

HITACHI



Hitachi Digital

Your 2026 Benefits Guide

hitachi.us/benefitpool

Welcome to the Hitachi Benefit Pool

Connecting You to Benefits and Resources That Support Your 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 2026 benefits plan options. Review each option carefully, and discuss your coverage needs with your family before you enroll.

3 Ways to Enroll

- 1 Online at hitachi.us/benefitpool
- 2 Use the **MyChoice®** mobile app.
Log in to hitachi.us/benefitpool to get your access code.
Company key: hitachi (all lowercase)
- 3 Call the **Hitachi Benefit Service Center** at 844-318-3274, Monday–Friday, 7 a.m.–7 p.m. CT.

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.

→ Tip

If you're viewing this document electronically, click on the section link below to go directly to that page.



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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 (see below).

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 hitachi.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 annual audits to verify that only eligible dependents are enrolled in its plans.

Qualified Life Events

If you don't enroll during your initial enrollment period or during Annual Enrollment, you cannot enroll until the next Annual Enrollment period, unless you experience a qualified life event. 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 hitachi.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 is 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 or dental procedures, prescription drugs, and glasses or contact lenses.

Need help? Schedule a one-on-one call with TouchCare for help choosing coverage that is best for you. Or contact them with questions about your coverage options: 866-486-8242 or assist@touchcare.com.



Step 2: Review Your Options

Review this guide, and visit hitachi.us/benefitpool to understand your options and associated costs.



Step 3: Enroll Online

- Visit hitachi.us/benefitpool.
- To enroll, you must first register on the HBP portal. To 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 in the main navigation bar.
- 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.

The decision support tool simplifies enrolling



Benefits can seem complicated, which is why using the decision support tool makes enrolling easy. Just answer a few simple questions about your health and lifestyle, and MyChoice will provide a personalized benefits recommendation. Get started by visiting hitachi.us/benefitpool and selecting **MyChoice**.

You can also download the MyChoice mobile app for the convenience of enrolling, making benefits changes, getting help, and uploading documents on the go. Learn more at hitachi.us/benefitpool > **MyChoice**.



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 types of plans available to you and a detailed comparison table showing your options for 2026.

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

With a CDHP, you can receive medical services from in-network or out-of-network providers. Like a PPO plan, you can visit any doctor, but you'll save the most money by using in-network providers. The HBP has contracted with Anthem to provide you with 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've reached your **annual deductible**, the plan pays for a percentage of covered services known as **coinsurance**.



When you reach the **out-of-pocket maximum**, the plan will pay 100% for all eligible expenses for the remainder of the plan year.



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.

What Are the Benefits of an HSA?

An HSA offers you the opportunity to set aside tax-free* money to pay for 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 Hitachi, 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**.

* 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.

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.

What You Need to Know About the HSA

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.

Coverage Type	2026 Maximum Contribution Limit	2026 Employer Contribution			2026 Maximum Employee Contribution		
		Anthem HSA Plus	Anthem HSA Core	Kaiser CDHP	Anthem HSA Plus	Anthem HSA Core	Kaiser CDHP
Individual coverage	\$4,400	\$1,000	\$750	\$1,000	\$3,400	\$3,650	\$3,400
Employee plus spouse coverage	\$8,750	\$2,000	\$1,500	\$2,000	\$6,750	\$7,250	\$6,750
Employee plus child(ren) coverage	\$8,750	\$2,000	\$1,500	\$2,000	\$6,750	\$7,250	\$6,750
Family coverage	\$8,750	\$2,000	\$1,500	\$2,000	\$6,750	\$7,250	\$6,750
If you are 55+, you can make a catch-up contribution	Additional \$1,000						

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](https://www.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.

Use an Anthem Health Guide

If you enroll in Anthem, 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](https://www.anthem.com).

Save Money on Care with Carrum Health

Beginning January 1, 2026, 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](https://www.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.

24/7 telemedicine for Anthem members

If you're enrolled in Anthem, 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](https://www.livehealthonline.com) to schedule an appointment (or download the app, and register on your mobile device).

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

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

Kaiser Permanente Consumer Driven Health Plan (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 in Kaiser Permanente service areas in locations across the country.

How to find a Kaiser Permanente provider

1. Visit [kp.org](https://www.kp.org).
2. Select the Region in the upper left of the page.
3. Then choose **Doctors & Locations**, and enter your search criteria.

Prescription Drug Coverage

If you enroll in an Anthem plan in 2026, you will receive prescription drug coverage through **Capital Rx**. To find a participating pharmacy and learn more about your prescription drug coverage, visit [cap-rx.com](https://www.cap-rx.com). Your medical ID card will also serve as your prescription ID card. To request a printed ID card, visit [Anthem.com](https://www.Anthem.com).

If you enroll in a Kaiser Permanente medical plan, Kaiser Permanente will coordinate your prescription drug benefits. Note that Capital 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.

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.

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 2026, you must stay enrolled in the MetLife Plus Plan for 2026 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.

Plan Option	MetLife Plus		MetLife Core	
Coverage type	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.

How do I find an in-network provider?

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

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 in-network VSP providers?

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 Extra \$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 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

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](https://www.guidanceresources.com)

App: GuidanceNowSM

Web ID: HITACHI



Flexible Spending Accounts

Flexible spending accounts (FSAs), administered by MyChoice Accounts, allow you to set aside pretax 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 pretax basis from your paycheck, which can help reduce your taxable income. The Hitachi Benefit Pool will update the 2026 IRS maximum on hitachi.us/benefitpool, where you will have the opportunity to elect your amount.

Health Care FSA

Your health care FSA will reimburse you for eligible expenses that you, your spouse (if they are your tax dependent), and your children incur during the plan year. You can use the entire annual amount you elect at any time during the plan year, even though your contributions are deducted on a per-paycheck basis.

If you are enrolling midyear, you are responsible for monitoring the contributions you made to a prior employer's plan to ensure that you don't overcontribute.

When you incur an eligible expense, you can use your FSA debit card or pay out of pocket and submit a reimbursement request with documentation. Eligible expenses include copays, coinsurance, deductibles, orthodontia, glasses or contact lenses, and much more. For a complete list, refer to IRS Publication 502: Medical and Dental Expenses, available at irs.gov/publications.

The IRS requires FSA participants to submit documentation to prove their purchase was an eligible expense. Out-of-pocket, paid claims (reimbursements) can be submitted online, via mobile app, or manually (email, fax, or mail). If you don't provide requested documentation within 90 days, your account could be suspended.

Note: If you are enrolled in the CDHP with HSA, you are not eligible to participate in the health care FSA, but you may participate in the limited purpose FSA, which allows reimbursement of eligible dental and vision expenses. In addition, you can't be enrolled 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 pretax 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.

Higher contribution limit for 2026

The IRS has increased the annual contribution limit for Dependent Care FSAs to \$7,500 if single or married and filing a joint income tax return (or \$3,750 if married and filing separate income tax returns). This significant increase from the previous \$5,000 limit allows you to set aside more pretax dollars for eligible child and elder care.

→ 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 and dependent care flexible spending accounts 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, 2027, for claims incurred in 2026) 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 health care FSA, visit irs.gov/pub/irs-pdf/p502.pdf.

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

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.

Benefits 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

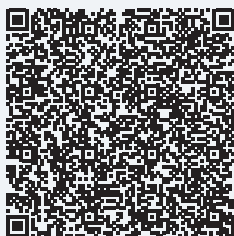
What is EOI?

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



Voluntary Life & AD&D premiums

Employee Cost for \$1,000 of Coverage	
Under age 30	\$0.0395
Age 30–34	\$0.0495
Age 35–39	\$0.0545
Age 40–44	\$0.0595
Age 45–49	\$0.0845
Age 50–54	\$0.1445
Age 55–59	\$0.2545
Age 60–64	\$0.3995
Age 65–69	\$0.6445
Age 70 and older	\$1.0395
Spouse or Domestic Partner Cost for \$1,000 of Coverage	
Plan A 100K	\$7.50
Plan B 50K	\$3.00
Child(ren) Cost for \$1,000 of Coverage	
Plan A 20K	\$1.20
Plan B 10K	\$0.45

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

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.

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 hitachi.us/benefitpool.

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 work in the states of California, Hawaii, Rhode Island, New Jersey, or New York, 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 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.



Voluntary Supplemental Medical Benefits

The HBP offers you the opportunity to enroll in the following benefits as a new employee and during Annual Enrollment. They're available to you, your spouse, and your children. Although you will not need to answer any health questions to enroll in them, preexisting conditions may apply. You pay the full cost of voluntary coverage at preferred rates that the HBP has negotiated with **Prudential**. To see those rates, log in to hitachi.us/benefitpool.

Voluntary benefits are not a substitute for medical insurance.

Accident Insurance

Accident insurance pays a lump-sum benefit when you're injured in an accident. The benefit amount depends on the injury sustained and the medical care received. You can use the money to cover whatever you want. This benefit is unrelated to your Hitachi medical coverage.

Critical Illness Insurance

Critical illness insurance pays a lump-sum benefit when you're diagnosed with a critical illness, including cancer, a heart attack, coma, kidney failure, or other covered illnesses. You can use the money to cover whatever you want. This benefit is unrelated to your Hitachi medical coverage.

Hospital Indemnity Insurance

The plan pays you money when you or a covered family member is hospitalized for a covered illness or injury, including childbirth. You can use the money to cover whatever you want. This benefit is unrelated to your Hitachi medical coverage.



Wellness Programs and Resources

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 diabetes prevention program through **Teladoc** can help you and your covered dependents manage diabetes and hypertension by living more healthfully and managing your weight. The program provides guidance on how to take simple but powerful steps to live healthier by losing weight, eating healthfully, and sleeping better.

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 / Capital Rx medical plans. You are covered automatically if you are enrolled in an Anthem BCBS / Capital 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).

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.

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.

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 **HBP2026**.
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 provides you, your spouse or domestic partner, and dependents with access to a network of experienced attorneys. Having an attorney on your side can help reduce worry, stress, and financial burden when legal matters arise.

You'll have two options to choose from:

Base Plan: At \$13 per month, this plan covers a variety of services, including wills and estate planning documents, home buying and selling, student loan debt assistance, and more.

Enhanced Plan: At \$17.50 per month, this plan offers more comprehensive coverage and additional services, including some that are available to parents, parents-in-law, and grandparents. This plan covers all the services in the Base Plan, plus tax preparation and filing, reproductive assistance law, and additional network attorney time and services for matters not covered under the Base Plan.

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

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.



Resources

hitachi.us/benefitpool

Where To Go for More Information

Coverage	Contact	Policy Number	Phone	Website
Medical	Anthem BCBS Medical and Anthem Health Guide	270130	877-411-1637	anthem.com
	Capital Rx	BIN: 610852 PCN: CHM Rx Group: JD286	833-463-0687	cap-rx.com
	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
Carrum Health	N/A	N/A	888-855-7806	carrumhealth.com
Dental	MetLife	Employer-Hitachi America Ltd. Group Health & Welfare Plan	800-438-6388	metlife.com/hitachi
Vision	Vision Service Plan	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	hitachi.us/benefitpool Code: hitachi
Life and AD&D	Prudential	72652	844-455-1002	mybenefits.prudential.com Code: HITACHIBENEFITPOOL
Long-Term Disability	Prudential	72652	877-367-7781	mybenefits.prudential.com
Short-Term Disability	The Larkin Company—Leave Administrator	N/A	866-923-3336	thelarkincompany.com
Identity theft	Experian Identity Works	N/A	866-252-0121	www.experianidworks.com/3bplusone
Legal services	MetLife Legal Plans	N/A	800-821-6400	members.legalplans.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: HBP2026
Medicare education programs	Medicare Choice Group	N/A	855-677-1256	visit.medicarechoicegroup.com/hitachi