

## Medical Comparison Table

Plan Features	Anthem HSA Plus		Anthem HSA Core		Kaiser Permanente CDHP
	In-network	Out-of-network	In-network	Out-of-network	In-network
<b>Deductible</b>					
Individual	\$1,700	\$3,300	\$2,750	\$5,500	\$2,000
Family	\$3,400	\$6,600	\$5,500	\$11,000	\$4,000*
Individual within a family	N/A	N/A	N/A	N/A	\$3,400
<b>Out-of-pocket maximum</b>					
Individual	\$3,750	\$7,500	\$5,950	\$11,900	\$3,400
Family	\$7,500	\$15,000	\$11,900	\$23,800	\$6,400
Individual within a family	\$6,850	\$7,500	\$6,850	\$11,900	N/A
<b>Prescription drug out-of-pocket maximum</b>	Included in medical out-of-pocket max		Included in medical out-of-pocket max		Included in medical out-of-pocket max
<b>Hitachi HSA contribution</b>					
Individual	\$1,000		\$750		\$1,000
Family	\$2,000		\$1,500		\$2,000
	<b>You pay**</b>		<b>You pay**</b>		<b>You pay</b>
<b>Preventive care visit</b>	No charge	40%	No charge	40%	No charge
<b>Primary care visit</b>	20%	40%	20%	40%	\$30 after deductible
<b>Specialist visit</b>	20%	40%	20%	40%	\$30 after deductible
<b>Lab and X-ray</b>	20%	40%	20%	40%	\$10 after deductible
<b>Urgent care</b>	20%	40%	20%	40%	\$30 after deductible
<b>Emergency room</b> (copay waived if admitted)	20%	20%	20%	20%	\$100 after deductible
<b>Outpatient services</b>	20%	40%	20%	40%	\$150 after deductible
<b>Inpatient services</b>	20%	40%	20%	40%	\$250 after deductible
<b>Fertility benefits</b>	\$7,500 lifetime maximum***	No coverage	\$7,500 lifetime maximum***	No coverage	Covers diagnosis, treatment, and assisted reproduction
<b>Prescription drugs: Retail (up to a 30-day supply)</b>					
<b>Generic</b>	20%	20%	20%	20%	\$10 after deductible
<b>Preferred brand</b>					\$30 after deductible
<b>Non-preferred brand</b>					\$30 after deductible
<b>Prescription drugs: Mail order (up to a 90-day supply)</b>					
<b>Generic</b>	20%	20%	20%	20%	\$20 after deductible
<b>Preferred brand</b>					\$60 after deductible
<b>Non-preferred brand</b>					\$60 after deductible

\* In the Kaiser Permanente CDHP, when covering one or more dependents, you do not 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 \$3,400 deductible. The plan will also begin paying claims if no single individual meets \$3,400, 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 \$3,400. If no individual within a family meets \$3,400, the family collectively must meet the \$6,400 family out-of-pocket maximum before the plan begins paying 100%.

\*\* In the Anthem plans, costs of a covered health care service that you pay (20%, for example) after you've paid your deductible.

\*\*\*In the Anthem HSA plans, the fertility benefit has a \$7,500 lifetime maximum, which means this is the maximum amount that the plan will pay out in medical and pharmaceutical benefits.

## Your Cost for Health Care Coverage

While Hitachi pays most of the cost for your health care premiums, you also contribute to the cost. You can select different coverage levels based on your individual needs. Regardless of which options you choose, your contributions will be deducted from your paycheck on a pretax basis, except for coverage for a domestic partner. The value of domestic partner coverage will be taxable to you.

2026 Employee Monthly Contributions		
Health Care Plan	Coverage	2026 Monthly Premiums
<b>Anthem HSA Plus</b>	Employee Only	\$114.29
	Employee and Spouse	\$310.12
	Employee and Child(ren)	\$290.31
	Employee and Family	\$470.13
<b>Anthem HSA Core</b>	Employee Only	\$33.53
	Employee and Spouse	\$136.45
	Employee and Child(ren)	\$127.72
	Employee and Family	\$206.84
<b>Kaiser Permanente CDHP</b>	Employee Only	\$121.14
	Employee and Spouse	\$355.34
	Employee and Child(ren)	\$323.04
	Employee and Family	\$484.56
<b>Kaiser Permanente CDHP (Southern California)</b>	Employee Only	\$93.04
	Employee and Spouse	\$272.91
	Employee and Child(ren)	\$248.10
	Employee and Family	\$372.15
<b>MetLife Plus Dental</b>	Employee Only	\$6.80
	Employee and Spouse	\$13.98
	Employee and Child(ren)	\$17.95
	Employee and Family	\$27.51
<b>MetLife Core Dental</b>	Employee Only	\$4.25
	Employee and Spouse	\$8.69
	Employee and Child(ren)	\$11.69
	Employee and Family	\$17.78
<b>Vision Service Plan</b>	Employee Only	\$5.50
	Employee and Spouse	\$9.01
	Employee and Child(ren)	\$7.50
	Employee and Family	\$13.00