$1,750	$1,500	$1,250
Preventive and Diagnostic Services (exams, X-rays and sealants)	No charge* Preventive care includes 3 cleanings per year		No charge Preventive care includes 2 cleanings per year	20% Preventive care includes 2 cleanings per year
Basic Services (fillings, extractions, endodontics, periodontics and oral surgery)	10%	20%	20%	40%
Major Services (implants, crowns, bridges, dentures, etc.)	40%	50%	50%	50%
Orthodontia Services (children to age 26 and adults)	50%	50%	Not covered	Not covered
Lifetime Maximum Orthodontia	$2,000	$1,750	N/A	N/A

Dental Plan Provider Search Instructions

METLIFE

Find a dental provider

With MetLife Dental insurance, you can choose from thousands of general dentists and specialists nationwide. You can find the names, addresses, languages spoken and phone numbers of participating dentists by searching our online **Find a Dentist** directory or by calling 1-800-ASK-4-MET (1-800-275-4638). Follow these step-by-step instructions for each:

Step 1:
Go to metlife.com.

Step 2:
Select *I want to find a MetLife:*.
Click **Dentist**, enter your zip code, and select your network **PDP Plus**.

Step 3:
Advanced Search
Use the Advanced Search option to locate a dentist by name, language spoken, specialty or gender.

1-800-ASK-4-MET 1-800-275-4638

SELECT PROMPT 1
For member

SELECT PROMPT 1
For Dental Coverage

SELECT PROMPT 1
If member or family covered member, input your Social Security number or Member ID followed by the # sign. Dental claims and verification of dental coverage will be confirmed.

SELECT PROMPT 3
To request a list of participating dentists in your area

SELECT PROMPT 2
To have the dental directory mailed to you

When asked, request either English or Spanish versions of the directory.
When asked, enter the zip code of the area you are requesting. The directory will also include the surrounding area.

Vision

Hitachi offers you vision care coverage through Vision Service Plan (VSP).

You can receive vision care services from any provider you choose. However, you will receive the highest level of coverage when you use in-network providers. Vision care accessed from out-of-network providers is covered at lower levels with greater out-of-pocket costs.

	Vision Service Plan	
Plan Features	In-Network	Out-of-Network
Eye Examination	$15 copay	Up to $45
Frequency	Once every calendar year	
Lenses		
Single Vision	$15 copay	Up to $30
Bifocal	$15 copay	Up to $50
Trifocal	$15 copay	Up to $65
Options		
UV Coating	Single – $16; multifocal – $16	Not covered
Photochromic	Single – $75; Multifocal – $75	Not covered
Standard Scratch Resistant	Single – $17; Multifocal – $17	Not covered
Standard Polycarbonate	Single – $31; Multifocal – $35	Not covered
Anti-Reflective Coating	Single – $41; Multifocal – $41	Not covered
Standard Progressive	Single – N/A; Multifocal – $0	Not covered
Frequency	Once every calendar year	
Frames	Covered up to $200 allowance, plus 20% off any out-of-pocket costs	Up to $70
Contact Lenses		
Conventional	Covered up to $200 allowance	Up to $105
Disposable	Covered up to $200 allowance	Up to $105
Medically Necessary	Covered at no charge	Up to $210
Contact Lens Exam and Fitting	Up to $60 copay	Up to $105 (combined with elective contact lens allowance)
Frequency	Once every calendar year (Contact lenses are in lieu of lenses and frames)	
Laser Vision Correction	15% off the regular price at contracted laser centers or 5% off the center's promotional price	Not covered

Copays are the amount you pay for an eyecare exam or eyewear.

If you use out-of-network providers, the dollar amounts shown are the maximums you will be reimbursed by the carrier.

Vision Plan Provider Search Instructions

VISION SERVICE PLAN

Locating a VSP Provider:

- Log in to vsp.com.
- Select **Find a Doctor** under **Members**.
- If you are a member, log in or follow the instructions to register. If you are not, follow instructions to enter your zip code, or use other search features to find a VSP provider.
- You can also call VSP at 1-800-877-7195 to speak with customer service:
  - Monday through Friday, 5 a.m.-8 p.m. PT
  - Saturday, 7 a.m.-8 p.m. PT
  - Sunday, 7 a.m.-7 p.m. PT

Flexible Spending Accounts (FSAs)

A flexible spending account (FSA) allows you to set aside a portion of your income, tax-free, to help pay for eligible healthcare, child care and elder care expenses incurred in the plan year (January 1 to December 31).

YOU SAVE MONEY BECAUSE YOU DON'T PAY TAXES ON WHAT YOU SET ASIDE IN THESE ACCOUNTS.

The FSAs include three accounts:

- **Health Care FSA:** Use to pay your out-of-pocket healthcare expenses for you and your eligible dependents.
- **Limited Purpose Health Care FSA:** Use to pay your out-of-pocket dental and vision expenses (for CDHP and HSA members only).
- **Dependent Care FSA:** Use to pay eligible expenses for children or dependent elders.

During each annual enrollment period, you decide whether to participate in one or both accounts for the upcoming plan year; FSA elections do not roll over from one plan year to the next.

Please note that, according to IRS rules, your domestic partner or domestic partner's children are not considered eligible dependents for this plan, unless they are also your qualified IRS dependent.

THE EXAMPLE BELOW SHOWS HOW AN FSA CAN SAVE YOU MONEY.

Plan Features	If You Do Participate	If You Don't Participate
Annual Salary	$100,000	$100,000
Health Care FSA Contribution	- 2,000	- 0
Dependent Care FSA Contribution	- 3,000	- 0
Taxable Income	$ 95,000	$100,000
Income Taxes and Social Security – Approx. 30% (assumes 15% federal tax rate, 8% state and 7% FICA)	- 28,500	- 30,000
Take-Home Pay	$ 66,500	$ 70,000
Health Care Expenses*	- 0	- 2,000
Dependent Care Expenses*	- 0	- 3,000
Spendable Income	$ 66,500	$ 65,000
Tax savings	$ 1,500	$ 0

** You are reimbursed for eligible expenses from your health care or dependent care FSA.*

HEALTH CARE FSA

You can elect to deduct up to $3,200 per plan year on a pretax basis for deposit into your health care spending account. This is the maximum the IRS allows in 2024. This account may be used to pay for eligible healthcare expenses incurred by you or your eligible dependents who are not covered by your medical, dental or vision plans. Some examples include deductibles, coinsurance, copayments and orthodontia.

Please note: If you enroll in the Anthem HSA Plus, Anthem HSA Core or the Kaiser CDHP, you cannot participate in the Health Care FSA, but you can enroll in the Limited Purpose Health Care FSA.

LIMITED PURPOSE HEALTH CARE FSA

You can elect to deduct up to $3,200 per plan year on a pretax basis for deposit into your limited purpose health care spending account. This is the maximum the IRS allows in 2024. This account may be used to pay for eligible dental and vision expenses incurred by you or your eligible dependents who are not covered by your dental or vision plans. Some examples include deductibles, coinsurance, copayments and orthodontia.

You can only elect the Limited Purpose Health Care FSA if you are enrolled in the Anthem HSA Plus, Anthem HSA Core or the Kaiser CDHP.

DEPENDENT CARE FSA

You can elect to deduct up to $5,000 per plan year on a pretax basis for deposit into your Dependent Care FSA. This account may be used to pay for the care of your child under age 13 or a disabled spouse or parent while you (or you and your spouse) work. If your spouse also participates in a dependent care FSA, the combined annual pretax deduction cannot exceed $5,000.

SUBMITTING CLAIMS

The FSAs are administered by Businessolver, using their proprietary MyChoice account administration technology. Once enrolled for the first time, you'll receive a Mastercard debit card to use for your FSA expenses.

USE IT OR LOSE IT

Plan carefully – the IRS requires you to forfeit any money remaining in your accounts at the end of the plan year. You have until March 31 of the following calendar year to submit claims for eligible expenses incurred during the previous year. Unless you have a qualified life event, you cannot change your allocation amounts during the year.

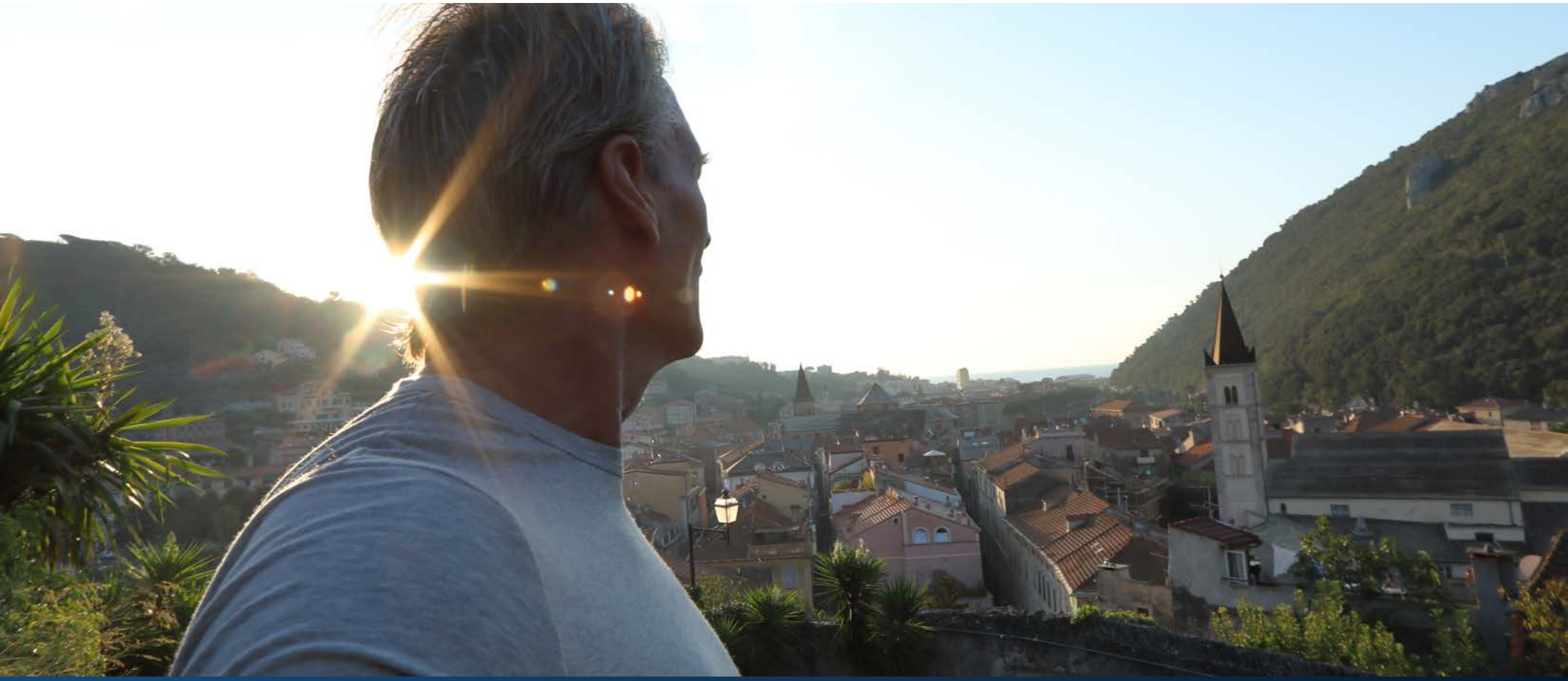
OVER-THE-COUNTER DRUGS AND MEDICATIONS

As part of healthcare reform, OTC drugs and medications are not eligible expenses through your FSA unless you have a doctor's prescription.

IMPORTANT INFORMATION ON SUBMITTING CLAIMS

Please keep all receipts as substantiation of claims, because they may be requested by MyChoice Accounts at a later date.

Well-Being Support



TouchCare

TOUCHCARE CONCIERGE SERVICE

TouchCare is a free benefit you can use throughout the year that will save you and your family time, money and frustration.

The healthcare industry is constantly changing, and it can be challenging to understand the lingo or have the time to navigate complex situations that may arise. Let TouchCare do the work for you. Your TouchCare Health Assistants can help you with anything you may need relating to your benefits, and ensure that you have all the tools you need to get to the bottom of any issue. This includes:

Benefits navigation: Assists with more than just medical insurance and can help you if you have questions about your Health Savings Account (HSA) or Flexible Spending Account (FSA).

Bill negotiation: Need help navigating an incorrect bill? TouchCare Health Assistants will work on your behalf to fix any errors.

Cost comparison: Can ensure that you never overpay for care, by researching all options and costs.

Provider search: Get help finding highly rated providers that are in-network and nearby.

Health Assistants Who Are Here to Help

Never Pay More Than You Have To

- RxCare: Get assistance finding the lowest cost options for all your prescriptions.
- Ancillary benefits: TouchCare Health Assistants will help you leverage the right benefit at the right time, to save you money.

Anytime Support

- Your questions, answered: TouchCare Health Assistants are available by email, online portal or phone.
  Call 1-866-486-8242 or email assist@touchcare.com.

Get the app

Medicare Choice

EXPERT MEDICARE EDUCATION, GUIDANCE AND ENROLLMENT ASSISTANCE

Employees nearing age 65 will be able to connect with a new benefit that can help you better understand Medicare, guide you in making the right decision, and help you through the enrollment process.

Medicare Choice Group experts know everything there is to know about Medicare. Connect with a licensed Medicare advisor who will analyze your Medicare cost-equation from various health plans to provide you with the best options for your situation. They also will provide decision support during the enrollment process.

Plus, you can receive recommendations for the best and most cost-effective healthcare plans that meet your unique needs, and you can plan your Medicare transition timeline with guidance from your Medicare advisor.

How to Get Started

1. Schedule a one-on-one consultation with our trusted Medicare advisors to assess your healthcare needs and circumstances.
2. Get recommendations for the best and most cost-effective healthcare plans that meet your unique needs.
3. Plan your Medicare transition timeline with guidance from our advisors.
4. Enroll in your Medicare plan of choice with confidence.

Call 1-855-482-0574 or visit medicarechoicegroup.com.

Employee Assistance Program

The Employee Assistance Program (EAP) is a free service offered through ComPsych, designed to assist you and your dependents in resolving personal issues and concerns through confidential counseling.

Eligible employees and family members who live with them are covered under the EAP, regardless of whether they are enrolled in a Hitachi medical plan. Hitachi pays the full cost of participation in this program.

The EAP provides you and your family members with a counselor at no cost to you.
If additional counseling is required, you may be able to obtain coverage under your medical plan.

Contact the EAP by calling 1-877-492-6276 (TTY: 711) or by visiting guidanceresources.com, App: GuidanceNow, Web ID: **HITACHI**.

Counseling services are staffed 24 hours a day, seven days a week.

Livongo

Livongo is a free program that's available to Anthem medical plan members only.

The program can help you successfully manage diabetes and hypertension, by providing you with an advanced blood glucose meter and blood pressure monitor, along with real-time support from a certified health coach when you need it.

It provides you with unlimited blood glucose strips in addition to a free blood glucose monitor and blood pressure monitor, at no extra charge. You'll receive useful information that will help you manage your blood sugar and blood pressure and feel your best. And Livongo's coaches are Certified Diabetes Educators who support you on your journey to better health.

Your information is safe, secure and confidential. You may view and access your records at any time and share them with your doctors if and when you want to.

To get started, go to get.livongo.com/HITACHI/register and click **Join Now**. You will be asked to provide your name, date of birth and zip code.

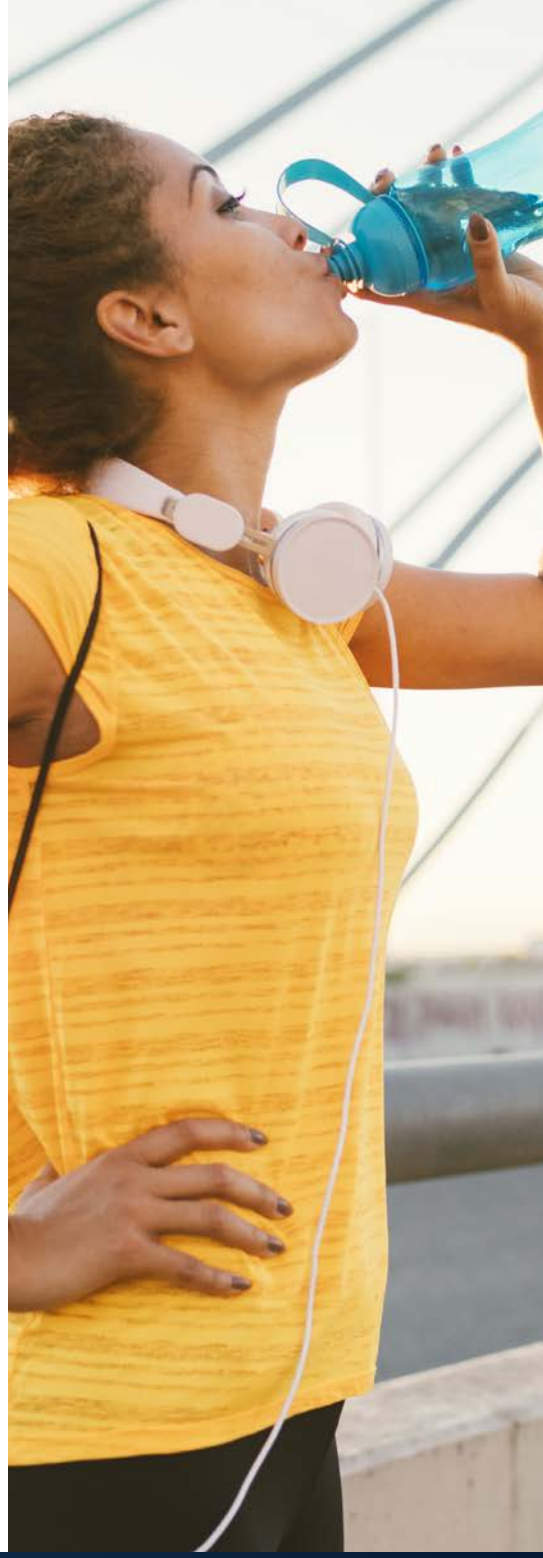
Hinge Health

Anthem medical plan members have access to Hinge Health at no cost to them.

Hinge Health offers digital programs that can help you reduce back and joint pain. After signing up, you'll receive a Hinge Health Toolkit:

- **A free tablet and wearable sensors**. Feel confident in your form. Our app and sensors give you live feedback during stretches and exercises.
- **Personalized exercise therapy**. You'll be guided through 15-minute sessions, and the level of difficulty will increase when you're ready.
- **One-on-one health coaching.** Your coach will be there to provide personalized support via text, email or phone to help you reach your goals.

Call 1-855-902-2777 to learn more or visit hingehealth.com/hitachi.



FertilityIQ

Hitachi is pleased to offer FertilityIQ at no cost to our employees.

FertilityIQ is an online educational platform offering support for hopeful parents on their road to building their family. With a robust Knowledge Center featuring hundreds of lessons, and reviews on every fertility doctor and clinic in the United States, you can be sure to find the support you need during a trying journey.

FertilityIQ is invaluable for anyone hoping to conceive naturally, with the help of treatment, fostering or adopting, plus dedicated resources for egg freezers, LGBTQ+ families, solo parents and many more.

FertilityIQ helps you find care and make better decisions while navigating building your family. You'll get critical data and education in our courses and lessons, taught by experts from Harvard, Stanford, Yale, Johns Hopkins and more. You also have extensive access to verified patient reviews of every fertility doctor and clinic in the United States.

Fertility is complicated ... and doctor visits are short. With FertilityIQ, you don't have to make life-changing decisions without good information.

To activate your FertilityIQ benefits, visit hbp.fertilityiq.com and use confirmation code **HBP2023**.

For questions, contact FertilityIQ at support@fertilityiq.com or call 1-601-348-7570.

Rethink Benefits

Rethink's free, award-winning, research-based program provides support to Hitachi employees who are raising children with learning or behavior challenges or developmental disabilities.

Parents can take advantage of teleconferences with behavioral health experts to get answers to questions and guidance as they support their children in reaching their potential. Consultations can take place over the phone or via video chat day or night, weekday or weekend. Common topics include:

- Teaching new skills.
- Addressing problem behaviors at home.
- Troubleshooting lack of progress.
- Collaborating with schools and other providers.
- Coping with the stress of a new diagnosis or ongoing daily struggles at home.
- Getting the most out of the Rethink platform.

Rethink also provides parents with a variety of resources, training and support in a simple, web-based format. You'll have access to printable materials such as flashcards, worksheets, schedule templates and token boards. You can also watch hundreds of easy-to-follow videos from an expansive library, showing how behavioral health experts teach children skills that support language, socialization, self-help, academics, vocational training and more.

SIGN UP TO SET UP YOUR FREE RETHINK ACCOUNT.

Contact Rethink at 1-800-714-9285, or visit **rethinkbenefits.com/home/employeebenefits** to enroll. Use code: **HBPRethink**.

Included Health

Hitachi employees and their eligible dependents can access Included Health, a dedicated care concierge and healthcare navigation service that specializes in connecting LGBTQ+ people and their loved ones with high-quality, affirming care.

With Included Health, employees and family members get confidential support for all LGBTQ+ health-related needs, at no cost. It's the place to start when you have questions about providers, insurance or support services related to inclusive healthcare.

Included Health cuts through red tape and eliminates hassles by helping you find vetted, culturally competent, high-quality providers. They help you navigate the complexities of gender-affirming surgery, schedule appointments, get authorizations, access resources and support groups, start to build your family, and more!

With Included Health, you'll have your very own care coordinator to support all your ongoing needs. They go beyond simply pairing you with providers – they focus on finding the right support to address your individual issues, like understanding your health benefits, coming out at work, managing a legal name change and parenting an LGBTQ+ youth.

To get more information, visit Included Health at includedhealth.com/microsite/hitachivantara, or call their Member Hub at 1-877-916-2497.

Wellness Programs and Benefits

Hitachi offers a variety of programs to help you manage your well-being.

Well-being resources, including the Live Actively app and webinars, visit HR SharePoint website at hitachivantara.sharepoint.com/sites/HumanResources/SitePages/Wellness/Health-and-Wellbeing.aspx.

WELLPERK REIMBURSEMENT

Take care of your physical and/or mental health with Hitachi's WellPerk benefit, which reimburses you up to $650 each year for eligible expenses, like exercise and wellness programs, and equipment to help you stay healthy. Complete an online expense report through Oracle iExpense using the WellPerk expense template. Submissions are due by December 31 of each year.

WEIGHT LOSS

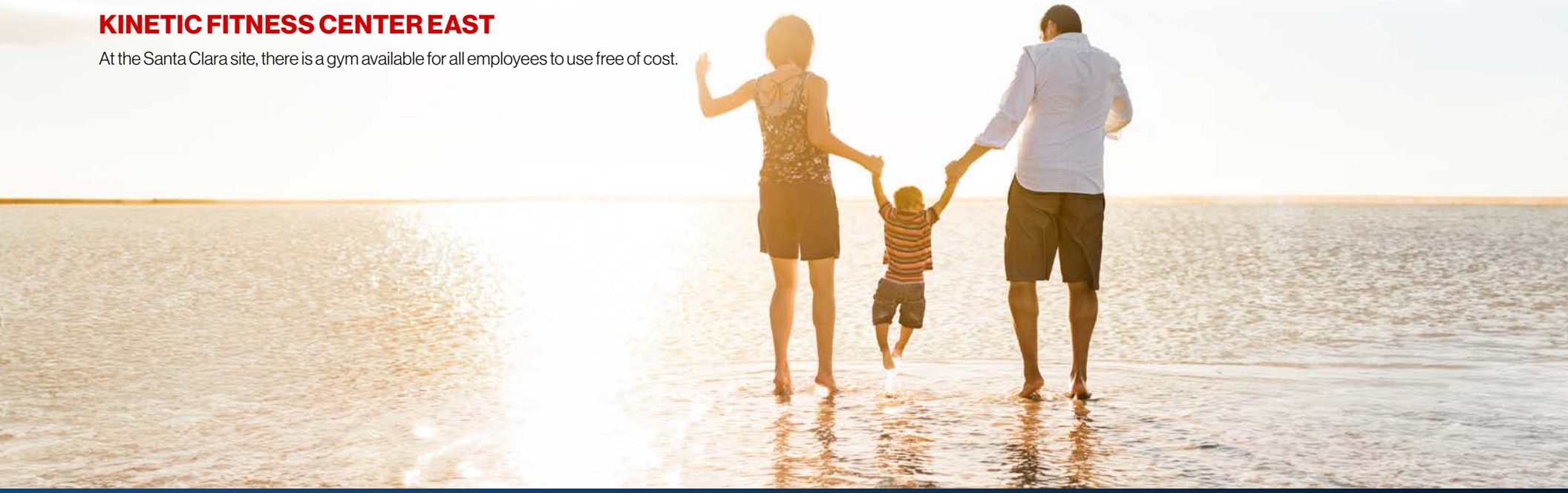
Hitachi will reimburse you 50% of the cost of a qualified weight loss program to an annual maximum benefit of $100. To be reimbursed, complete an Oracle iExpense report.

SMOKING CESSATION

Hitachi will pay 100% of the cost of a qualified smoking cessation program to an annual maximum benefit of $300. To be reimbursed, complete an Oracle iExpense report.

KINETIC FITNESS CENTER EAST

At the Santa Clara site, there is a gym available for all employees to use free of cost.



Disability Insurance

SHORT-TERM DISABILITY (STD)

This valuable benefit will provide you with a source of continuing income if you are unable to work because of an illness or injury. This program plays an important role in protecting your financial security by bridging the gap between taking paid time off for an illness or injury and when Long-Term Disability benefits (if applicable) are paid. You pay the premium for the Short-Term Disability plan, so participation is voluntary unless you live in California.

All employees outside of California are automatically enrolled in the Hitachi Short-Term Disability plan unless you elect to waive coverage each year. By waiving Short-Term Disability, you are saying you can go without income for up to 12 months (the date you would then be eligible for Long-Term Disability, if you remain disabled for that long). This includes pregnancy, injuries or an illness that prevents you from working for an extended period of time. You are also saying you do not want Paid Family Leave, as you must have STD to qualify for Paid Family Leave. You cannot change your mind midyear, so if you waive STD, your next opportunity to enroll will be during the next Open Enrollment for a January 1, 2025, effective date. **You must be actively at work as of January 1, 2025, in order to re-enroll.**

California

The state of California mandates that all employees have short-term disability insurance. This benefit is paid for by employees through payroll contributions.

New Jersey, New York, Rhode Island, Massachusetts and the Commonwealth of Puerto Rico

Employees who live in these states are enrolled automatically in the applicable state-mandated short-term disability. The cost of this coverage is paid through after-tax payroll deductions.

Benefits under the Hitachi Short-Term Disability plan will be reduced by any benefits paid under any state Short-Term Disability program in New Jersey, New York, Rhode Island or Puerto Rico (where such plans are required). **Even if you reside in these states, we strongly discourage you from waiving coverage in the Hitachi STD plan. The benefits offered through these state plans are far less than what you will receive through the Hitachi STD plan.**

Paid Family Leave (PFL)

There are an increasing number of states that are mandating Paid Family Leave. If you live in a state that requires your participation in a state PFL program, the applicable cost of that program will be deducted by payroll per the laws of your state. Your PFL benefit will be coordinated with the Hitachi PFL benefit if you elect Hitachi's Short Term Disability (STD) plan. If you do not elect STD through Hitachi, your benefit will be limited to what your state mandates.

Benefits

For all employees, benefits begin on the eighth day of a disabling illness or injury (benefits begin on the first day if you are confined to a hospital) and continue until your 365th day of disability. The plan pays 80% of your weekly base salary or benefit target compensation (for select sales positions) up to a maximum weekly benefit of $4,077. If you have been employed by Hitachi for less than 90 days on the date of your disability, the Hitachi Short-Term Disability plan pays 60% of weekly earnings up to a maximum equal to California's State Disability Insurance Maximum. Claims made under the Short-Term Disability plan are administered by The Larkin Company.

LONG-TERM DISABILITY (LTD)

The Hitachi Long-Term Disability plan is underwritten by Lincoln Financial.

When illness or injury makes it impossible for you to work for an extended period of time, the Long-Term Disability coverage will replace 60% of your pre-disability monthly income as defined in the Summary Plan Description, to a maximum benefit of $15,000 per month. This benefit is payable after one year of disability, and if you remain disabled, would be payable up to your Social Security normal retirement age (depending on the age you are when you become disabled). If you are eligible for other sources of income such as Social Security and/or Workers' Compensation, LTD benefits will be adjusted so that the maximum monthly benefit you receive from all sources will not be more than the benefit percentage in the contract.

This plan is paid for by Hitachi. All eligible employees are enrolled automatically. The cost of the coverage will be shown as additional income on your paycheck. You will be responsible for paying applicable taxes on this income but, if you become disabled, your benefit will not be taxed.

Paid Family Leave

More and more states are mandating paid family leave for their residents. If you live in a state that mandates such coverage, the Hitachi Paid Family Leave plan will coordinate with your state plan. You may take Paid Family Leave to bond with a new child or care for a seriously ill child, parent, parent-in-law, grandparent, grandchild, sibling, spouse or registered domestic partner.

To qualify for Hitachi's Paid Family Leave plan, you must be enrolled in Hitachi's Short-Term Disability coverage.

WHETHER YOU LIVE IN CALIFORNIA OR OUTSIDE OF CALIFORNIA, YOU'LL ENJOY:

Plan	Benefit
Family Leave Pay Replaces a portion of your income when you take time off to care for a family member or bond with a child.	80% of your base salary (taxable), up to a weekly maximum of $4,077
Family Leave Time away to take care of a family member or bond with a child	12 weeks in a 12-month period

Life and AD&D Insurance

Basic Life and AD&D Insurance

The Hitachi Life and AD&D plan is underwritten by Lincoln Financial.

Hitachi provides Basic Life and AD&D insurance for all eligible employees. These plans protect you and your family against financial hardship in the event of your death or injury.

Active Full-Time Employees
Two times your annual base salary or benefit target compensation (for select sales employees) up to $1,000,000

You are defined as a full-time employee if you are scheduled to work 20 or more hours per week.

Life insurance will pay a benefit to your beneficiary upon your death. Additionally, if you should die in an accident or become dismembered and therefore unable to work, your Accidental Death and Dismemberment (AD&D) policy will pay a benefit to your beneficiary.

Optional Life and AD&D Insurance

The Hitachi Optional Life and AD&D insurance plan is provided by Lincoln Financial.

If you wish to increase your life and AD&D insurance coverage, you can purchase additional coverage at group rates by enrolling in the Hitachi Optional Life and AD&D plans. There are four Optional Employee Life insurance choices. The maximum amount of Optional Employee Life insurance coverage you may purchase is $2,000,000.

Employee	
Option I	One times your annual base salary or benefit target compensation (for select sales roles)
Option II	Two times your annual base salary or benefit target compensation (for select sales roles)
Option III	Three times your annual base salary or benefit target compensation (for select sales roles)
Option IV	Four times your annual base salary or benefit target compensation (for select sales roles)
Guaranteed Issue	If you apply within 31 days of when you are first eligible, you may elect up to $750,000 in coverage without having to provide evidence of insurability (EOI), if you are under age 70, regardless of your health status. If you are age 70 to 75, your guaranteed issue amount is $20,000. There is no guaranteed issue amount for employees age 75 and older. If you do not apply when initially eligible or if you are covered but elect to increase your benefit, you may be required to provide EOI before you can be approved.

COST OF OPTIONAL LIFE AND AD&D INSURANCE

Optional Life Insurance premiums are based on your age and the amount of coverage you select. You pay the full cost of coverage through after-tax payroll deductions.

Monthly Cost per $1,000 of Coverage

Age	Life & AD&D	Age	Life & AD&D	Age	Life & AD&D
Under 30	$0.079	45-49	$0.169	65-69	$1.289
30-34	$0.099	50-54	$0.289	70-74	$2.079
35-39	$0.109	55-59	$0.509	75-99	$2.079
40-44	$0.119	60-64	$0.779		

When you enroll in Optional Life Insurance, you automatically receive an equal amount of Optional AD&D coverage.

EVIDENCE OF INSURABILITY

Basic Life Insurance coverage up to the $1,000,000 maximum does not require evidence of insurability (EOI). You will be required to provide EOI to enroll in the Optional Life and AD&D plan if you are a late entrant (you are enrolling more than 31 days after you are first eligible). If you are currently enrolled in the Optional Life and AD&D plan, you may elect to increase your coverage by one level (example: Increasing from Option I to Option II) without having to provide EOI during Open Enrollment. If you increase your benefit above $750,000, you must provide evidence of insurability.

DEPENDENT LIFE AND AD&D INSURANCE

Dependent Life Insurance coverage is designed to help you pay the expenses associated with the death of a spouse or child (spouses or domestic partners also get AD&D automatically). Participation is voluntary. If you elect to participate, you will pay the full cost of this coverage via after-tax payroll deductions.

There are two Dependent Life Insurance choices for spouses (or domestic partners) and two for children. Your spouse's Dependent Life plan election can be different from your child's Dependent Life plan election (example: Plan A for spouse and Plan B for child or vice versa). If both you and your spouse are employees of Hitachi, you can elect to cover each other as a dependent. Spouse/Domestic Partner Life also includes AD&D.

Spouse or Domestic Partner	Plan A	Plan B
Spouse Coverage Amount	$100,000	$50,000
Monthly Cost	$15.00	$6.00
Spouse Guaranteed Issue	$50,000	$50,000

No guaranteed issued if employee is age 60 or older

Child or Children	Plan A	Plan B
Child or Children	$20,000	$10,000
Monthly Cost	$2.40	$0.90
Child Guaranteed Issue	None required	None required

Children are eligible once they are 1 day old and can remain covered up to age 26.

BENEFICIARY DESIGNATION

It is important to periodically review your beneficiary designations to make certain they are up to date. Please visit the Hitachi Benefit Pool website to review your beneficiary designations, and update them if needed.

Extra Benefits

Commuter Program

Whether you commute to work by train, bus, subway or vanpool, you can save money by participating in the commuter program, administered by WageWorks. Using this program, you can pay your eligible commuting costs through automatic, pretax payroll deductions.

The program works for any transit system, anywhere, plus any parking provider or vanpool operator nationwide.

Use it for:

- Bus, light rail, regional rail, streetcar, trailer, subway or ferry.
- Vanpool.
- Parking at or near work.
- Parking at or near public transportation.

There is no annual open enrollment period, so you can sign up or make changes whenever you choose – online or by phone. And because you can also cancel at any time before the monthly cut-off, you don't need to worry about spending your account by the end of the year. Just visit wageworks.com or call 1-877-924-3967 Monday through Friday, from 5 a.m. to 5 p.m. PT.

The maximum you can set aside pretax is $315 each month for transit and $315 for parking. These maximums are set by the IRS and by Congress each year. If you spend more than the limit each month, you can still use the program. Any amounts you have deducted from your paycheck that exceed the maximum allowed will be deducted after taxes.

WAGEWORKS CONTACT INFO

1-877-924-3967
wageworks.com
Monday through Friday
5 a.m. to 5 p.m. PT.

Credit Monitoring and Identity Theft Protection

This service through IdentityWorks, an Experian program, provides you with free credit monitoring and identity protection services. This benefit is available at no charge to you. IdentityWorks will identify and notify you of key changes that may be a sign of identity theft.

Features of Experian IdentityWorks:

- **Experian credit report at signup:** See what information is associated with your credit file. Daily credit reports are available for online members only.
- **Credit monitoring:** Actively monitors Experian, Equifax and Transunion files for indicators of fraud.
- **Internet surveillance:** Technology searches the web, chat rooms and bulletin boards 24/7 to identify trading or selling of your personal information on the Dark Web.
- **$1 million identity theft insurance:** Provides coverage for certain costs and unauthorized electronic fund transfers.
- **Identity restoration:** Identity restoration specialists are immediately available to help you address credit and non-credit related fraud.
- **Experian IdentityWorks ExtendCARE:** You receive the same high level of Identity Restoration support, even after your Experian IdentityWorks membership has expired.

If you want to take advantage of this FREE benefit and enroll, you must call your benefits administrator to obtain a personalized activation code. Call the Hitachi Benefit Pool Service Center at 1-844-318-3274. When you log in to experianidworks.com/3bplusone, you must then enter your activation code and our company engagement code. A credit card is not required to enroll in this program. Please note that you must re-enroll each year.

Child Care and Elder Care Back-Up

Hitachi partners with Bright Horizons to provide child and elder care back-up. This program is designed for any type of emergency situation when your normal child care or adult care or elder care arrangements are unavailable and you would have to miss work to provide care for your loved one.

Bright Horizons will give you access to a national network of quality, licensed child care centers across the country, and trained, licensed home healthcare professionals to provide in-home well and mildly ill back-up child care and back-up adult or elder care 24 hours a day, seven days a week. Quality care is available for the following situations:

- **Emergencies:** When your regularly scheduled child care is suddenly unavailable.
- **Sick-child care:** When your child is mildly ill and unable to attend school.
- **School holidays:** When school is closed due to holiday or teacher conference.
- **Maternity transition:** When new mothers and fathers are finalizing permanent care arrangements while transitioning back to work.
- **Changes in work schedules:** When employees are needed on days they normally work from home.
- **Employee relocation:** Temporary child care during transition to a new area.

You can use Bright Horizons' 24-hour call center by either calling 1-877-242-2737 or visiting their website to discuss your situation with a back-up care consultant. The care consultant will help you identify the back-up care option that will best meet your family's needs.

- **Website:** brighthorizons.com

Hitachi employees can use back-up care seven times per dependent per calendar year and have a small copayment of $15 for one child per visit for center-based care ($25 maximum per family per visit) and $6 per hour for in-home care. Once you are registered, you can begin making reservations for care. Reservations are available 30 days in advance up until the day care is needed. For your convenience, the call center is open 24 hours a day, seven days a week.

Pet Care

Bright Horizons has partnered with Rover to provide pet care, dog walking, pet sitting and pet boarding. You can exchange back-up child care for pet care vouchers (one back-up child care credit for $100 Rover voucher).

From the Bright Horizons website, you will be able to select the Pet Care option and complete information about your pet, as well as the pet care services needed. Once you convert the back-up child care to pet care, you will receive your voucher to use on Rover's website.

Website: brighthorizons.com

Elder Care Caregiving Support

Hitachi also partners with Bright Horizons to provide you with the caregiving support you need. Whether you need a professional opinion for your elderly parent's care needs or short-term care or guidance through the caregiving journey, your Bright Horizons benefits can help.

This benefit gives you access to:

- Unlimited use of an online platform that will help you plan and coordinate care.
- Ongoing support and personalized guidance from a dedicated, experienced Care Coach.
- In-home assessments to determine a customized care plan based on what your loved one needs.
- Legal and financial assistance, including free initial consultations and discounted legal services.
- Specialized referrals to local service providers.
- Quick access to all services, including in-home back-up elder care.

Questions? Call 1-833-BH-ELDER (243-5337)

Website: brighthorizons.com

For the elder care platform, no employer credentials are required.

Adoption Assistance Program

Hitachi provides adoption assistance to you by reimbursing fees associated with the adoption of a child.

To be eligible, the child must be under the age of 18 years old at the time of the adoption and cannot be the child of your spouse. You must wait until the adoption has been finalized before providing receipts for any expenses incurred with the adoption. You are eligible to submit a request for reimbursement up to $5,000 per child.

TO SUBMIT EXPENSES FOR REIMBURSENT

Complete the Adoption Assistance form within 12 months of the final adoption date, and email it and copies of all receipts for reimbursable expenses through your expense system. You must also submit documentation stating your child's placement date in your home, such as a copy of a notarized certified placement agreement.

Once approved, the reimbursement will appear on your paycheck in one to two payroll cycles.

ELIGIBLE EXPENSES INCLUDE:

- Legal fees.
- Court fees.
- Adoption agency fees, including foreign adoption fees.
- Temporary foster care expenses.
- Medical examination fees for the child, if required for adoption.
- Travel expenses (transportation, meals and lodging) while traveling away from home for the sole purpose of arranging for an adoption or to bring the child to the adopting parents.

EXPENSES INELIGIBLE FOR REIMBURSEMENT INCLUDE:

- Medical examination fees for the adopting parents.
- Cost of personal items, such as clothing, food, etc.
- Pregnancy expenses for the birth mother.
- Any adoption expenses incurred prior to the employee becoming a full-time Hitachi employee.

Auto and Home Insurance

Hitachi gives employees the option of enrolling in a convenient and cost-effective auto and home insurance program through Farmers GroupSelect.

Program options include insurance for your auto, home and boat, plus renter's insurance and personal excess liability insurance. There are several premium payment options, including the ability to pay via payroll deductions.

To enroll or learn more about this program, call the Farmers GroupSelect benefits line at 1-800-438-6381. You can also visit the Farmers GroupSelect website at myautohome.farmers.com.

Legal Services Plan

Hitachi employees have the option to participate in a MetLife legal plan.

Legal services coverage from MetLife provides you access to network attorneys who can help you with legal issues ranging from civil issues, such as wills, traffic tickets and estate planning, to criminal issues, such as driving under the influence cases.

When you use MetLife network attorneys, your attorney's fees are paid in full for a wide variety of covered matters. For any legal matters not covered and not excluded under the plan, you are eligible to receive at least 25% off the network attorney's normal rate.

You'll have two options to choose from:

- **Voluntary Base Legal Plan**, which features a wide variety of legal coverages and services, and costs $13.00 per month
- **Voluntary High Legal Plan**, which offers more comprehensive legal coverages and additional services, such as identity theft protection, tax services, caregiving services and more. This plan costs $17.50 per month.

To see a full list of coverages available under this plan, visit members.legalplans.com and create your account.

You can also call MetLife at 1-800-821-6400, Monday through Friday from 7 a.m. to 7 p.m. CT.

Voluntary Pet Insurance

Hitachi employees may receive a discount on pet insurance through Petplan, to cover the extended members of their family.

Petplan is a cost-effective option for you to buy insurance for your pets. You can enroll your pet both online or by calling Petplan directly to discuss the best policy to protect your pet. As a Hitachi employee, you qualify for a 10% discount:

- **Vet expenses:** Plans can be customized to suit your pet's needs and your budget.
- **Coverage:** Treatment for all accidents and illnesses.*
- **Deductible:** You can choose from a variety of annual deductibles.
- **Reimbursement:** You can choose between 70%, 80% or the 90% level.

There is a five-day waiting period for accidents and a 15-day waiting period for illnesses.

Visit PetplanBenefits.com or call 1-866-467-3875 to get an instant quote.

** As long as your pet was not showing clinical signs prior to the effective date of the policy or in the waiting period.*

Time Off

Hitachi offers time-off benefits that cover you for planned and unplanned time away from work.

PAID VACATION

Nonexempt employees accrue vacation time based on their years of service with Hitachi:

- From the date of hire to the fifth anniversary, accrual of 120 hours of vacation per year.
- After the fifth anniversary, accrual of 160 hours of vacation per year.

Vacation accrues on a per-pay-period basis throughout the year. When you have reached your annual maximum vacation accrual, you will not accrue additional vacation hours until you have taken time off, and your vacation balance drops below the maximum. Your maximum accrual is one times your annual vacation days.

Hitachi's exempt employees have flexible paid time off. Under this program, there are no maximum or minimum number of vacation days, no accruals and no formal tracking of time. Exempt employees must notify their manager and team when time off is planned, to ensure that all responsibilities are covered during that period.

SICK LEAVE

On January 1 of each year (or your hire date), you will be granted 80 hours of sick time annually. You may take this time to care for yourself or for an ill family member (spouse, domestic partner, child or parent). You may also take up to 40 hours of sick time per calendar year to bond with your newborn or to care for a child who is placed in your home through adoption or foster care. Unused sick leave does not carry over from year to year.

PAID HOLIDAYS

Hitachi observes 12 paid holidays each year. All full-time employees will be paid for these holidays.

BEREAVEMENT LEAVE

You may take up to 40 hours paid leave in the event of a death in your immediate family. If you need additional time, you may use accrued vacation or unpaid personal leave, upon your manager's approval. For the purpose of bereavement leave, your immediate family includes:

- Spouse, parent, child, sibling, grandchild or grandparent.
- Your spouse's parent, child or sibling.
- Your child's spouse.

OTHER TYPES OF LEAVE

You are also eligible for other types of leave such as:

- Civic duty leave (jury duty).
- Voting.
- Military leave.
- Medical, family and personal leaves of absence.

VOLUNTEER TIME OFF

All full-time and part-time employees will receive paid volunteer time off (VTO) to perform volunteer activities at schools, Hitachi-sponsored community events or nonprofit charitable organizations with IRS 501(c)(3) status.

- Full-time employees will receive eight hours of VTO for the calendar year.
- Part-time employees will receive four hours of VTO for the calendar year.
- The VTO program is for local volunteer opportunities.
- The use of VTO hours is subject to your manager's approval.

Education

Hitachi provides programs that support the educational pursuits of its employees and the next generation.

TUITION REIMBURSEMENT

Hitachi encourages employees to become life-long learners to allow them to grow as individuals, to improve the way they work, and to allow them to more effectively compete for jobs in pursuit of their career aspirations.

Hitachi will reimburse tuition expenses up to a maximum amount of $6,000 per calendar year for employees attending an eligible college or university. The Educational Assistance program is designed to support employees in pursuit of a formal degree. The degree must be relevant to performing a job within Hitachi. Individual courses within the degree program must be job-related and must assist you in the performance of your job or facilitate promotion or transfer to another position within Hitachi. You must attend the class and obtain a passing grade in order to be reimbursed. Prior to course enrollment, you must complete an application form and have it approved, or the course will not be eligible for reimbursement. To be eligible for tuition reimbursement, you must be an employee of Hitachi for at least six months.

SCHOLARSHIP PROGRAM

Hitachi sponsors an annual Scholarship Program for college-age children of Hitachi employees. Scholarships are awarded to students in college or university baccalaureate-degree programs. The amounts awarded are up to $5,000 per year for up to four years.

The exact amount of each scholarship is determined by the college or university's tuition and fees, and includes the cost of books. Scholarship funds are issued directly to the institution.

To apply, students should complete an online application. No Hitachi employees are involved in the review or selection process. Applications must be submitted by January 16 to be considered for scholarship for the fall of the following school year.

Voya – Group Supplemental Insurance

GROUP ACCIDENT COVERAGE

Most families have medical insurance that will cover a majority of the expenses. But what about the out-of-pocket medical expenses, such as wages an employee or spouse loses when out of work or staying home to care for an injured family member? You hope that an accident never happens, but at some point you may take a trip to your local emergency room. If that time comes, wouldn't it be nice to have an insurance plan that pays you a benefit regardless of any other insurance you have? Accident insurance does just that, providing a cash benefit to help cover the costs associated with unexpected trips.

Plan Features

- No limit on the number of claims.
- Supplements and pays regardless of any other insurance programs.
- Benefits available for spouse and/or dependent children.
- Provides 24-hour protection.
- Benefits for both inpatient and outpatient treatment of covered accidents.
- Guaranteed issue – no underwriting required to qualify for coverage.
- Over 50 benefits for accidental injuries: fractures and dislocations, hospital intensive care, med fees, hospital admission and confinement, ambulance, emergency room, accidental death benefit. (Please see your certificate for a complete list of benefits.)

GROUP CRITICAL ILLNESS COVERAGE

Plan Description

The Critical Illness product provides a lump-sum benefit upon the diagnosis of not only one covered illness, but for each covered illness.

- Lump-sum benefits paid directly to the insured following the diagnosis of each covered critical illness (unless otherwise assigned).
- Guaranteed issue – available for employee and spouse coverage.
- Spouse coverage available.
- Each dependent child is covered at 50% of the primary insured amount at no additional charge.
- Benefit amounts available for $10,000 and $20,000 for employees and $5,000 and $10,000 for spouse.
- You can increase your existing benefit up to $50,000 for employees and $25,000 for a spouse, but you will need to answer health questions. Your rate is determined by the age you were when you first enrolled for coverage.
- Annual health screening benefits included.
- The plan is portable, with certain stipulations.
- Level premium rates based upon the applicant's age as of the time of application. Rates cannot be individually increased on a particular insured due to a change in age, health, or individual claim.

Immediate effective date – Guaranteed issued coverage will be effective the date the employee signs the application.

GROUP HOSPITAL INDEMNITY INSURANCE

Hospital Insurance can take the financial stress out of a hospital stay. It pays a daily cash benefit that is separate from medical insurance for a covered stay in a hospital,* critical care unit or rehabilitation facility. The benefit amount is determined based on the type of facility and the number of days you stay. You have the option to elect the insurance coverage to meet your needs.

A few examples of how your Hospital Insurance benefit could be used (coverage amounts may vary):

- Medical expenses, such as deductibles and copays.
- Travel, food and lodging expenses for family members.
- Child care.
- Everyday expenses like utilities and groceries.

Plan Features

- **Guaranteed issue:** No medical questions or tests required for coverage.
- **Flexible:** You can use the benefit money for any purpose you like.
- **Payroll deductions:** Premiums paid through convenient payroll deductions.
- **Affordable coverage:** Rates are typically lower when you purchase coverage through your Hitachi benefits.
- **Dependent coverage:** Spouse and child coverage is available, if you elect coverage for yourself.
- **Portable:** If you leave Hitachi or retire, you can take the policy with you and select from a variety of payment plans.

** A hospital does not include an institution or part of an institution used as: a hospice care unit; a convalescent home; a rest or nursing facility; a free-standing surgical center; a rehabilitative center; an extended care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction. "Critical care unit" and "rehabilitative facility" are specifically defined in this policy. See the certificate for details.*

QUESTIONS

For more information, please call the Voya Employee Benefits Customer Service Team at 1-877-236-7564.

Frequently Asked Questions

WHAT IS ANTHEM?

Anthem is the medical plan administrator for both the Anthem HSA Plus and HSA Core. They will pay medical claims and provide customer service for those plans.

WILL I GET ID CARDS FOR WHEN I ENROLL?

If you enroll in an Anthem HSA Plan or Kaiser CDHP, you will receive a new ID card. New Anthem HSA Plan members will also receive a new prescription drug ID card from CVS Caremark. MetLife dental and VSP do not use ID cards, so you will not receive a card for dental or vision. Medical enrollees will also receive an HSA Bank HSA debit card.

WHAT IS A HEALTH SAVINGS ACCOUNT (HSA)?

An HSA is a tax-advantaged medical savings account available to taxpayers in the United States who are enrolled in a high-deductible health plan (HDHP) such as the Anthem HSA Plus, Anthem HSA Core or the Kaiser CDHP. The funds contributed to the account are not subject to federal income tax at the time of deposit. Unlike a Flexible Spending Account (FSA), funds roll over and accumulate year over year if not spent. HSAs are owned by the individual. Funds may be used to pay for qualified medical, dental, prescription drug and vision expenses at any time without federal tax liability. Withdrawals for non-medical expenses are treated very similarly to those in an IRA, in that they may provide tax advantages if taken after retirement age, and they incur penalties if taken earlier. These accounts are a component of consumer-driven healthcare.

WHO IS ELIGIBLE FOR AN HSA?

In order to be eligible for an HSA, you must be covered by the Anthem HSA Plus or HSA Core or the Kaiser CDHP, and you must **not** be covered by other health insurance or a general purpose FSA or HRA through Hitachi or your spouse's employer. (This restriction does not apply to insurance for dental care, vision care or long-term care). In addition, you cannot be enrolled in Medicare nor can you be claimed as a dependent on someone else's tax return. You are ineligible if you are also covered (whether as an individual, spouse or dependent) under a health plan that is not a qualified Health Plan or if you are receiving veteran's benefits..

Your dependent can have non-HDHP coverage and that will not disqualify you from being HSA eligible (unless you are also enrolled in that plan).

WHAT ARE THE "ANTHEM HSA PLUS," THE "ANTHEM HSA CORE" AND THE "KAISER CDHP?"

The Anthem HSA Plus, the Anthem HSA Core and the Kaiser CDHP are plans that satisfy the minimum annual deductible (determined yearly by the Treasury Department) required in order to qualify as a high-deductible health plan. The CDHP plans meet the statutory requirements for annual deductibles and out-of-pocket expenses and can be offered with a Health Savings Account.

IF I ENROLL IN THE ANTHEM HSA PLUS OR ANTHEM HSA CORE AND COVER MY FAMILY, DO I HAVE TO MEET THE INDIVIDUAL DEDUCTIBLE OR THE FAMILY DEDUCTIBLE?

When covering a dependent (spouse or domestic partner, child or children, or spouse or domestic partner and child or children), you must satisfy the entire family deductible before the plan begins to pay claims (with the exception of preventive care). The family deductible can be satisfied by one person, or it can be accumulated by several family members. For example, the employee could satisfy $1,000 of the family deductible, and his or her spouse and/or children could satisfy the remainder.

IF I ENROLL IN THE KAISER CDHP AND COVER MY FAMILY, DO I HAVE TO MEET THE INDIVIDUAL DEDUCTIBLE OR THE FAMILY DEDUCTIBLE?

California passed a law that requires some modifications to the Kaiser Plan. If you are covering a family under this plan and an individual within your family meets a $3,200 deductible, Kaiser will begin paying benefits for that individual. If that individual goes on to meet a $3,200 out-of-pocket maximum, Kaiser will pay 100% of eligible charges for that individual for the remainder of the plan year. This special "individual deductible within a family" is $3,200 because that is the minimum deductible the IRS allows when you have family coverage and are contributing to an HSA.

WHO MAY CONTRIBUTE TO AN HSA?

Contributions to HSAs can be made by an eligible individual, the individual's employer, the individual's family members and any other person. Contributions made by the individual are deductible from the individual's adjusted gross income. Contributions made by the individual's employer are excluded from the individual's income and are not taxable to the individual based on state of residence. Contributions from all sources are aggregated for purposes of applying the maximum annual contribution limit. You must set up your HSA in order to be eligible for this contribution.

HOW MUCH CAN I CONTRIBUTE TO AN HSA?

The IRS maximum (including Hitachi's and your contribution) for 2024 is $4,150 for an individual or $8,300 for a family. These annual contribution limits apply regardless of whether the contributions are made by an individual, the individual's employer, the individual's family members or any other person. For the Anthem HSA Plus, Hitachi will contribute $1,000 for employee only, and $2,000 for employees and dependents. For the Anthem HSA Core, Hitachi will contribute $750 for employee only and $1,500 for employees covering their dependents. For the Kaiser CDHP, Hitachi will contribute $1,000 for employee only and $2,000 for employees and dependents. These are the amounts Hitachi will contribute for employees who enroll effective January 1, 2024. If you are enrolling in the HSA for the first time, you must accept the terms and conditions so HSA Bank can open your HSA automatically.

IS THERE AN HSA CATCH-UP CONTRIBUTION?

Individuals between the ages of 55 and 64 may make catch-up contributions of up to $1,000 in 2024. If your spouse is also between 55 and 64 and wishes to make a catch-up contribution, they can, but they must set up their own HSA.

WHEN CAN I RECEIVE DISTRIBUTIONS FROM MY HSA?

You are permitted to receive distributions from your HSA at any time (assuming you have money in your account).

HOW ARE DISTRIBUTIONS FROM AN HSA TAXED?

Distributions from an HSA used exclusively to pay for the qualified medical expenses of you or your spouse or eligible dependents are generally excludable from gross income. The amount of your distribution that is not used exclusively for such qualified medical expenses is includable in your gross income and may be subject to an additional 20% premature distribution penalty tax on the includable amount. (This 20% penalty tax does not apply to distributions made after your death, disability or attainment of age 65.) In addition, distributions made for expenses that are reimbursed by another health plan are includable in your gross income, whether or not the other health plan is a qualified Health Plan.

WHO DETERMINES WHETHER HSA DISTRIBUTIONS ARE FOR QUALIFIED MEDICAL EXPENSES?

The IRS provides a list of eligible expenses. You are responsible for making sure you use your HSA distributions for qualified expenses, for maintaining adequate records for tax purposes, and for paying any taxes and penalties that may result from any distribution.

WHAT MEDICAL EXPENSES ARE ELIGIBLE FOR TAX-FREE DISTRIBUTIONS FROM AN HSA?

Please see IRS Publication 502: Medical and Dental Expenses (Section 213(d)) by visiting irs.gov/publications/p502.

WHAT IS PREVENTIVE CARE?

Preventive care includes routine physical exams, well-child visits, scheduled prenatal care, hearing tests, immunizations, routine well-woman visits, diabetes screenings, prostate cancer screenings, cholesterol screenings and colonoscopy screenings. Some screenings qualify as preventive based on age or gender criteria. For a complete list of preventive care services, contact Anthem or Kaiser.

CAN HSA FUNDS BE USED FOR A DOMESTIC PARTNER?

No, unless they are a legal tax dependent. They can be covered under your Anthem HSA or Kaiser CDHP, but you cannot use your HSA funds for your domestic partner's expenses without being taxed and penalized.

WHAT IS BTC?

For select sales employees, a Benefit Target Compensation (BTC) amount is used as the basis for determining Short-Term Disability (STD), Long-Term Disability (LTD) and Life Insurance benefits. BTC amounts are in line and consistent with non-sales employees' salaries.

Required Notices

DOMESTIC PARTNER INFORMATION

Hitachi extends coverage to same-gender and opposite-gender Domestic Partners (DPs) and their dependents who meet the requirement of the policies for:

- Medical
- Dental
- Vision
- Dependent Life
- EAP

Important points to note in most cases when signing up a DP for coverage:

- The federal government does not recognize Domestic Partnerships, and therefore your DP will be treated differently in regard to certain federal taxes and benefits protections.
- The amount of premiums paid by Hitachi for your DP will be included in the total wages reported on your Form W-2 for federal income tax purposes, unless you certify to Hitachi that your DP meets the Internal Revenue Service (IRS) definition of a Qualifying Relative.
- If your DP meets the IRS definition of a Qualifying Relative or Tax Dependent, notify HR. If your DP meets the IRS definition of a Qualifying Relative, the amount of premiums paid by Hitachi for your DP will not be included on your Form W-2.
- In general, you may not pay for your DP's insurance premiums with pretax dollars, unless your DP meets the IRS definition of a Qualifying Relative.
- Unless your DP meets the IRS definition of a Qualifying Relative, you may not receive reimbursement under the Health Care Flexible Spending Account for your DP's expenses.

Certain states do not tax certain DP benefits. If your DP relationship is recognized by state law, please notify Hitachi so that the appropriate state tax treatment is applied to your DP coverage.

WOMEN'S HEALTH AND CANCER RIGHTS ACT

Federal law requires annual notification to employees about the Women's Health and Cancer Rights Act, as follows:

The Women's Health and Cancer Rights Act of 1998 provides benefits for mastectomy-related services, including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphademas).

Coverage for reconstructive breast surgery may not be denied or reduced on the grounds that it is cosmetic in nature or that it otherwise does not meet the coverage definition of "medically necessary." Benefits will be provided on the same basis as for any other illness or injury under your plan.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Effective for ERISA plan years beginning on or after January 1, 1998, insurers or group health plans generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a normal vaginal delivery, or less than 96 hours following a cesarean section, or require that a provider obtain authorization from the plan or insurer for prescribing a length of stay equal to or less than the above hours.

TAX CONSEQUENCES OF SAME-SEX SPOUSE COVERAGE

The federal government recognizes same-sex marriages, regardless of residence. Due to last year's Supreme Court ruling, all same-sex spouses are treated the same way as an opposite-sex spouse for tax purposes (both federal and state).

TAX CONSEQUENCES OF DOMESTIC PARTNER COVERAGE

Under federal tax law, if your domestic partner does not qualify as your tax dependent for health coverage purposes (as defined below), then you will be unable to pay for that coverage on a pretax basis. The value of the coverage provided to your same-sex spouse or domestic partner, less the amount you pay for the coverage on an after-tax basis, will be included in your gross income, subject to federal income tax withholding and employment taxes, and will be reported on your Form W-2. This includes any portion of the premiums that Hitachi pays for the applicable health coverage. (The value of coverage varies, depending on the medical and dental coverage options you elect; contact Hitachi for more information.)

If your domestic partner qualifies as your tax dependent for health coverage purposes (as defined below), then you will be able to pay for the applicable coverage on a pretax basis under the cafeteria plan, and no portion of the premiums paid by Hitachi will be included in your income or be subject to federal withholding or employment taxes. Note that if your domestic partner fails to qualify as your tax dependent for health coverage purposes for the entire year because of a change in his or her tax status during the year, the value of the applicable coverage for the portion of the year prior to the change will be included in your gross income, and related income tax and employment tax withholding will be charged to your pay as rapidly as possible. The catch-up on withholding will reduce your take-home pay for some periods.

You should also note that state tax treatment may differ. For example, some states exclude domestic partner coverage from gross income for state income tax purposes, even if the domestic partner is not a tax dependent for health coverage purposes under federal law. See your CPA, attorney or other tax advisor for more information about state tax treatment.

TAX CONSEQUENCES OF COVERAGE FOR CHILDREN

Under federal tax law, if your child or the child of your spouse or domestic partner qualifies as your tax dependent for health coverage purposes (as defined below), then you will be able to pay for the child's coverage on a pretax basis under the cafeteria plan, and no portion of the premiums paid by Hitachi will be included in your income or be subject to federal withholding or employment taxes.

Under federal tax law, if your child or the child of your spouse or domestic partner does not qualify as your tax dependent for health coverage purposes (as defined below), then you will be unable to pay for that coverage on a pretax basis under the cafeteria plan. The value of the coverage provided, less the amount you pay for the coverage on an after-tax basis, will be included in your gross income, subject to federal income tax withholding and employment taxes, and will be reported on your Form W-2. This includes any portion of the premiums that Hitachi pays for the applicable health coverage. (The value of coverage varies, depending on the medical and dental coverage options you elect; see Hitachi for more information.) Note that if your child or the child of your spouse or domestic partner fails to qualify as your tax dependent for health coverage purposes for the entire year because of a change in his or her tax status during the year, the value of the applicable coverage for the portion of the year prior to the change will be included in your gross income, and related income tax and employment tax withholding will be charged to your pay as rapidly as possible. The catch-up on withholding will reduce your take-home pay for some periods.

WHO IS A TAX DEPENDENT FOR HEALTH COVERAGE PURPOSES?

The following conditions must be met in order for your domestic partner to qualify as your tax dependent for health coverage purposes under federal tax law:

- You and your domestic partner have the same principal place of abode for the entire calendar year;
- Your domestic partner is a member of your household for the entire calendar year (the relationship must not violate local law);
- During the calendar year, you provide more than half of the total support for your domestic partner;
- Your domestic partner is not your (or anyone else's) "qualifying child" under Code §152(c) ; and
- Your domestic partner is a U.S. citizen, a U.S. national, or a resident of the United States, Canada or Mexico.

Your domestic partner could be your federal tax dependent for health coverage purposes even if you do not claim an exemption for him or her on your Form 1040. If your tax year is a year other than the calendar year, use the other year instead. Hitachi will also consider your opposite-sex domestic partner to be your federal tax dependent for health coverage purposes if he or she meets the above requirements for the first portion of the year, then you marry, and he or she remains your legal spouse for the remainder of the year.

To determine whether you provide more than half of the total support for your domestic partner, you must compare the amount of support you provide with the amount of support your domestic partner receives from all sources, including Social Security, welfare payments, the support you provide, and the support your domestic partner provides from his or her own funds. Support includes food, shelter, clothing, medical and dental care, education, and the like. If you believe you might provide more than half of the support for your same-sex spouse or domestic partner, you should use the support worksheet in IRS Publication 501 (Exemptions, Standard Deduction, and Filing Information) before you complete the Tax Certification described below.

Your child or a child of your spouse may qualify as your tax dependent for health coverage purposes under federal tax law by satisfying the above test or by satisfying the "qualifying child" test for health coverage purposes. A child of your domestic partner may also qualify as your tax dependent for health coverage purposes under federal tax law by satisfying one of these tests. It can be more difficult for the child of your domestic partner (who is not also your child) to satisfy these tests and qualify as your tax dependent for health coverage purposes. You must consult your CPA, attorney, or other tax advisor for the information needed to make this determination.

YOU MUST FILE A CERTIFICATION OF FEDERAL TAX DEPENDENT STATUS TO AVOID TAXATION

To avoid taxation as explained above, you must complete and return a Certification of Federal Tax Dependent Status (Tax Certification), indicating that an enrolled child or domestic partner qualifies as your federal tax dependent for health coverage purposes. (A separate Tax Certification is required for children and for domestic partners.) You will be asked to complete a Tax Certification each year at Open Enrollment. For any year in which Hitachi does not receive a Tax Certification from you, Hitachi will assume that an enrolled child or domestic partner does not qualify as your federal tax dependent for health coverage purposes for that year.

HIPAA NOTICE OF SPECIAL ENROLLMENT PORTABILITY RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse or domestic partner) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Also, you may be entitled to special enrollment rights pursuant to the Children's Health Insurance Program Reauthorization Act of 2009 (the Act) if you or your dependents:

- Lose coverage under a Medicaid or State Plan (such as California's Medi-Cal); or
- Become eligible for group health premium assistance under a Medicaid plan or State Plan. If a special enrollment right is provided pursuant to the Act, you may change your election consistent with such special enrollment right within 60 days, as long as the election is made consistent with the special enrollment. To request special enrollment or obtain more information, contact Human Resources.

CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT OF 2009 (CHIPRA)

Offer Free or Low-Cost Health Coverage for Children and Families

If you are eligible for health coverage from your employer but are unable to afford the premiums, some states have premium assistance programs that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, you can contact your state Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your state Medicaid or CHIP office or dial 1-877-KIDS NOW or insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

HIPAA NOTICE OF AVAILABILITY OF PRIVACY PRACTICES

The Hitachi Plan maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. If you would like a copy of the Plan's Notice of Privacy Practices, please contact Human Resources. This Notice describes the legal obligations of Hitachi's group health plans and your legal rights regarding PHI held by the Plan under HIPAA. Among other things, the Notice describes how your PHI may be used or disclosed to carry out treatment, payment, or healthcare operations, or for any other purposes that are permitted or required by law.

MEDICARE PART D

Important Notice From Hitachi Benefit Pool About Your Prescription Drug Coverage and Medicare

Please read this notice carefully, and keep it where you can find it. This notice has information about your current prescription drug coverage with Hitachi Benefit Pool and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- Hitachi Benefit Pool has determined that the prescription drug coverage offered by Hitachi's medical plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7.

However, if you lose your current creditable prescription drug coverage through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Hitachi Benefit Pool coverage, be aware that you and your dependents will be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Hitachi Benefit Pool and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

REMEMBER

Keep this notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium.

Date:
October 15, 2023

Name of Entity or Sender:
Hitachi Benefit Pool

Contact Position or Office:
Burt Leonard

Address:
707 Westchester Avenue, Suite LL07
White Plains, NY 10604-3102

Phone Number:
1-914-332-5800

For More Information About This Notice or Your Current Prescription Drug Coverage

For further information, call Burt Leonard at 1-914-333-2237. NOTE: You'll get this notice each year. You will also get it before the next period in which you can join a Medicare drug plan, and if this coverage through Hitachi Benefit Pool changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the *Medicare & You* handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the *Medicare & You* handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

@ Contact Information

Carrier	Phone	Website
Hitachi Benefit Pool Service Center	1-844-318-3274	hitachi.us/benefitpool Company Key: hitachi
Anthem BCBS Medical and Anthem Health Guide **Group number: 270130**	1-877-411-1637	anthem.com
CVS Caremark **Group number: 4135**	1-855-311-3078	caremark.com
LiveHealth Online (telemedicine for Anthem members)	1-888-548-3432	livehealthonline.com
Kaiser – Northern California CDHP **Group number: 605279**	1-800-464-4000	kp.org
Kaiser – Southern California CDHP **Group number: 233227**	1-800-464-4000	kp.org
HSA Bank	1-800-357-6246	hsabank.com
MetLife Dental **Group number: 127326**	1-800-GET-MET8	metlife.com/hitachi
Vision Service Plan (VSP) **Group number: 30060493**	1-800-877-7195	vsp.com
Rethink Benefits	1-800-714-9285	hbp.rethinkbenefits.com
Included Health	1-877-916-2497	includedhealth.com/microsite/hitachivantara
Livongo (diabetes and hypertension management)	1-800-945-4355	Get.livongo.com/HITACHI/register
WageWorks (commuter program)	1-877-924-3967	wageworks.com
Businessolver/MyChoice Accounts **(Flexible Spending Accounts)**	1-844-318-3274	hitachi.us/benefitpool

Carrier	Phone	Website
TouchCare	1-866-486-8242	touchcare.com
Lincoln Financial – Basic Life and AD&D, Optional and Dependent Life Group number: SA3-860-066533-01	1-888-287-8494	mylibertyconnection.com
Lincoln Financial – Long-Term Disability Group number: GF 060-066533-01	1-800-291-0112	mylibertyconnection.com
The Larkin Company—Leave Administrator	1-866-923-3336	thelarkincompany.com
ComPsych EAP	1-877-492-6276	guidanceresources.com Web ID: HITACHI App: GuidanceNow
MetLife Legal Plans Group number: TBD	1-800-821-6400	members.legalplans.com
Farmers GroupSelect Home and Auto Insurance	1-800-438-6381	myautohome.farmers.com
Experian Consumer Direct (identity and fraud protection)	1-866-252-0121	experianidworks.com/3bplusone
Bright Horizons	1-877-242-2737	brighthorizons.com
Voya (voluntary worksite benefits)	1-877-236-7564	voya.com
Petplan (voluntary pet insurance)	1-866-467-3875	PetplanBenefits.com
Medicare Choice Group (Medicare counseling)	1-855-677-1256	visit.medicarechoicegroup.com/hitachi

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