

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
Deductible					
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
Out-of-pocket maximum					
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
Prescription drug out-of-pocket maximum					
Individual	Included in medical out-of-pocket max		Included in medical out-of-pocket max		Included in medical out-of-pocket max
Family					
Hitachi HSA contribution					
Individual	\$1,000		\$750		\$1,000
Family	\$2,000		\$1,500		\$2,000
	You pay**		You pay**		You pay
Preventive care visit	No charge	40%	No charge	40%	No charge
Primary care visit	20%	40%	20%	40%	\$30 after deductible
Specialist visit	20%	40%	20%	40%	\$30 after deductible
Lab and X-ray	20%	40%	20%	40%	\$10 after deductible
Urgent care	20%	40%	20%	40%	\$30 after deductible
Emergency room (copay waived if admitted)	20%	20%	20%	20%	\$100 after deductible
Outpatient services	20%	40%	20%	40%	\$150 after deductible
Inpatient services	20%	40%	20%	40%	\$250 after deductible
Fertility benefits	\$7,500 lifetime maximum***	No coverage	\$7,500 lifetime maximum***	No coverage	Covers diagnosis, treatment, and assisted reproduction
Prescription drugs: Retail (up to a 30-day supply)					
Generic	20%		20%		\$10 after deductible
Preferred brand					\$30 after deductible
Non-preferred brand					\$30 after deductible
Prescription drugs: Mail order (up to a 90-day supply)					
Generic	20%		20%		\$20 after deductible
Preferred brand					\$60 after deductible
Non-preferred brand					\$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
Anthem HSA Plus	Employee Only	\$114.29
	Employee and Spouse	\$310.12
	Employee and Child(ren)	\$290.31
	Employee and Family	\$470.13
Anthem HSA Core	Employee Only	\$33.53
	Employee and Spouse	\$136.45
	Employee and Child(ren)	\$127.72
	Employee and Family	\$206.84
Kaiser Permanente CDHP	Employee Only	\$121.14
	Employee and Spouse	\$355.34
	Employee and Child(ren)	\$323.04
	Employee and Family	\$484.56
Kaiser Permanente CDHP (Southern California)	Employee Only	\$93.04
	Employee and Spouse	\$272.91
	Employee and Child(ren)	\$248.10
	Employee and Family	\$372.15
MetLife Plus Dental	Employee Only	\$6.80
	Employee and Spouse	\$13.98
	Employee and Child(ren)	\$17.95
	Employee and Family	\$27.51
MetLife Core Dental	Employee Only	\$4.25
	Employee and Spouse	\$8.69
	Employee and Child(ren)	\$11.69
	Employee and Family	\$17.78
Vision Service Plan	Employee Only	\$5.50
	Employee and Spouse	\$9.01
	Employee and Child(ren)	\$7.50
	Employee and Family	\$13.00