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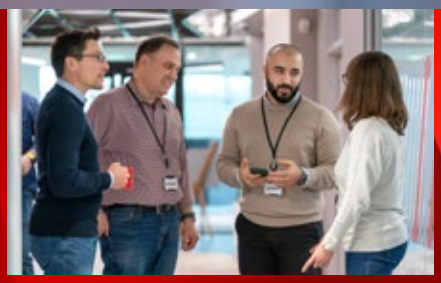
Your 2027 Benefits Guide

www.hitachi.com/en-us/benefitpool/



Welcome to the Hitachi Benefit Pool

Your Guide to Benefits and Resources That Support Overall Well-Being

Hitachi Group company employees drive our success. They find new ways to transform lives, communities, and industries — increasing the quality of life for people around the world.

Our people matter. And the physical, emotional, and financial health of our employees and their families matters. That's why we provide a comprehensive benefits program that's part of the Hitachi Benefit Pool (HBP).

The HBP gives us strength in numbers. We are better together. Our combined purchasing power helps us offer a wide range of benefit choices, so you can select the coverage that works best for you.

This guide highlights important information about your 2027 benefits plan options. Review each option carefully, and discuss your coverage needs with your family or talk with TouchCare about your options before you enroll.

3 Ways to Enroll

If you are already registered, you can enroll either way listed below. New users, see page 5.

Online at www.hitachi.com/en-us/benefitpool/.

Use the **MyChoice®** mobile app.

Log in to www.hitachi.com/en-us/benefitpool/ to get your access code.

Company Key: hitachi (all lowercase)

Call the **Hitachi Benefit Service Center** at **844-318-3274**, Monday–Friday, 8 a.m. – 5 p.m. CT during the plan year and 7 a.m. – 7 p.m. CT during Annual Enrollment.

Questions about enrolling?

Chat 24/7 with SKYE, your limitless HR Companion.

This guide is designed to provide a general overview of your benefits. It is not a contract or an official interpretation of the benefit plans. For more detailed information, refer to your summary plan description or the official plan documents. If any questions or discrepancies arise, the plan documents will be the final authority in determining your benefits.

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Eligibility Information

Initial Enrollment Period

Your initial enrollment period is the first 31 days of your employment, beginning with your date of hire. You must enroll yourself and any eligible dependents within that period, regardless of the date your benefit coverage goes into effect. Hitachi also offers an Annual Enrollment period each year, when you can make changes to your benefits.

If you don't enroll during your new hire period or Annual Enrollment, you won't be able to enroll until the next Annual Enrollment period, unless you experience a qualified life event.

Eligibility for Benefits

As an active, full-time — or part-time employee working at least 20 hours per week — you are eligible for benefits on your date of hire.

You may enroll your eligible dependents in many of the same plans you choose for yourself. Eligible dependents include:

- Your legal spouse or domestic partner (Please review the available *Domestic Partner FAQs and Affidavit/Dissolution* documentation available in the *Reference Center* at **www.hitachi.com/en-us/benefitpool/**.)*
- Your natural and adopted children, stepchildren, and children, up to age 26, for whom you are a court-appointed legal guardian
- Your dependent children of any age if disabled and incapable of self-support due to mental or physical disability (child must be disabled prior to reaching age 26)**

To ensure compliance with eligibility rules, the Hitachi Benefit Pool (HBP) will conduct random audits to verify that only eligible dependents are enrolled in its plans.

Qualified Life Events

A qualified life event includes marriage, divorce, birth or adoption of a child, loss of coverage under another group health plan, the death of a dependent, etc. If you experience a qualified life event, you may be eligible for a midyear opportunity to make eligible changes to your benefits coverage. To qualify to make a midyear change:

- You must register a change and elect your benefits **within 31 days** of the event.
- The enrollment change must be consistent with the event.
- You must provide the appropriate documentation to support the request to your local HR team.

To register a change, log in to **www.hitachi.com/en-us/benefitpool/**, and follow the prompts under *Change My Benefits*.

* Domestic partnership coverage is subject to taxation. More details are available on the *Domestic Partner FAQ* document in the *Reference Center*. Also, if your domestic partner is over age 65, Medicare will be considered their primary coverage even if they are not enrolled in Medicare.

** Recertification of disabled status for an enrolled dependent who is over the limiting age will be required periodically, based on the carrier's requirements.

Enrolling for Benefits

Follow these steps when you're ready to enroll:

Step 1: Evaluate Your Needs

It's important to review your and your family's needs before enrolling in benefits. Take time to choose the best options available to you. Review your annual health care expenses and what you expect to spend next year for planned medical expenses.

Step 2: Review Your Options

Review this guide and visit **www.hitachi.com/en-us/benefitpool/** to understand your options and associated costs.

Need help? Contact TouchCare for enrollment guidance.

Step 3: Enroll Online

- Visit **www.hitachi.com/en-us/benefitpool/**.
- If you haven't already, you must first register on the HBP portal. Click on *Register* to set up your username, password, and security questions. Our Company Key is **hitachi** (all lowercase letters).
- Click *Start Here*, and follow the instructions to enroll in your benefits or waive coverage. You must make your elections by the deadline located in the calendar at the top of the site.
- If you miss the deadline, you must wait until the next Annual Enrollment period to enroll, unless you experience a qualified life event.
- View plan details and more information on the home page and Reference Center.
- Choose the coverage you want through the guided online enrollment process.
- Designate a beneficiary for your Company-provided life insurance.

Step 4: Confirm Your Elections

After you choose your coverage, be sure to click *I Agree*, and then *Approve* your elections. You will receive your enrollment confirmation number, and you can print and review your Benefit Summary to make sure your benefits and dependent information are correct.

Questions?

Ask SKYE, your limitless HR Companion.

- Available 24/7/365, no waiting. Get answers when you need them.

Enroll Online
Scan the QR code to download a **step-by-step guide** on how to enroll.

Medical and Prescription Drug Coverage

At Hitachi, our goal is to inspire you to reach your highest potential and be the best version of yourself. This starts with taking care of your overall health; that's why the Hitachi Benefit Pool offers comprehensive medical coverage.

When deciding which medical plan is the best fit for you and your family, it's important to consider the total cost of coverage. This includes what you pay in premiums out of your paycheck and what you pay for services.

This section includes a summary of the plans available to you and a detailed comparison table showing your options for 2027.

Consumer-Driven Health Plans (CDHP) with Health Savings Account (HSA)

A CDHP lets you receive care from any provider, but you'll save the most money by using in-network providers. The HBP contracts with Anthem and Kaiser Permanente in select areas to offer CDHP coverage options.

How a CDHP Works

- **You pay for all medical services and prescription drugs** until you reach the annual deductible, except for in-network preventive care, which is covered in full. **Your company may contribute to your HSA to help you meet your annual deductible.**
- After you meet the deductible, you pay coinsurance while the Plan pays a portion of covered expenses.
- When you reach the **out-of-pocket maximum**, the Plan pays 100% of eligible expenses for the rest of the Plan Year.

Prescription Drug Coverage

If you enroll in an Anthem plan in 2027, you will receive prescription drug coverage through **Judi Rx** (formerly Capital Rx). To find a participating pharmacy and learn more about your prescription drug coverage, visit **rx.judi.health**. Your medical ID card will also serve as your prescription ID card. To request a printed ID card, visit **anthem.com**.

If you enroll in a Kaiser Permanente medical plan, Kaiser Permanente will coordinate your prescription drug benefits. Note that Judi Rx and Kaiser have different drug formularies. Check the prescription formulary for the plan you are enrolling in if you have specific coverage needs. Prescription drug benefit amounts are shown in the comparison table at the end of this section.

How your prescription drug coverage works if you enroll in the HSA Plus or HSA Core plans

You pay 100% of your eligible expenses until you meet your combined medical and prescription drug deductible. You can use HSA funds for eligible expenses.

After you meet your deductible, you pay only the 20% coinsurance amount until you reach your annual out-of-pocket maximum.

Once you've met your deductible and the out-of-pocket maximum, all remaining eligible drugs will be covered at 100% for the rest of that calendar year.

Important Change

Starting January 1, 2027, CVS retail locations will no longer be a part of your prescription drug coverage's in-network pharmacy under the Anthem medical plans. Visit **rx.judi.health** or the Judi Rx mobile app to search for in-network pharmacies in your area.

Medical Comparison Table

Anthem Plans

Plan Features	Anthem HSA Plus		Anthem HSA Core	
	In-network	Out-of-network	In-network	Out-of-network
Deductible				
Individual	$1,750	$3,500	$2,750	$5,500
Family	$3,500	$7,000	$5,500	$11,000
Out-of-pocket maximum for medical and prescription drug				
Individual	$3,750	$7,500	$5,950	$11,900
Family	$7,500	$15,000	$11,900	$23,800
Individual within a family	$6,850†	$7,500	$6,850†	$11,900
Hitachi HSA contribution				
Individual	$1,000		$750	
Family	$2,000		$1,500	
	You pay*		**You pay***	
Preventive care visit	No charge	40%	No charge	40%
Primary care visit	20%	40%	20%	40%
Specialist visit	20%	40%	20%	40%
Lab and X-ray	20%	40%	20%	40%
Urgent care	20%	40%	20%	40%
Emergency room (copay waived if admitted)	20%	20%	20%	20%
Fertility benefits**	$7,500 lifetime maximum	No coverage	$7,500 lifetime maximum	No coverage
Outpatient services	20%	40%	20%	40%
Inpatient services	20%	40%	20%	40%
Prescription drugs: Retail (up to a 30-day supply)				
Generic	20%		20%	
Preferred brand				
Non-preferred brand				
Prescription drugs: Mail order (up to a 90-day supply)				
Generic	20%		20%	
Preferred brand				
Non-preferred brand				

† An individual within a family does not pay more than $6,850.

* The costs of a covered health care service that you pay (20%, for example) after you've paid your deductible

** 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.

Kaiser Permanente Plans

Plan Features	Kaiser Permanente CDHP
	In-network
Annual deductible	
Individual	$2,000
Family	$4,000*
Individual within a family	$3,400
Annual out-of-pocket maximum	
Individual	$3,400
Family	$6,400
Prescription drug out-of-pocket maximum	Included in medical out-of-pocket max
Hitachi HSA contribution	
Individual	$1,000
Family	$2,000
	You pay*
Preventive care visit	No charge
Primary care visit	$30 after deductible
Specialist visit	$30 after deductible
Lab and X-ray	$10 after deductible
Urgent care	$30 after deductible
Emergency room (copay waived if admitted)	$100 after deductible
Fertility (medical and prescription drug)	Covers diagnosis, treatment, and assisted reproduction
Outpatient services	$150 after deductible
Inpatient services	$250 after deductible
Prescription drugs: Retail (up to a 30-day supply)	
Generic	$10 after deductible
Preferred brand	$30 after deductible
Non-preferred brand	$30 after deductible
Prescription drugs: Mail order (up to a 100-day supply for CA)	
Generic	$20 after deductible copay
Preferred brand	$60 after deductible copay
Non-preferred brand	$60 after deductible copay

Kaiser Permanente CDHP

You also have access to the Kaiser Permanente CDHP. This plan works like other CDHP options but offers in-network coverage only. If you visit a provider outside the Plan's network, you will be responsible for the full cost of services, with the exception of medical emergencies. Some services are available for just a copay, while others require you to pay the deductible before benefits begin. The Kaiser Permanente CDHP is available only where your company offers them.

How to find a Kaiser Permanente provider

1. Visit **kp.org**.
2. Select the *Region* in the upper left of the page.
3. Then choose *Doctors & Locations*, and enter your search criteria.

* In the Kaiser Permanente CDHP, you do not have to meet the full family deductible before the Plan begins paying benefits. Coverage begins when either one family member meets the $3,400 deductible or the family reaches the $4,000 family deductible. Similarly, the Plan pays 100% of eligible expenses once either an individual reaches the $3,400 out-of-pocket maximum or the family reaches the $6,400 family out-of-pocket maximum.

Health Savings Account

What You Need to Know About the HSA

What Are the Benefits of an HSA?

An HSA offers you the opportunity to set aside tax-free* money to pay for eligible out-of-pocket health care expenses. Since the HSA is your account, the unused balance will roll over from year to year. If you leave the Company, the account goes with you. HSAs can also provide a great vehicle for saving for medical expenses in retirement. There is no minimum balance to start investing, and you can choose from a variety of investment options.

They also provide a triple tax advantage:

1. Your contributions to the HSA are **not taxed**.
2. Payment of qualified expenses is **tax-free**.
3. Earnings are **tax-free**.

Disclaimer: Hitachi is not engaged in rendering tax, investment, or legal advice. If tax, investment, or legal advice is required, seek the services of a licensed professional.

How much can I contribute?

You can make contributions to your HSA up to the annual IRS maximums shown in the table below. Hitachi makes a contribution to help your HSA balance grow faster. This contribution counts toward the overall IRS maximum, so be sure to plan your HSA contributions with the Hitachi contribution in mind to avoid exceeding the annual contribution limit. If you enroll in an HSA midyear, your contributions may be prorated based on your hire date to ensure compliance with IRS annual limits.

When you enroll in the CDHP, you are eligible to open a **Health Savings Account (HSA)** through Fidelity and make contributions up to the annual IRS maximums. An HSA makes it easy to pay for current health care costs and save for future health care needs during retirement.

Coverage Type	2027 Max. Contribution Limit	2027 Employer Contribution			2027 Max. Employee Contribution		
		Anthem HSA Plus	Anthem HSA Core	Kaiser CDHP	Anthem HSA Plus	Anthem HSA Core	Kaiser CDHP
Individual coverage	$4,500	$1,000	$750	$1,000	$3,500	$3,750	$3,500
Employee plus spouse coverage	$9,000	$2,000	$1,500	$2,000	$7,000	$7,500	$7,000
Employee plus child(ren) coverage	$9,000	$2,000	$1,500	$2,000	$7,000	$7,500	$7,000
Family coverage	$9,000	$2,000	$1,500	$2,000	$7,000	$7,500	$7,000
If you are 55+, you can make a catch-up contribution	Additional $1,000						

* CA and NJ tax HSA contributions, as well as any interest or capital gains. NH and TN don't tax contributions but will tax dividends and interest earned if you make a taxable withdrawal from your HSA.

To help your balance grow even faster, you can invest your balance at any amount. There are many investment options available, and you can choose the ones you prefer, the same way you do with a 401(k) plan. With the HSA, any income you gain from investments is also tax-free.

How do I get reimbursed?

After your enrollment in an HSA is processed, you will receive a Fidelity debit card to pay for eligible expenses. Fidelity allows up to two free debit cards per account.

Once enrolled, you can go to **NetBenefits.com** to set up your online account with Fidelity. Once you set up your account, you can do the following:

- Manage your profile and set your electronic preferences
- View real-time account balances
- View transaction history and statements
- Access electronic statements and tax documents
- Designate authorized signers and beneficiaries for your account
- Pay providers directly from your HSA
- Track expenses and save receipts
- Transfer funds to or from a linked personal bank account
- Access self-directed investment options
- Receive year-to-date account details

When will my HSA go into effect?

After enrollment, you'll need to activate your account with Fidelity. Following activation, your HSA will go into effect on the first of the month following your medical coverage effective date. Once confirmed, you may use your HSA to help pay for eligible out-of-pocket health care expenses.

Are there any limitations on who can participate in an HSA?

You must be eligible to participate in an HSA, according to IRS regulations, highlighted below. For details, refer to **IRS publication 969**.

- You must be enrolled in a qualified consumer-driven health plan (CDHP).
- You cannot be covered under another nonqualified health plan, including your spouse's health care flexible spending account.
- You cannot be enrolled in Medicare or TRICARE.
- You cannot be claimed as a dependent on someone else's tax return.
- You cannot be enrolled in certain veterans' benefits.

Resources for Anthem Members

Use an Anthem Health Guide

Contact an Anthem Health Guide to help find a provider, get answers to benefit questions, or connect with telemedicine. Call **877-411-1637** or go to anthem.com.

24/7 Telemedicine for Anthem Members

Use LiveHealth Online to speak with a licensed physician anytime. Copays for the visits are the same as for an in-person provider.

Go to livehealthonline.com to schedule an appointment (or download the app to register on your mobile device).

Call **888-548-3432** to make an appointment for a licensed behavioral health therapist or a board-certified psychiatrist.

Color Health

Color Health provides confidential, personalized cancer prevention and care guidance at no cost to employees and eligible dependents enrolled in the Anthem medical plan.

How They Help:

- Guide you with clarity and compassion.
- Their dedicated care team helps make every step feel less daunting and more personal.

What They Do:

- Personalized cancer screening plans based on your health history.
- Automatically coordinate with Carrum Health after a cancer diagnosis.
- Support with scheduling appointments and follow-ups.
- Provide help in understanding your results and next steps.
- Guidance if you or a loved one is diagnosed with cancer.

To learn more, visit color.com or call **844-352-6567**.

You have access to Color's tobacco cessation program at no cost. For more information, visit their website or call.

Save Money on Care with Carrum Health

Anthem members can get world-class medical and surgical care at no cost for themselves and dependents over 18 through Carrum Health. Covered conditions include joint and back issues, women's health, heart care, urology, bariatrics, and more.

Learn more at carrumhealth.com.

Why Choose Carrum Health?

- No out-of-pocket costs when using Carrum Health.*
- Access to top-rated surgeons and hospitals, like Stanford Health and Mayo Clinic.
- Personalized support every step of the way — from scheduling to recovery.
- Connect with leading specialists for surgical second opinions.

Virta Weight Management Program

If you're looking to improve your health, manage your weight, or explore options for weight-loss treatment, Virta can help. This program gives you access to a dedicated care team, including doctors, nurse practitioners, nutrition experts, and health coaches who work with you to create a personalized plan based on your goals and health needs.

Through Virta, you'll receive ongoing support, nutrition guidance, and clinical care to help you build healthy habits that last. Depending on your individual circumstances, your Virta clinician may recommend nutrition therapy, GLP-1 medications, or a combination of approaches to help you achieve sustainable results and improve your overall health.

To get started after January 1, call **844-847-8216** or visit go.virta.com/hitachi.

To have **GLP-1s** covered for weight loss, you **must use Virta** starting January 1, 2027.

* If enrolled in an Anthem HSA plan (if available), you must first meet your deductible before costs are fully covered.

Dental Coverage

The HBP provides dental coverage through MetLife Dental to help you maintain a healthy smile through regular preventive dental care and coverage to fix problems as soon as they occur. The MetLife Dental PPO plans available to you are shown in the table below.

Important: If you're undergoing orthodontic treatment or will still be paying for it in 2027, you must stay enrolled in the MetLife Plus Plan for 2027 to continue coverage for orthodontic treatment.

How Dental PPOs Work

With a dental PPO, you receive a higher level of benefits when you use a network dentist or specialist who has 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. Also, out-of-network dentists may require you to pay for services up front, which means you may have to file a claim for reimbursement through your plan.

Note that MetLife does not issue dental ID cards. However, you can view your digital card by visiting metlife.com/hitachi.

How do I find an in-network provider?

Visit the MetLife Dental website at metlife.com/hitachi.

Plan Option	MetLife Plus		MetLife Core	
	In-network	Out-of-network	In-network	Out-of-network
Type A: Preventive (cleanings, exams, X-rays)	Plan pays 100% for up to 3 cleanings per year	Plan pays 100% for up to 3 cleanings per year	Plan pays 100% for up to 2 cleanings per year	Plan pays 80%
Type B: Basic restorative (fillings, extractions, root canals)	Plan pays 90%	Plan pays 80%	Plan pays 80%	Plan pays 60%
Type C: Major restorative (crowns, bridges, dentures, TMJ)	Plan pays 60%	Plan pays 50%	Plan pays 50%	Plan pays 50%
Type D: Orthodontia	Plan pays 50%	Plan pays 50%	Not covered	Not covered
Annual deductible				
Individual	$50	$50	$50	$50
Family	$150	$150	$150	$150
Annual maximum benefit				
Annual maximum benefit* per person	$2,000	$1,750	$1,500	$1,250
Orthodontia lifetime maximum per person	$2,000	$1,750	Not applicable	Not applicable

* *MetLife Core*: Type A, B, C services count toward annual maximum. *MetLife Plus*: Only type B and C services count toward annual maximum. This will apply to both *in-network* and *out-of-network*.

Note: In-network amounts are the percentage of the negotiated fee that the Plan pays. Out-of-network amounts are the percentage of the reasonable and customary amount of the scheduled amount that the Plan pays.

Vision Coverage

The HBP provides vision coverage through VSP to help keep your eyes healthy. With VSP, you can use any provider you'd like, but you'll save the most when you see in-network providers. For extra value — such as rebates, advanced exam technology, and an eyewear guarantee — visit VSP's Premier Edge providers, including Visionworks and many private practices.

VSP does not issue ID cards, but you can print one anytime at vsp.com.

The table below shows what's covered in-network. Contact VSP for details on out-of-network coverage.

How do I find an in-network provider?

Visit the VSP website at vsp.com.

Benefit	Description	Copay	Frequency
WellVision Exam	Focuses on your eyes and overall wellness	$15	Every calendar year
Prescription glasses		$15	See frame and lenses
Frames	• $200 allowance for a wide selection of frames • $220 allowance for featured frame brands • 20% savings on the amount over your allowance • $110 Walmart®, Sam's Club, or Costco® frame allowance	Included in prescription glasses	Every calendar year
Lenses	• Single-vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children	Included in prescription glasses	Every calendar year
Lens enhancements	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses Average savings of 30% on other lens enhancements	• $0 • $95–$105 • $150–$175	Every calendar year
Contacts (instead of glasses)	• $200 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)	Up to $60	Every calendar year
Essential medical eye care	• Retinal screening for members with diabetes • Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions, such as dry eye, diabetic eye disease, glaucoma, and more Coordination with your medical coverage may apply. Ask your VSP doctor for details.	• $0 for screening • $20 per exam	As needed
Extra savings	• **Glasses and sunglasses** — $20 to spend on featured frame brands; go to vsp.com/offers for details — 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam • **Retinal screening** No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam • **Laser vision correction** Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities		

Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

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 pre-tax basis, except for coverage for a domestic partner. The value of domestic partner coverage will be taxable to you.

2027 Employee Monthly Contributions

Anthem Plan	Coverage	2027 Monthly Premiums
Anthem HSA Plus	Employee Only	$124.69
	Employee and Spouse	$338.31
	Employee and Child(ren)	$316.70
	Employee and Family	$512.87
Anthem HSA Core	Employee Only	$36.57
	Employee and Spouse	$148.85
	Employee and Child(ren)	$139.34
	Employee and Family	$225.64

Kaiser Permanente Plan	Coverage	2027 Monthly Premiums
Kaiser Permanente CDHP (No. CA)	Employee Only	$122.25
	Employee and Spouse	$358.58
	Employee and Child(ren)	$325.98
	Employee and Family	$488.97
Kaiser Permanente CDHP (So. CA)	Employee Only	$100.72
	Employee and Spouse	$295.43
	Employee and Child(ren)	$268.58
	Employee and Family	$402.86

Dental Plan	Coverage	2027 Monthly Premiums
MetLife Core Dental	Employee Only	$4.68
	Employee and Spouse	$9.56
	Employee and Child(ren)	$12.86
	Employee and Family	$19.57
MetLife Plus Dental	Employee Only	$7.82
	Employee and Spouse	$16.08
	Employee and Child(ren)	$20.63
	Employee and Family	$31.65

Vision Plan	Coverage	2027 Monthly Premiums
Vision Service Plan	Employee Only	$5.50
	Employee and Spouse	$9.01
	Employee and Child(ren)	$7.51
	Employee and Family	$13.00

Flexible Spending Accounts (FSA)

Flexible spending accounts (FSAs), administered by MyChoice Accounts, allow you to set aside pre-tax dollars to pay for eligible health and dependent care expenses.

As an eligible employee, you may choose to enroll in one or both flexible spending accounts. Each year, you must elect the annual amount you want to contribute to each account. Your contributions will be deducted on a pre-tax basis from your paycheck, which can help reduce your taxable income. The Hitachi Benefit Pool will update the 2027 IRS maximum on www.hitachi.com/en-us/benefitpool/, where you will have the opportunity to elect your amount.

Health Care FSA

Use a Health Care FSA to pay for eligible expenses for yourself and your eligible dependents. The full amount you elect is available at the start of the Plan Year, even though contributions are deducted from your paycheck throughout the year. If you enroll midyear, be sure not to exceed IRS contribution limits by contributing to a prior employer's plan.

Use your FSA debit card or pay out of pocket and submit a reimbursement request. Eligible expenses include copays, coinsurance, deductibles, orthodontia, glasses, contact lenses, and more. For a complete list, see IRS Publication 502 at irs.gov/publications.

The IRS requires documentation to verify eligible expenses. Claims can be submitted online, through the mobile app, or by email, fax, or mail. Failure to provide requested documentation within 90 days may result in account suspension.

Note: If you are enrolled in the CDHP with HSA, you are not eligible for the Health Care FSA but may enroll in the Limited Purpose FSA for eligible dental and vision expenses. You also cannot participate in an FSA if your spouse is enrolled in an HSA.

How it works

1. Choose a contribution amount when you enroll, up to the IRS limit.
2. Your contributions are deducted **before** federal, FICA, and, in most cases, state taxes are calculated. This reduces your taxable income every payday.
3. Pay for eligible health care expenses with tax-free money with your FSA debit card.
4. You will forfeit any unused FSA funds if you don't use your election by the claims deadline.

Dependent Care FSA

Your Dependent Care FSA lets you use pre-tax dollars to pay day care expenses for children under age 13 or for elder dependents unable to care for themselves. The care must be necessary for you and your spouse to remain employed or to attend school full time. Care may be provided through live-in care, babysitters, or licensed day care centers. Unlike the health care FSA, you can be reimbursed only up to the amount available in your account after your payroll contributions. Reimbursement will not be made for prepayment of child care expenses.

→ Tip

It is important to estimate your future yearly costs as accurately as possible. Prepaid child care expenses are not eligible for reimbursement. Unused
FSA funds do **NOT** roll over year to year and are not transferable if employment terminates.

FSAs offer sizable tax advantages but are subject to IRS regulations.

The fine print

- All expenses for the Health Care, Limited Purpose, Dependent Care FSAs must be incurred during the Plan Year: January 1 through December 31. Note that if you terminate employment, you can only submit claims for expenses you incur up to your date of termination. Expenses incurred prior to your effective date in the Plan will not be eligible for reimbursement. Per IRS regulations, dependent care expenses incurred while on a leave of absence are not eligible for reimbursement under the Plan.
- The IRS has a strict use-it-or-lose-it rule for FSAs. When determining your contribution amount, carefully consider prior deposits that may have been made during the calendar year, using alternate methods to avoid exceeding IRS maximums.
- You have until March 31 of the following year (e.g., March 31, 2028, for claims incurred in 2027) to submit a claim for reimbursement. Any funds in the account after this date will be forfeited.
- IRS rules specify that you must use FSA funds only for qualified expenses. Therefore, you may receive a letter or email from MyChoice Accounts, asking you to provide documentation that the expenses you incur are eligible for FSA reimbursement. If you do not provide substantiation when requested, you won't be able to receive reimbursement, and your debit card may be suspended.

Find a complete list of eligible expenses on the IRS website.

For the dependent care FSA, visit irs.gov/pub/irs-pdf/p503.pdf.

For the health care FSA, visit irs.gov/pub/irs-pdf/p502.pdf.

Commuter Benefit Plan

The HBP commuter benefits program, administered by **MyChoice Accounts**, allows employees who commute to and from work to set aside pre-tax funds to pay for their work-related mass transit and parking expenses. You set up separate accounts for parking and transit, or a single account for your choice of parking or transit expenses. Eligible expenses for the transit benefit include transit passes, fare cards, ticket books, and vanpool expenses. You can only be reimbursed up to the amount available in your account after your payroll contributions, and you must provide proof of expenses for reimbursement.

You can change your commuter benefit deferrals every month. Unused funds will continue to roll over month to month and year to year. However, Commuter Benefit Plan funds are not transferable if employment terminates.

Employee Assistance Program (EAP)

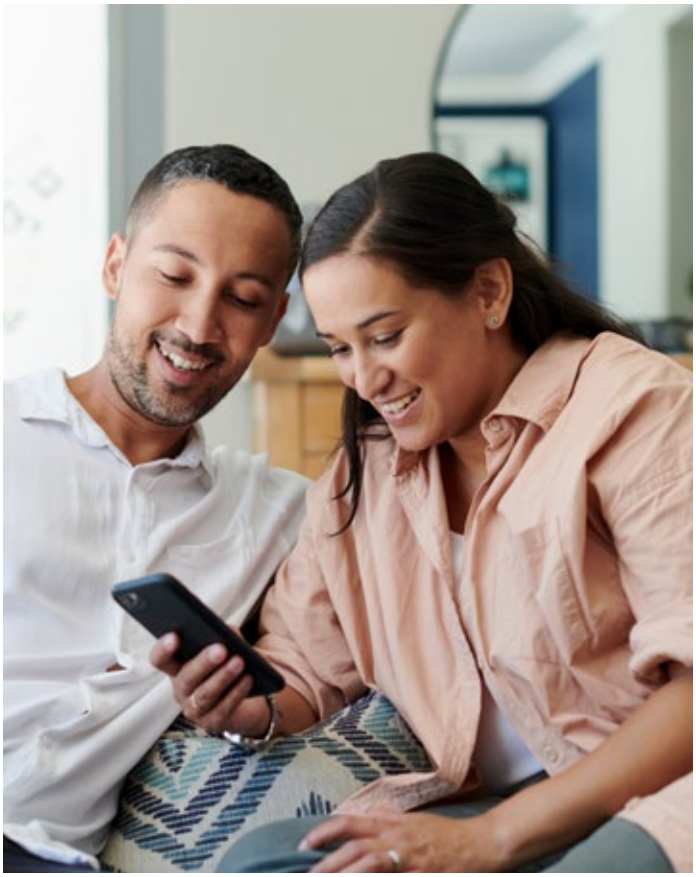
When you need help with work, home, personal, or family issues, the employee assistance program (EAP) offers value-added programs and services at **no charge**.

HBP participants and their covered dependents have access to this confidential service. It offers help with many life challenges, including elder care, illness, grief and loss, stress and depression, financial counseling, family challenges, legal matters, and much more.

Through the EAP with ComPsych, you have access to these services:

Confidential Counseling

You can receive short-term counseling services for yourself and your dependents to help you handle concerns constructively, before they become major issues. Call anytime about concerns, such as marital, relationship, and family problems; stress, anxiety, and depression; grief and loss, job pressures, and substance abuse.



Work-Life Solutions

Work-life specialists can provide qualified referrals and customized resources for child and elder care, moving, pet care, college planning, home repair, buying a car, planning an event, selling a house, and more.

Legal Support

You can speak with on-staff licensed attorneys about legal concerns, such as divorce, custody, adoption, real estate, debt and bankruptcy, landlord or tenant issues, civil and criminal actions, and more. If you require representation, you can be referred to a qualified attorney for a free 30-minute consultation and a 25% reduction in customary legal fees.

Financial Information

You can get answers about budgeting, debt management, tax issues, and other money concerns from on-staff CPAs, Certified Financial Planners™, and other financial experts.

Online Support

Go online to access timely, expert information on thousands of topics, including relationships, work, school, children, wellness, legal, and financial. You can search for qualified child and elder care, attorneys, and financial planners, as well as ask questions, take self-assessments, and more.

Contact the EAP 24 hours a day, 7 days a week

- **877-492-6276** (TTY: 711)
- guidanceresources.com
- **App:** GuidanceNow℠
- **Web ID:** HITACHI

Life and AD&D Insurance

The HBP provides life and accidental death and dismemberment (AD&D) insurance through Prudential to help provide financial security to you and your family in the event of the unexpected.

Basic Life and AD&D Insurance*

Eligible employees	As an eligible employee, you receive basic life and basic AD&D insurance equal to 2 times your base pay (or benefit target compensation for select sales employees) to a maximum of $1,500,000.

Voluntary Life and AD&D Insurance

In addition to basic life and AD&D, you can buy voluntary life and AD&D coverage at discounted rates. The table below describes the amounts of coverage you can buy for yourself, your spouse, and your child(ren). Note that you do not need to purchase voluntary employee life coverage for yourself in order to purchase coverage for your spouse and/or child.

Benefit Feature	Employee	Spouse	Dependent Child(ren) Under Age 26
Coverage options	Increments of 1 to 4 times your base annual salary or benefit target compensation for select sales employees	$50,000 or $100,000	$10,000 or $20,000
Maximum	$2,000,000 combined with basic (**Note:** The 2 times basic life and election for supplemental life cannot amount to more than $2,000,000)	N/A	N/A
Guaranteed issue amount	Lesser of 3 times your base annual salary or $750,000	$50,000	
Guaranteed issue period	Within 31 days of benefits eligibility or a qualified life event		

Things to Consider When Choosing Coverage

When deciding how much voluntary life coverage to buy, consider the following three factors:

1. How much your dependents must pay to satisfy debts, such as a mortgage, car loan, or credit card balance?
2. How much your dependents need to maintain their current standard of living?
3. The kind of future you want to provide for your dependents or others who depend on you for financial support.

* Basic life and AD&D premiums are paid by Hitachi for all eligible employees.

What is EOI?

Evidence of insurability (EOI) is the process of providing health information to qualify for certain types of insurance coverage. If you elect voluntary life coverage above the guaranteed issue limit or outside the guaranteed issue period, you will be required to submit a health questionnaire (in some cases, a physical exam may be required).

Your questionnaire will be reviewed by Prudential, and you will be notified of their decision directly.

Steps to submit EOI

The Reference Center has step-by-step instructions on how to complete your evidence of insurability.

Who should be my beneficiary?

We encourage you to periodically review your beneficiary designations to ensure that they are up to date and accurate. You may change your beneficiary as often as you wish at www.hitachi.com/en-us/benefitpool/.

Note: During Annual Enrollment, or if you experience a qualified life event, you may elect a one-level increase in voluntary life insurance with no EOI requirement, as long as your total coverage does not exceed the guaranteed issue limit.

Voluntary Life & AD&D premiums

Employee Cost for $1,000 of Coverage	
Under age 30	$0.079
Age 30–34	$0.099
Age 35–39	$0.109
Age 40–44	$0.119
Age 45–49	$0.169
Age 50–54	$0.289
Age 55–59	$0.509
Age 60–64	$0.799
Age 65–69	$1.289
Age 70 and older	$2.079
Spouse or Domestic Partner Cost for Coverage	
Plan A 100K	$15.00
Plan B 50K	$6.00
Child(ren) Cost for Life Coverage	
Plan A 20K	$2.40
Plan B 10K	$0.90

Note: Compensation changes and/or having a birthday that moves you to the next age bracket will affect your cost midyear.

Disability Coverage

If you are unable to work due to a disabling accident or sickness, the financial consequences can be devastating. Hitachi recognizes this risk and is pleased to provide you with comprehensive disability benefits that protect your ability to earn an income if you become sick or injured. Through the HBP, you have access to short-term and long-term disability benefits.

Short-Term Disability

Short-term disability (STD) provides you with a portion of income replacement if you are unable to work due to a nonoccupational illness or injury. All employees outside of California are automatically enrolled in the Hitachi Short-Term Disability plan each year, unless you choose to waive coverage. Because you pay the premium for this plan, participation is voluntary — except for those residing in California, where different rules apply. If you if you live in a state that has state disability or paid family leave, your company-provided STD benefits will be offset by any benefits you receive from your state-mandated disability program.

For all employees, benefits begin on the eighth day of a disabling illness or injury (or 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 tax-free 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.

Long-Term Disability

Long-term disability (LTD) coverage, provided through Prudential, pays you a portion of your earnings if you cannot work for an extended time due to a disabling illness or injury. You are automatically enrolled in LTD at no cost to you.

You will continue to receive benefits, if you meet the definition of disability, until you reach your Social Security normal retirement age or you are no longer disabled as defined by the plan.

Benefit	Monthly Maximum	Elimination Period	Maximum Duration
60% of earnings	$15,000	365 days	Up to Social Security normal retirement age

Note: Long-term disability (LTD) benefits begin only after short-term disability (STD) benefits have been fully exhausted. Employees must complete the STD benefit period before LTD coverage can take effect, subject to approval by the disability insurance provider.

Health Care Concierge Services

If you are a benefits-eligible employee, you and your covered dependents can access **TouchCare**, a free, confidential health care concierge that can save time, money, and frustration. TouchCare can help you resolve billing issues, find and schedule appointments with quality providers in your area, and provide cost estimates for treatments. If you need guidance on your available options, contact a TouchCare expert. Schedule an appointment at touchcare.com, or by calling **866-486-8242**. All interactions are confidential and provided at no cost to you and your family.

Prediabetes, Diabetes, and Hypertension Prevention Program

The Teladoc diabetes prevention program helps you and your covered dependents manage diabetes and hypertension through healthier habits, weight management, better nutrition, and improved sleep.

Teladoc is offered at no cost to participants who have prediabetes and meet the program-qualifying health criteria and BMI, and who have coverage through HBP's Anthem BCBS / Judi Rx medical plans. You are covered automatically if you are enrolled in an Anthem BCBS / Judi Rx medical plan sponsored through the Hitachi Benefit Pool. To register for the program, visit teladochealth.com/register/HITACHI, or call Teladoc Member Support at **800-835-2362** (registration code: HITACHI).

Exercise Therapy Program

The Hitachi Benefit Pool offers an exercise therapy program through **Hinge Health** that's designed to help you and your covered dependents prevent and address joint and muscle pain. All Hinge Health services are available at no cost to you when you're enrolled in an Anthem medical plan. Participate in this program wherever you are, at any time that fits your schedule. To get started, call **855-902-2777**, or visit hingehealth.com/for/hitachi.

Medicare Resources

Through Medicare Choice Group you have access to free **Medicare education programs and enrollment services**. Medicare Choice Group provides free one-on-one unbiased advice, practical decision support, and detailed coverage options based on the specific needs of eligible beneficiaries. This service is also available at no cost to your spouse, parents, and loved ones who are Medicare-eligible. To connect with a Medicare advisor, call **855-677-1256**, or go to visit.medicarechoicegroup.com/hitachi.

Sensitivity Resources by Inflection

The Hitachi Benefit Pool offers employees access to expert support through **Inflection** for a variety of concerns, including family building, LGBTQ issues, and now divorce, aging parents, and more, through:

- FertilityIQ
- MenopauseIQ
- Divorce IQ
- ElderCareIQ
- EndofLifeIQ
- SensitivityIQ

Resources are available to you at no cost through Inflection.

Take the following steps to create your account:

1. Go to hbp.inflectioniq.com.
2. Click *Unlock Free Membership*.
3. Enter confirmation code **HBP2027**.
4. Create your account.

To learn more, call **601-348-7570**, or visit hbp.inflectioniq.com.

Life and Family Care Benefits

Through the HBP, you have access to life and family care benefits to help you manage things outside of work and take care of the people who are most important to you.

MetLife Legal Plans

MetLife Legal Plans gives you, your spouse or domestic partner, and dependents access to a network of experienced attorneys for a variety of personal legal needs.

Choose from two coverage options:

- **Base Plan:** At $13 per month, this plan covers services such as wills, estate planning, home buying and selling, student loan debt assistance, and additional attorney support.
- **Enhanced Plan:** At $17.50 per month, you'll get all Base Plan services plus tax preparation and filing, reproductive assistance law, coverage for certain extended family members, and additional attorney support.

To learn more, visit **members.legalplans.com**, or call **800-821-6400**.

Pet Insurance

With voluntary pet insurance from **MetLife**, you can visit any licensed vet in the U.S. Optional preventive care coverage provides 24/7 access to telehealth concierge services and discounts on pet care. To learn more, visit **metlife.com/getpetquote**, or call **800-438-6388** to connect with a pet insurance expert. Quotes or rates may not be less than what you are currently paying for pet insurance. (For those who are currently transitioning from Fetch, there is protection for certain previously covered pre-existing conditions.)

Auto and Home Insurance

Access auto, home, and renter's insurance from **Farmers GroupSelect** through MetLife. You'll receive special savings, outstanding customer service, and a full suite of products. Explore other policy options, including personal excess liability and boat, motorcycle, and RV coverage. **Note:** Payroll deductions will no longer be offered, although automatic payments will be available. To learn more, visit **myautohome.farmers.com**, or call **800-438-6381**. Quotes or rates may not be less than what you are currently paying for similar coverage.

Neurodivergent Support

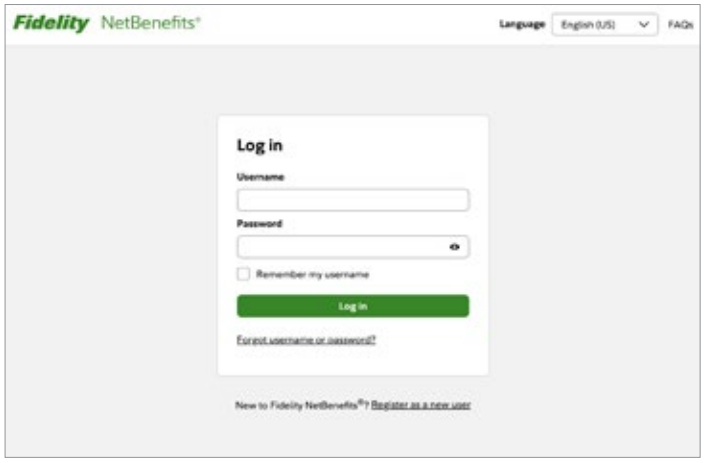
Rethink's award-winning, research-based program provides no-cost support to families who are raising or living with family members with learning or behavior challenges or developmental disabilities. Take advantage of online resources, and get guidance from behavioral health experts via 24/7 phone or video chat. Get started at **hbp.rethinkbenefits.com** (code HBPRethink), or call **800-714-9285**.

The Hitachi 401(k) Plan

Your Hitachi 401(k) Plan, administered by Fidelity Investments, helps you save for a financially secure retirement. Learn all about it at **NetBenefits.com**, or call the Fidelity Retirement Benefits Line at **800-835-5095**.

To get started, go to **NetBenefits.com**. If you already have Fidelity 401(k) accounts from a prior employer(s), you can use your existing login information to access the site.

If you're a new user, just select *Register as a new user* to set up your username and password.



Helpful Reminders

Secure your account:

- Enable two-factor authentication (2FA) and MyVoice®.
  - — Your login credentials are private and should not be shared with anyone, even your advisor.
- Ensure that your personal information is up to date with your employer (such as home address, work email address, etc.).
- Add your personal email address and phone number to your account.

Your NetBenefits account features:

- Review your deferral and investment elections.
- Monitor account activity.
- Set up beneficiaries.
- Tune in to educational webinars.
- Access financial planning tools, and more

Call Fidelity at **800-835-5095** if you need assistance registering your **NetBenefits** account or if you have any other questions regarding your 401(k) plan. Representatives are available Monday - Friday from 8:30 a.m. - 8 p.m., local time.

Where To Go for More Information

www.hitachi.com/en-us/benefitpool/

Coverage	Contact	Policy Number	Phone	Website
Medical	Anthem BCBS Medical and Anthem Health Guide	270130	877-411-1637	anthem.com
	Judi Rx	BIN: 610852 PCN: CHM Rx Group: JD286	833-463-0687	rx.judi.health
	Kaiser Permanente	233227 So. CA	800-464-4000	kp.org
		605279 No. CA	800-464-4000	
Telemedicine	LiveHealth Online (for Anthem members)	N/A	888-548-3432	livehealthonline.com
Health Savings Account (HSA)	Fidelity	N/A	800-544-3716	NetBenefits.com
Expert Support for Certain Surgeries and Cancer Care	Carrum Health	N/A	888-855-7806	carrumhealth.com
Cancer Care Guidance and Prevention	Color Health	N/A	844-352-6567	color.com
Weight Management	Virta	N/A	844-847-8216	go.virta.com/hitachi
Dental	MetLife	Employer-Hitachi America Ltd. Group Health & Welfare Plan	800-438-6388	metlife.com/hitachi
Vision	Vision Service Plan (VSP)	30060493	800-877-7195	vsp.com
Employee Assistance Program (EAP)	ComPsych	N/A	877-492-6276 (TTY: 711)	guidanceresources.com Code: hitachi
Flexible Spending Accounts (FSAs)	MyChoice Accounts	N/A	855-883-8541	www.hitachi.com/en-us/benefitpool/ Code: hitachi
Life and AD&D	Prudential	72654	844-455-1002	mybenefits.prudential.com Code: HITACHIBENEFITPOOL
Long-Term Disability	Prudential	72654	877-367-7781	mybenefits.prudential.com
Short-Term Disability	The Larkin Company — Leave Administrator	N/A	866-923-3336	thelarkincompany.com
Legal Services	MetLife Legal Plans	N/A	800-821-6400	members.legalplans.com
Pet Insurance	MetLife	N/A	800-438-6388	metlife.com/getpetquote
Auto and Home Insurance	MetLife	N/A	800-438-6381	myautohome.farmers.com
Behavioral Health Support	RethinkCare	N/A	800-714-9285	hbp.rethinkbenefits.com
Diabetes and Hypertension Management	Teladoc	N/A	800-835-2362	teladochealth.com/register/hitachi
Back and Joint Pain Management	Hinge Health	N/A	855-902-2777	hingehealth.com/for/hitachi
Fertility, Parenting, Menopause, Divorce, Elder Care, and LGBTQ Resources	Inflection	N/A	601-348-7570	hbp.fertilityiq.com Code: HBP2027
401(k) Retirement Plan	Fidelity Investments	N/A	800-835-5095	netbenefits.com
Medicare Education Programs	Medicare Choice Group	N/A	855-677-1256	visit.medicarechoicegroup.com/hitachi