

YOUR 2025 MONTHLY COSTS FOR BENEFITS COVERAGE

Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Medical				
Anthem HSA Plus	\$112.18	\$266.34	\$249.33	\$403.77
Anthem HSA Core	\$32.91	\$133.92	\$125.36	\$203.01
Kaiser CDHP – Northern California	\$117.22	\$300.87	\$273.52	\$410.28
Kaiser CDHP – Southern California	\$88.76	\$227.80	\$207.09	\$310.63
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.

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

Plan Features	Anthem HSA Plus		Anthem HSA Core	
	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	\$1,650 per individual ^{1,2} \$3,300 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.

Plan Features	Anthem HSA Plus		Anthem HSA Core	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Prescription Drugs				
Retail Pharmacies	Through Capital Rx: 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 Capital Rx: 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 Capital Rx Preventive Drug list for eligible medications.

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 \$3,300 per individual within a family \$4,000 per family ^{2,3}
Annual Out-of-Pocket Maximum	\$3,300 per individual \$3,300 per individual within a family \$6,200 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.