

Hitachi Benefit Pool

CONNECTING YOU

Your 2022 Hitachi Benefits Guide

Bradken
2022 Benefits Guide



Enroll online at
hitachi.us/benefitpool
Company Key: **hitachi**



Enroll on the
MyChoice[®]
Mobile App
Login to get your
access code



Call the
Hitachi Benefit Pool
Service Center at
(844) 318-3274
Monday - Friday
7:00 AM - 7:00 PM CT

hitachi.us/benefitpool

Welcome to the

Hitachi Benefit Pool

CONNECTING YOU

to benefits and resources that support your overall wellbeing

Our employees are the key to our continued success. That's why your Hitachi Group Company is proud to offer you and your family a comprehensive benefits program that's part of the Hitachi Benefit Pool (HBP). The HBP gives us strength in numbers. Our combined purchasing power helps us offer a wide range of benefit choices so you can select the combination of coverages that works best for you.

To enhance your overall compensation, we are pleased to offer an array of competitive benefits and helpful resources to support you and your family, both at work and home.

The information included in this guide highlights important information about your 2022 benefit plan options. Please take time to review each option carefully and discuss your coverage needs with your family so you can make educated decisions before you enroll.

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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. Should any questions or discrepancies arise, the plan document will be the final authority in determining your benefits.

Eligibility & Enrollment Information

What Is My Initial Enrollment Period?

Your initial enrollment period is the first 31 days of your employment beginning with your date of hire. Please note that you must enroll yourself and any eligible dependents within that period regardless of the date when your benefit coverage goes into effect.

Hitachi also offers an Annual Enrollment period each year when you can make changes to certain benefits such as medical, dental, vision, and FSAs.

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 (QLE).

QLEs are events such as marriage, divorce, birth or adoption of a child.

If you experience a QLE, you may be eligible for a mid-year opportunity to make eligible changes to your benefit coverage. To qualify, you must notify Human Resources within 31 days of the event, the enrollment change must be consistent with the event, and you must provide the appropriate documentation to support the request. To register a change, log on to hitachi.us/benefitpool and follow the prompts under **Change My Benefits**.

Who Is Eligible?

As an active, full-time or part-time employee working at least 20 hours per week, you are eligible on the first of the month following 60 days from your date of hire to participate in the benefits described in this guide. You may enroll your eligible dependents in many of the same plans you choose for yourself. Proof of dependent status is required to enroll. 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, adopted, stepchildren, and children for whom you are court-appointed legal guardian up to age 26
- 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)

Verifying Eligibility for Your Enrolled Dependents

During any initial enrollment period, carefully review eligibility details to ensure any family members you plan to enroll are eligible for coverage.

You may need to provide documentation confirming eligibility for your dependent family members you newly enroll. You will be notified of the requirement during the enrollment process.

Required Documentation for Enrolled Family Members

IF YOU ARE ENROLLING THIS FAMILY MEMBER:	THESE DOCUMENTS ARE REQUIRED:
Your legal spouse	Certified marriage certificate showing date of marriage, or most recent tax return
Your domestic partner	Declaration of Domestic Partnership form
Your natural child	Birth certificate
Your stepchild	Marriage certificate or most recent tax return and birth certificate showing spouse / domestic partner as parent
A child of your domestic partner	Declaration of Domestic Partnership form and birth certificate showing domestic partner as parent
A child in your care for whom you or your spouse have been appointed Legal Guardianship	Legal court documents that define appointment details
Your child under a Qualified Medical Child Support Order (QMCSO)	Certified Qualified Medical Child Support Order (QMCSO) and government issued birth certificate
A child you have legally adopted or has been placed with you for adoption	Adoption certificate or certification of adoption placement pending final adoption
A disabled child	Social Security Administration income statement or disabled dependent documentation that shows total incapacity prior to age 26

Enrollment Information

New Hire: The contracts that govern our benefit plans require specific adherence to certain enrollment time frames. Therefore, all new employees must enroll for their benefits during their initial enrollment period within 31 days of their hire date, regardless of your coverage effective date. This initial enrollment deadline will be strictly enforced.

Annual Enrollment: After your initial enrollment, Annual Enrollment is the period each year when you can enroll in, cancel, or make changes to the following benefits: medical, dental, vision, FSAs, and HSAs*. Annual Enrollment usually occurs in October or November for benefit elections for the following calendar year.

Qualified Life Event (QLE): At any other time of the year, you must experience a Qualified Life Event (QLE) to make changes to your benefit elections. The changes made must be consistent with the QLE.

* You may change your HSA contributions throughout the year within the IRS regulations.

The Hitachi 401(k) Plan from Fidelity Investments

Hitachi provides you with a critical tool for your long-term financial wellness: the Hitachi 401(k) Plan administered by Fidelity Investments.

Hitachi encourages you to go to [NetBenefits.com](https://www.netbenefits.com) or to call the Fidelity Retirement Benefits Line at (800) 835-5095 to learn more about your Hitachi 401(k) Plan.

To get started, simply go to [NetBenefits.com](https://www.netbenefits.com). If you already have Fidelity accounts, you can use your existing logon information to access NetBenefits. If not, simply click Register as a new User to set up a username and password. NetBenefits will be your go-to resource for reviewing and managing your account. You will be able to review your account, add or update beneficiaries on your account, and make changes to your investment options. You can also use NetBenefit's Library and Planning and Guidance Center to access education materials (including videos, infographics, and articles).

You can also use the NetBenefits Mobile App to monitor your account balances, review and make changes to your investment portfolio, and access the NetBenefits Library. Please note: you may enroll in the 401(k) plan or make changes at any time throughout the year.



Ready to Enroll

It's important to review your needs and the needs of your family so you can make the best choices from the options available to you. Follow these steps to enroll in your benefits:

Step 1: Evaluate Your Needs

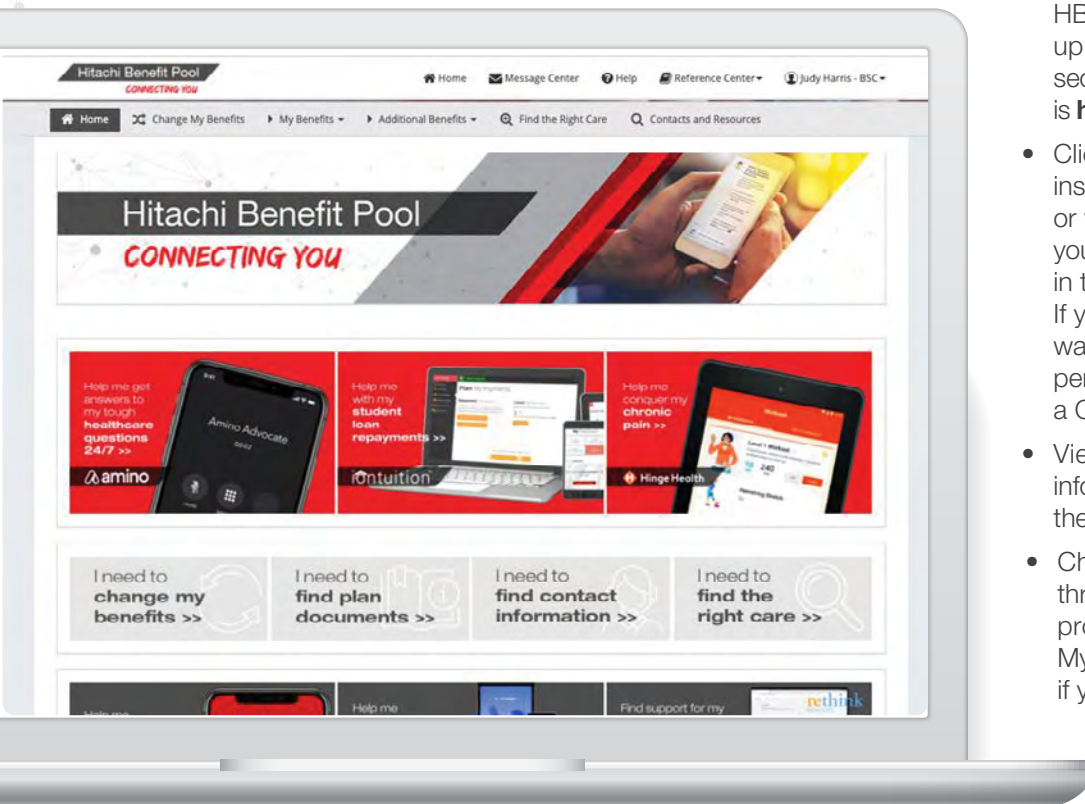
- Who should I cover? Evaluate your coverage options for all dependents who meet eligibility requirements.
- How much do I generally spend on health care per year? Use this as a guide when considering your needs.
- Estimate the amount of health care you will need.

Step 2: Review Your Options

- Review this guide to understand your options and their 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 user name, password, and security questions. Our Company Key is **hitachi** (note: it is case sensitive).
- 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.
- Choose the coverage you want through our guided online enrollment process, which will include the MyChoice® Recommendation Engine if you wish.



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.

Hitachi Benefit Pool Service Center

(844) 318-3274

7:00 AM - 7:00 PM CT
Monday-Friday

hitachi.us/benefitpool

Tools to Make Enrolling Easy

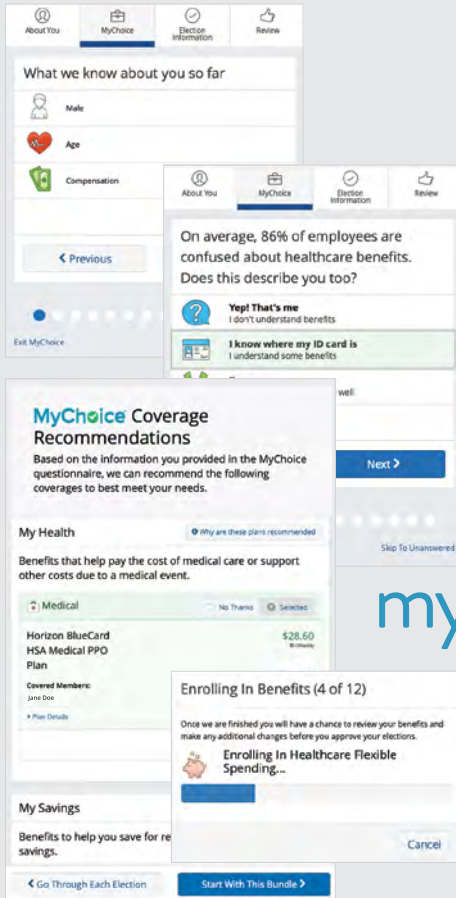
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MyChoice® Recommendation Engine

Benefits can seem complicated, which is why using the MyChoice Recommendation Engine makes enrolling easy.

Just answer a few simple questions about your health and lifestyle and MyChoice will provide a personalized benefits recommendation. Select to enroll with MyChoice on hitachi.us/benefitpool.

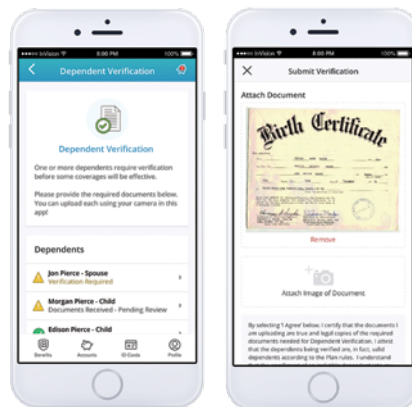
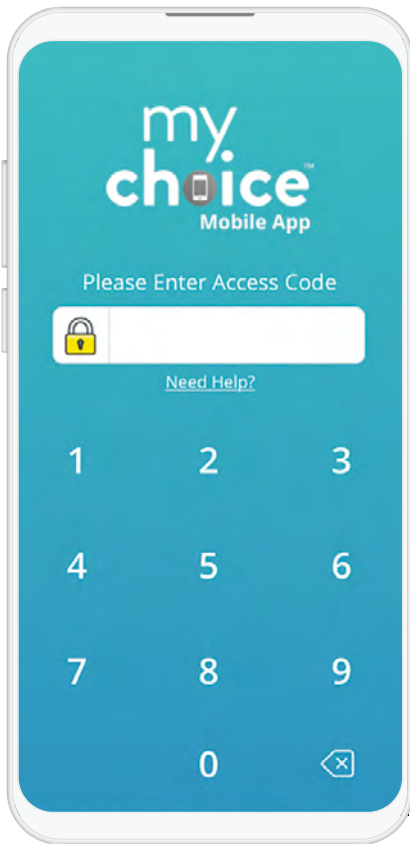
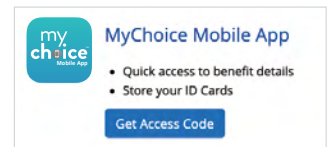
Answers to these questions are for recommendation purposes only, and are never shared with your employer.



MyChoice® Mobile App

Click **Get Access Code** to download the MyChoice Mobile App on your device to:

- Snap a picture to upload ID cards
- Easily access your benefit details
- Enroll or make changes
- Get help fast via chat, email or phone
- Manage your Flexible Spending Accounts and beginning January 1, 2022, transit benefits.



Upload documents easily

- Receive your notifications in the Mobile App
- Snap a picture to upload required documents
- View dependent approval status for groups that utilize dependent verification services
- Chat with Sofia to get status updates, or contact a live specialist in the Hitachi Benefit Pool Service Center



Benefit Terms & Definitions

To better understand your coverage, it's helpful to be familiar with benefits vocabulary. Take a moment to review these terms, which may be referenced throughout this guide.

Balance Billing – When a health care provider bills a patient for the difference between what the patient's health insurance chooses to reimburse and what the provider chooses to charge.

Copay – A fixed dollar amount you pay the provider at the time of service: for example, a \$25 copay for an office visit or a \$10 copay for a generic prescription.

Coinsurance – The percentage paid for a covered service, shared by you and the plan. Coinsurance can vary by plan and provider network. Review the plans carefully to understand your responsibility. You are responsible for coinsurance until you reach your plan's out-of-pocket maximum.

Deductible – The amount you pay each calendar year before the plan begins paying benefits. Not all covered services are subject to the deductible: for example, the deductible does not apply to preventive care services or copays.

Emergency Room Care – Care received at a hospital emergency room for life-threatening conditions.

In-Network Care – Care provided by contracted doctors within the plan's network of providers. This enables participants to receive care at a reduced rate compared to care received by out-of-network providers.

Out-of-Network Care – Care provided by a doctor or at a facility outside of the plan's network. Your out-of-pocket costs may increase, and services may be subject to balance billing.

Out-of-Pocket Maximum – The maximum amount you pay per year before the plan begins paying for covered expenses at 100%. This limit helps protect you from unexpected catastrophic expenses.

Premium – The complete cost of your plans. You share this cost with your employer and pay your portion through regular paycheck deductions.

Preventive Care – Routine health care, including annual physicals and screenings to prevent disease, illness, and other health complications. In-network preventive care is covered at 100%.

Urgent Care – Urgent care is not the same as emergency care. Visit urgent care for sudden illnesses or injuries that are not life-threatening. Urgent care centers are helpful when care is needed quickly to avoid developing more serious pain or problems.

Benefit Initials

AD&D = Accidental Death & Dismemberment

FSA = Flexible Spending Account

CDHP = Consumer Driven Health Plan

HSA = Health Savings Account

LTD = Long-Term Disability

OOPM = Out-of-Pocket Maximum

PPO = Preferred Provider Organization

STD = Short-Term Disability



Your Personal Health Guide

A Helping Hand with Your Health Care

If you are enrolled in an Anthem plan and have questions about how your health benefits work or need to get connected to services and support, Anthem Health

YOUR PERSONAL HEALTH GUIDE

Call (877) 411-1637
anthem.com

Guide can help. It's designed to provide help when you need it most. You can reach an Anthem Health Guide by phone, mobile app, or online.

Your Health Guide can help you:

- Get answers to questions about your health plan benefits or claims
- Find the right provider for the care and services you need
- Obtain referrals for care by partnering with you and your doctors
- Connect to tools and resources you might not know you had, like telemedicine

LiveHealth Online

24/7 Medicine

Skip the waiting rooms and scheduling hassles. Anthem members can schedule telemedicine visits through LiveHealth Online, which gives you control of when and where you access your care. Once you register, you may speak with a licensed physician 24/7/365 via phone or computer. These phone consultations and online video visits give you direct access to a licensed medical professional who may be able to:

- Define treatment of common medical conditions, such as colds, flu, bronchitis, allergies, rashes, depression, and more
- Provide specialist referrals
- Prescribe medicine

If you're a PPO member, the cost is the same as when you see your physician at his or her office.

If you're a CDHP member, you pay the cost, unless you've already met your deductible. If you've met the deductible, coinsurance applies the same way it works when you see your physician at his or her office.



To schedule an appointment, go online to livehealthonline.com to speak with a board-certified doctor (or download the app and register on your mobile device). To visit a licensed behavioral health therapist in four days or less or a board-certified psychiatrist within two weeks, call (888) 548-3432.

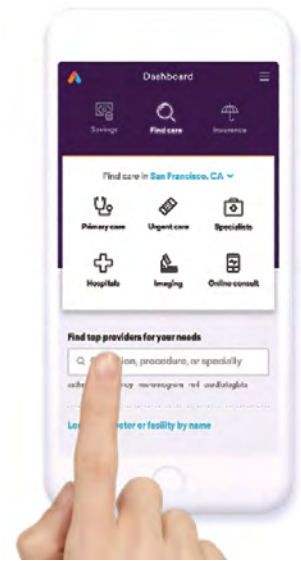


Amino is an all-in-one health care financial wellness platform

Amino is a CDHP financial wellness platform that can help you be a smart health care consumer. You can use Amino from any device with Internet access, and it can connect you with in-network providers who have strong track records for cost-effective, high-quality care. Once Amino helps you find a provider, it can also contact the provider to set up your appointment. To access Amino health care wellness services resources, you must be enrolled in an Anthem medical plan, sponsored through the Hitachi Benefit Pool (HBP).

However, Amino's advocacy services detailed below are available to all Hitachi employees.

To get started, go to amino.com, click **Log in**, and follow the prompts to create an account. You will receive a verification link via email that you can click on to finish your account setup.



Health care search

Amino lets you search for primary care, specialists, hospitals, urgent care, and more.

Personalized guidance: Amino SMART MATCH guides you to the smartest provider choices that meet the following criteria:

- In-network so you don't get surprise bills
- Cost effectiveness
- Highly experienced in the specified specialty or treatment
- High safety ratings

Deductible tracking: Amino helps you decrypt your health plan and help keep track of your deductible balance.

Vendor integration: Amino alerts you to your applicable benefits as soon as you begin searching for care.

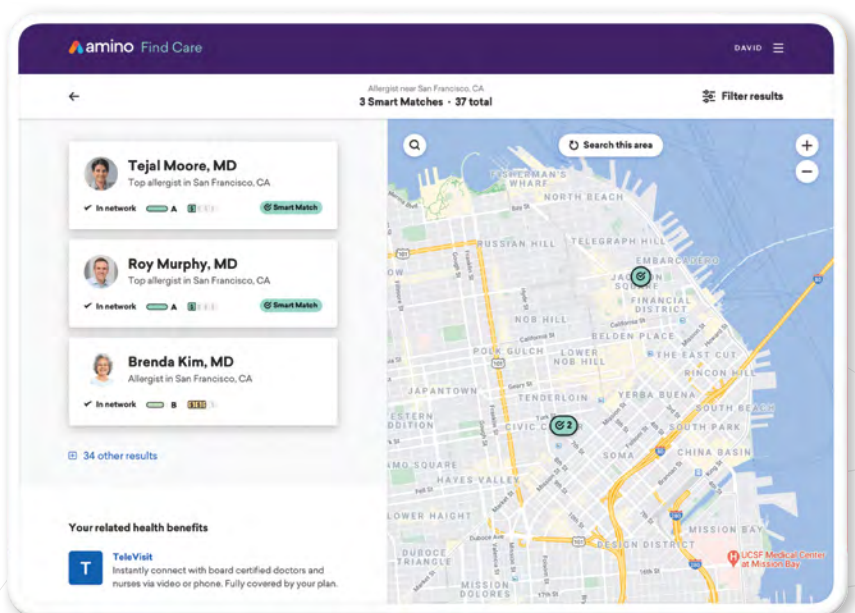
Appointment booking: Amino Assistants can book appointments for you.

Resolve complicated medical claims: Confused about a statement you received? Amino will identify any billing errors and discuss options available such as payment plans.

Amino's advocacy services are available to all Hitachi benefits eligible employees: you do not need to be enrolled in a Hitachi medical plan to participate.

Amino advocacy services experts can help you and your family members:

- Get answers to insurance and benefits questions
- Coordinate your care
- Get clinical second opinions





Livongo helps successfully manage diabetes and hypertension

The program provides participants with an advanced blood glucose meter and blood pressure monitor along with real-time support from coaches when employees need it. The program also provides unlimited blood glucose strips.

Livongo also provides mobile access that allows automatic uploads of test data, which can be compiled into summary reports that employees can share with their doctors. Employees can also get personalized tips for managing their condition and articles tailored to their unique circumstances. Employees can also opt into family alerts.

No need to enroll — you are covered automatically if you are enrolled in an Anthem BCBS/CVS Caremark medical plan sponsored through the Hitachi Benefit Pool (HBP).

Unlimited Strips: Get as many strips as you need, in addition to a free blood glucose monitor and blood pressure monitor, at no extra charge.

Tips to Help You Stay on Track: Receive useful information that will help you manage your blood sugar and blood pressure and feel your best.

Coaching When You Need It Most: Our Livongo coaches are Certified Diabetes Educators who support you in your journey to better health.

Safety and Security: Your information is safe. View and access your records anytime. Share it with your doctors if and when you want to.



Welcome Kit

New Benefit

Healthy Living and Diabetes Prevention: Livongo offers this program at no cost to participants who have pre-diabetes and coverage through HBP's Anthem BCBS/CVS Caremark medical plans. Livongo helps make living healthy and managing weight easier.

Under this program you will receive:

Advanced Tracking Technology: Receive a free smart scale that syncs to an easy-to-use mobile app so you can track weight and activity all in one place.

Guidance on Healthy Habits: Learn how to take simple but powerful steps to lose weight, eat healthy, sleep better, and live healthier.

Unlimited One-on-One Coaching: Connect with a health coach to create a custom plan that works with your lifestyle. Get personalized advice on nutrition, meal plans, weight loss, and more to help you reach your goals.

If you have questions about this program, please visit the Livongo website at welcome.livongo.com/HITACHI or call Livongo Member Support at (800) 945-4355 and mention registration code **HITACHI**. You will be asked to provide your name, date of birth, and zip code.

* To join Livongo's Health Living and Diabetes Prevention program and receive a connected scale, you must meet program-qualifying health criteria and BMI.

* Programs include trends and support on your secure Livongo account and mobile app, but do not include a tablet or phone.



Getting Started: To start using Livongo, just go to get.livongo.com/HITACHI/register and click **Join Now**. You will be asked to provide your name, date of birth, and zip code.



Hinge Health is an exercise therapy program designed not only to address pain issues anywhere in the body from your neck to your feet, but to prevent pain issues from arising in the first place. The Hinge program is convenient and, since it can be done anywhere and at any time, fits your schedule. The program includes personalized exercise therapy designed to improve strength and mobility through short, 15-minute sessions.

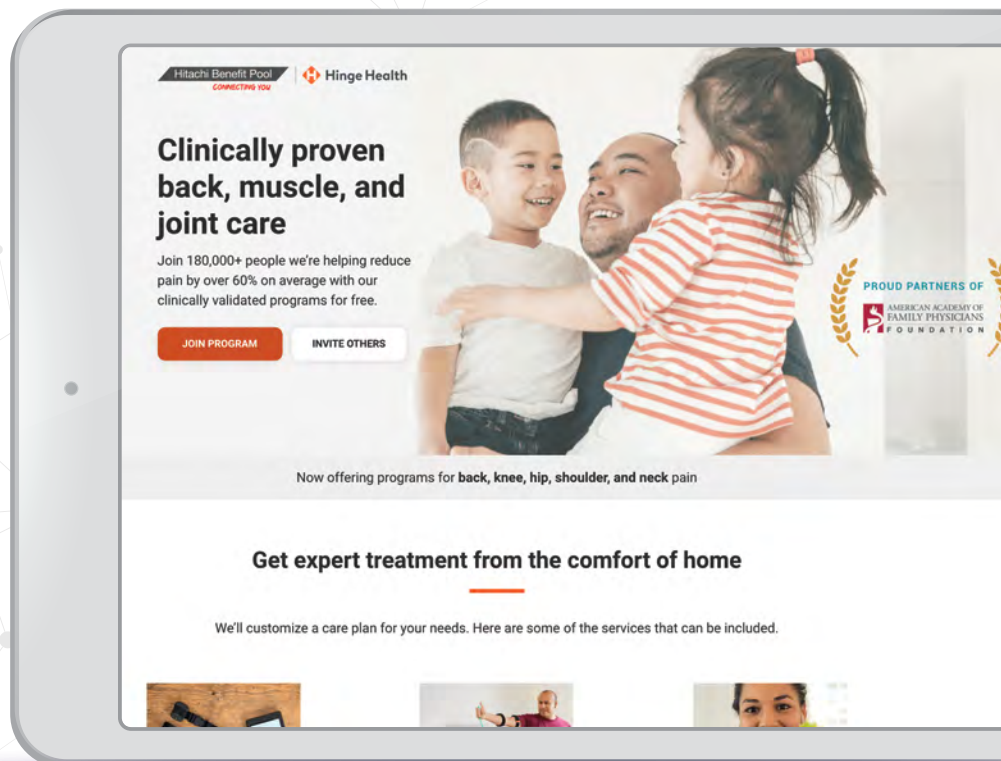
Hinge also offers one-on-one health coaching to provide motivation and support via text, email, or phone. You will also have access to interactive education tools that teach you how to manage specific conditions and detail treatment options.

For 2022, Hinge has added programs that can help you recover from a recent or past injury, prepare for and recover from surgery, and keep your joints healthy and pain free. All Hinge services are available at no cost to you. There is no need to enroll — you are automatically covered if you are enrolled in an Anthem medical plan.

Save time and money while overcoming pain anytime, anywhere. All the care you need is in your Hinge Health toolkit.

- **A free tablet and wearable sensors:** feel confident in your form. Hinge Health's app and sensors give you live feedback during stretches and exercises.
- **Personalized exercise therapy:** you will be guided through 15-minute sessions, and the level of difficulty will increase when you're ready.
- **Unlimited 1 on 1 health coaching:** your coach will be there to provide personalized support via text, email, or by phone to help you reach your goals.

Call **(855) 902-2777** to learn more, or get started at hingehealth.com/hitachi.



Employee Resources

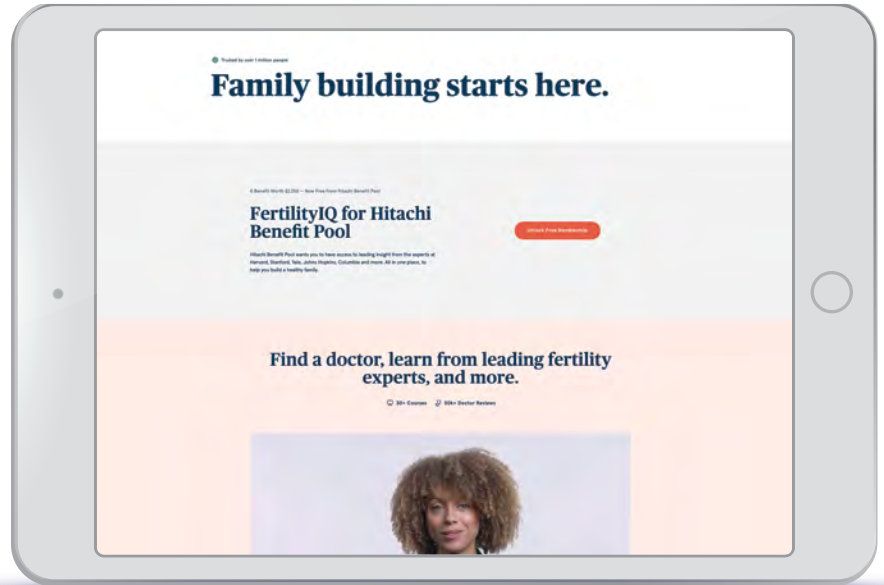


FertilityIQ

FertilityIQ is an online resource offering support for hopeful parents on their road to building their family. With a robust Knowledge Center featuring hundreds of lessons and reviews on every fertility doctor and clinic in the U.S., you can be confident FertilityIQ will help you find the support you need. Whether you want to learn more about fertility services and support, adoption, or even fostering a child, Fertility IQ is the perfect place to start. It's all available at no cost to you. You're covered automatically.

To create your account:

1. Go to hbp.fertilityiq.com
2. Click **Unlock Free Membership**
3. Enter confirmation code **HBP+FIQ2022!**
4. Create your account
5. You're in! Welcome to FertilityIQ.



- **Courses and Lessons**
Fertility IQ offers guides on every fertility related subject created with experts from Harvard, Yale, Johns Hopkins, and more that break down how they approach each fertility issue, decision, and controversy.
- **Verified Reviews**
FertilityIQ offers more than 40,000 reviews covering every U.S. fertility doctor and clinic provided by verified patients and searchable by patient age, diagnosis, orientation, ethnicity and more.
- **All Forms of Family Planning**
Fertility IQ can be invaluable for anyone hoping to conceive naturally or start a family through fertility treatment, foster, adoption, surrogacy, and more. FertilityIQ also offers dedicated resources for egg freezers, LGBTQ+ families, and many more.
- **Saves Time, Money and Stress**
FertilityIQ helps you make smarter, data-driven choices with otherwise impossible-to-access expert help. FertilityIQ is available anytime, anywhere, for you, a partner, or a friend.



To learn more, call **(601) 348-7570**, or get started at <https://hbp.fertilityiq.com>.

Medical Coverage To Keep You Healthy

Is anything more important than your health? At Hitachi, our goal is to inspire you to reach your highest potential and be the best version of you. This starts with taking care of your overall health.

Which Medical Plan Is Right for You?

Hitachi is pleased to offer medical coverage through Anthem. 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.



Preferred Provider Option (PPO) Plans

A PPO plan gives you the option to seek medical treatment from an in-network, contracted medical provider at negotiated rates, or from an out-of-network provider at an additional cost. While you can visit any doctor, you'll save the most money by using in-network providers.

- You pay a copay for select services, except for preventive care which is covered in full.
- Other services may be subject to the annual deductible and coinsurance.
- Once you reach the out-of-pocket maximum, the plan will pay 100% for all eligible expenses for the remainder of the plan year.

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.

- You pay for all medical services until you reach the annual deductible, except for in-network preventive care which is covered in full.
- 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 HSA Bank.

HOW TO FIND AN ANTHEM PROVIDER

1. Go to [anthem.com](https://www.anthem.com), and select **Find a Doctor/Find Care** from the top right, then select **Guest**.
2. When asked "What type of care are you searching for?" select **Medical**. Select the state to search in from the drop-down menu.
3. When asked "What type of plan do you want to search with?" select **Medical (Employer-Sponsored)**.
4. For plan/network, select **National PPO (BlueCard PPO)**. If you live in Florida, Georgia or New Hampshire, select the network that applies to your state, as follows:

FL: NetworkBlue (Select Network)

GA: Blue Open Access POS

NH: BlueChoice Open Access POS

If you enroll in an Anthem plan, Anthem will partner with CVS Caremark to coordinate your prescription drug coverage. To find a participating pharmacy and learn more about your prescription drug coverage, visit [caremark.com](https://www.caremark.com). You will receive a separate ID card from CVS Caremark to use for your prescription needs.

Your Medical Plan Options

PLAN FEATURES	Anthem Gold PPO		Anthem Silver CDHP	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
CALENDAR YEAR DEDUCTIBLE¹ INDIVIDUAL / FAMILY	\$1,000 / \$2,000	\$3,000 / \$6,000	\$1,500 / \$3,000	\$3,000 / \$6,000
CALENDAR YEAR OUT-OF-POCKET MAXIMUM^{2,3} INDIVIDUAL / FAMILY	\$3,000 / \$6,000	\$6,000 / \$12,000	\$3,750 / \$7,500	\$7,500 / \$15,000
CALENDAR YEAR PRESCRIPTION DRUG OUT-OF-POCKET MAXIMUM INDIVIDUAL / FAMILY	\$3,000 / \$6,000		Included in medical out-of-pocket	
HITACHI ANNUAL HSA CONTRIBUTION INDIVIDUAL / FAMILY	N/A		Employee: \$400 Employer plus spouse: \$900 Employee plus child(ren): \$900 Family: \$1,300	
	You pay:		You pay:	
PREVENTIVE CARE VISIT	No charge	40%	No charge	40%
PRIMARY CARE VISIT	\$25 copay	40%	20%	40%
SPECIALIST VISIT	\$40 copay	40%	20%	40%
LAB & X-RAY	20%	40%	20%	40%
URGENT CARE	\$100 copay	40%	20%	40%
EMERGENCY ROOM (COPAY WAIVED IF ADMITTED)	20%		20%	
OUTPATIENT SERVICES	20%	40%	20%	40%
INPATIENT SERVICES	20%	40%	20%	40%
PRESCRIPTION DRUGS: RETAIL (UP TO A 30-DAY SUPPLY)				
GENERIC	\$10 copay			
PREFERRED BRAND	20% up to \$50		20%	
NON-PREFERRED BRAND	40% up to \$100			
PRESCRIPTION DRUGS: MAIL ORDER (UP TO A 90-DAY SUPPLY)				
GENERIC	\$20 copay			
PREFERRED BRAND	20% up to \$125		20%	
NON-PREFERRED BRAND	40% up to \$250			

If you are in the state of Hawaii, you are eligible for the statutory benefit plan. Information pertaining to the plan is posted on Benefitsolver.

¹ PPO has an embedded deductible which means a member can satisfy his/her individual deductible for the coverage and coinsurance to apply. The Anthem CDHPs have a non-embedded deductible which means the family deductible must be met before anyone in the family receives benefits under the coinsurance.

² PPO has an embedded out-of-pocket maximum which means a member can meet his/her individual out-of-pocket maximum for coverage to begin at 100%.

³ Anthem CDHPs have a non-embedded out-of-pocket maximum which means the family out-of-pocket maximum must be met for coverage to begin at 100%. Maximum OOP for any individual enrolled in the family tier within the Silver plan is \$6,850.

This chart provides a brief overview of benefits and coverage. Refer to the detailed summary plan documents for questions about a specific procedure, service, or provider. In the event of a conflict, the official plan documents prevail.

Prescription Drug Coverage



When you enroll in an Anthem medical plan, you and your enrolled dependents automatically receive prescription drug coverage through CVS Caremark.

Gold PPO

What will my prescriptions cost?

You will pay the applicable copay or coinsurance until you reach your prescription drug out-of-pocket maximum. Once you meet the out-of-pocket maximum for the year, any remaining prescriptions for eligible covered expenses will be covered at 100%.

Silver CDHP

What will my prescriptions cost?

There are three phases of prescription drug coverage in a Consumer Driven Health Plan (CDHP).

1. In the deductible phase, you pay 100% of your eligible expenses until you meet your medical and prescription drug deductibles. You can use the funds in your HSA to cover your medications if you would like.
2. Once you've met your deductible, you are in the coinsurance phase. You now pay only the coinsurance amount (20%) until you reach your medical and prescription drug annual out-of-pocket maximum.
3. Once you've met your deductible and the out-of-pocket maximum for the year, you reach the fully covered phase and all remaining drugs will be covered at 100% for eligible expenses for the rest of that calendar year.



Over the Counter Medications

Certain over-the-counter (OTC) medications are available at no cost to you if you are enrolled in CVS Caremark for pharmacy services. A full listing of OTC medications is available at hitachi.us/benefitpool.

To receive coverage, you must get a prescription for the OTC medication (amount and dosage) from your doctor, then have it filled at any network pharmacy.



CVS Prescription Drug FAQs

What is a generic medication?

A generic drug is one that is chemically equivalent to its higher-cost, brand-name counterpart. FDA-approved generics are just as safe and effective as the original brand name drugs. Generics can cost on average between 30% and 80% less than brand name drugs. If you are taking a brand-name drug, ask your doctor if there is a less expensive generic medication that would be appropriate for you.

What if I choose a brand-name drug when a generic equivalent is available?

You can do that, but if you are in a PPO plan, you will be responsible for the generic drug copay plus the cost difference between the brand-name drug and the generic equivalent. If you are in a CDHP, you will pay the cost of the brand-name drug.

How do I know how much my medication costs?

Information about your prescription benefits is available at hitachi.us/benefitpool. You can access details about your prescription drug benefits from CVS/Caremark, by either clicking on **Help me manage my prescriptions** from the home page or by clicking **My Benefits**, then **Pharmacy** from the top of the home page.

What is Mail Order?

If you are taking a medication to treat a chronic condition such as high blood pressure, high cholesterol, or heart disease, the most efficient way to fill that prescription is through mail order. You can have up to a 90-day supply delivered to your home with free standard shipping. You receive a three-month supply; however, you only pay a two-month copay. To start using home delivery, ask your doctor to e-prescribe or fax your 90-day prescription to CVS Caremark. You can also contact CVS Caremark by calling them at the number on your ID card to start using home delivery.

What is a specialty drug?

Some prescription drugs are classified as specialty medications. People take specialty medications for complex, chronic health conditions. If this applies to you or a covered family member, a highly trained Patient Care Advocate can work with you, your physician, and your medical plan carrier, to help with obtaining authorizations, coordinating billing, and even contacting you when it is time to refill your medications.

HOW DO I FIND A NETWORK PHARMACY?

Go to hitachi.us/benefitpool and click **My Benefits** at the top of the page, then click **Pharmacy** on the pull-down menu. From there, you can click **Find a Network Pharmacy location** under CVS Pharmacy Tools on the right of the page.

How does the Consumer Driven Health Plan work?



COVERAGE



DEDUCTIBLE



COINSURANCE



OUT-OF-POCKET MAXIMUM



HBP PAYS THE REST...
of all eligible network expenses

You pay 100% for covered care until you meet the deductible

After the deductible is met, you and HBP share covered costs

Once you hit your out-of-pocket maximum, HBP pays 100% of covered network costs until the end of the plan year

■ You pay
■ HBP pays

Use Your HSA Debit Card for Qualified Expenses

- Simple, secure login
- Check account balances
- View account activity
- Schedule HSA contributions
- Review and verify qualified expenses
- Make a payment from account
- Enter and track expenses
- Easily access Customer Service

Once you enroll, open your account at www.myaccounts.hsabank.com

You will receive a Welcome Kit from HSA Bank within 7-10 days 7-10 business days

You can make contributions to your HSA up to the annual IRS maximums

For 2022 the maximums are:

- **\$3,650** if you enroll just yourself in medical coverage under the CDHP
- **\$7,300** if you enroll other family members in medical coverage under the CDHP
- An additional **\$1,000** in catch-up contributions (if you will be age 55 or older in 2022)

Two Investment Options For Your HSA

Devenir Guided Portfolio Self-Directed Investment Program

- Pre-selected, no-load mutual funds covering a range of asset classes
- HSA Guided Portfolio tool used to select investment elections in line with your individual needs
- Quarterly performance review of mutual fund selections by SEC-registered investment advisors

TD Ameritrade Self-Directed Brokerage Option

- Stocks/Bonds/ETFs/Options
- Thousands of mutual funds
- Four ways to place trades: website, telephone, mobile device, and broker
- Integrated online access to trading, balance information, and much more through HSA Bank's Member Website

HBP also makes a contribution to help your HSA balance grow faster. This contribution counts toward the overall IRS maximum, so be sure to plan your own HSA contributions with the Hitachi contribution in mind to avoid exceeding the annual contribution limit.

To help your balance grow even faster, you can invest your balance if it reaches \$1,000. 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 the Health Savings Account (HSA) Works

An HSA makes it easy to pay for current health care costs while also saving for future health care expenses. You can use HSA funds to pay for current eligible out-of-pocket expenses; however, unlike an FSA, there are no “use it or lose it” provisions. Your unused HSA funds remain in your account where they can grow tax-free to be used for eligible expenses you incur further down the road—even into retirement. Employees may also change the amount of their contributions throughout the year.



If you enroll in a Consumer Driven Health Plan (CDHP), you may be eligible to open a Health Savings Account (HSA) through HSA Bank to help pay for eligible health care expenses not covered under your medical, dental, or vision plan. An HSA makes it easy to pay for current health care costs and save for future health care needs now or into retirement.



The HSA provides a triple tax advantage

FIRST, you make your contributions on a pre-tax basis.

SECOND, your balance earns interest tax-free.

THIRD, any withdrawals you make to pay for qualified expenses are tax-free.

CDHP with Health Savings Account FAQs

What are the benefits of an HSA?

An HSA offers the opportunity for you 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 the company, the account goes with you. HSAs can also provide a great vehicle for saving for medical expenses in retirement.

You can contribute to your HSA up to annual IRS maximums with pre-tax dollars.

How much can I contribute?

Contributions cannot exceed the annual IRS maximums listed below:

COVERAGE TYPE	2022 Maximum Contribution Limit	2022 Employer Contribution	2022 Maximum Employee Contribution will vary from division to division
EMPLOYEE ONLY COVERAGE	\$3,650	\$400	\$3,250
EMPLOYEE PLUS SPOUSE COVERAGE	\$7,300	\$900	\$6,400
EMPLOYEE PLUS CHILD COVERAGE	\$7,300	\$900	\$6,400
FAMILY COVERAGE	\$7,300	\$1,300	\$6,000
AGE 55+ CATCH-UP CONTRIBUTION		Additional \$1,000	

How do I get the employer contribution?

In 2022, Hitachi will deposit up to \$400 annually for individual coverage, \$900 for employee plus spouse or employee plus child, and up to \$1,300 annually for family coverage. Hitachi will begin to make its contributions after the effective date of your HSA.

How do I get reimbursed?

When you enroll in an HSA, you will receive an HSA Bank debit card to pay for eligible expenses within 10 to 14 days after your enrollment is processed. HSA Bank allows up to two free debit cards per account. You can also go to myaccounts.hsabank.com to set up your online account with HSA Bank. Once you set up your account, you can do all of 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

Are HSAs tax-free?

Yes! HSAs give you a triple tax advantage: your contributions to the HSA are not taxed, payment of qualified expenses is tax-free, and earnings are tax-free.* Keep in mind, there are a few important rules you need to follow. If you use your HSA funds for expenses the IRS considers eligible, the money remains tax-free.* If you use funds for ineligible expenses, you will pay applicable taxes and an excise tax penalty (currently 20%).

When will my HSA go into effect?

If you are newly enrolling in an HSA, it 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 expenses.

What about the fine print?

- You must be enrolled in a qualified Consumer Driven Health Plan (CDHP).
- You cannot be covered under another non-qualified 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.

Questions?

Call our dedicated team at (844) 650-8952.

* State taxes may still apply in CA, NJ, and AL. For detailed tax implications of an HSA, please contact your professional tax advisor.

Dental Coverage Worth Smiling About

Good dental care improves your overall health. Our dental plan helps you maintain a healthy smile through regular preventive dental care and offers coverage to fix problems as soon as they occur. The following dental plan is available to you:

HOW DO I FIND AN IN-NETWORK PROVIDER?

Visit the Delta Dental website at deltadentalins.com



Delta Dental Platinum PPO

Explanation of Your Dental Plan

PPO Dental Plan

The Delta Dental Platinum Plan allows you to choose your own dentist. As a preferred provider organization (PPO), this plan utilizes a network of dentists and specialists who have agreed to provide dental care at discounted fees.

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. Further, 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. Please note that Delta Dental does not issue Dental ID cards. However, you may request a dental card by visiting deltadentalins.com.

Platinum Dental PPO

DENTAL (DEPENDENT CHILDREN ELIGIBILITY – TO AGE 26)	IN-NETWORK	OUT-OF-NETWORK
CALENDAR YEAR DEDUCTIBLE INDIVIDUAL / FAMILY	\$50 / \$150	\$50 / \$150
	YOU PAY:	
PREVENTIVE & DIAGNOSTIC SERVICES (E.G., X-RAYS, CLEANINGS, EXAMS)	3 cleanings per year, no charge (preventive care does not apply to annual maximum)	3 cleanings per year, no charge (preventive care does not apply to annual maximum)
BASIC SERVICES	10%	20%
MAJOR SERVICES	40%	50%
CALENDAR YEAR MAXIMUM (ORTHODONTIA EXPENSES DO NOT APPLY)	\$2,000	\$1,750
ORTHODONTIA	50% Children and Adults	50% Children and Adults
LIFETIME ORTHODONTIA MAXIMUM (PER PERSON)	\$2,000	\$1,750

Your Cost for Coverage

While Hitachi pays the majority of the medical and dental premiums for you and your dependents, you also contribute to your health care costs.

You can select different coverage levels for medical and dental coverage and opt into vision coverage 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 your Domestic Partner. The value of Domestic Partner coverage will be taxable to you.

2022 Employee Monthly Contributions		2022 MONTHLY PREMIUMS
ANTHEM GOLD PPO	Employee Only	\$149.41
	Employee and Spouse	\$322.66
	Employee and Child(ren)	\$290.44
	Employee and Family	\$464.69
ANTHEM SILVER CDHP	Employee Only	\$94.71
	Employee and Spouse	\$204.07
	Employee and Child(ren)	\$183.32
	Employee and Family	\$293.74
DELTA DENTAL OF NEW YORK PLATINUM	Employee Only	\$9.81
	Employee and Spouse	\$20.05
	Employee and Child(ren)	\$25.88
	Employee and Family	\$39.70

Flexible Spending Accounts (FSAs)

Save Money by Planning Ahead



Flexible Spending Accounts (FSAs), administered by MyChoice® Accounts, (who also manage our commuter benefits as detailed later in this guide), 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.

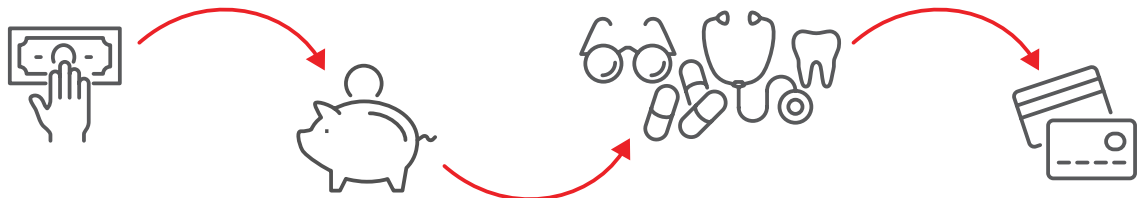
Health Care FSA – 2022 IRS Annual Maximum \$2,850

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.

You are responsible for monitoring the contributions you made to a prior employer's plan to ensure you don't over-contribute if you are enrolling mid-year.

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/contact lenses, and much more. For a complete list, refer to IRS Publication 502: Medical and Dental Expenses, available at [irs.gov/publications](https://www.irs.gov/publications). *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 covers eligible dental and vision expenses. The 2022 IRS LPFSA contribution limit is the same as the HCFSA: \$2,850.*

How it works:



Choose a contribution amount when you enroll, up to the IRS limit.

Your contributions are deducted BEFORE federal, FICA, and in most cases, state taxes are calculated. This reduces your taxable income every payday.

Pay for eligible health care expenses with tax-free money with your FSA debit card.

What's in the FSA 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.**
- 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 31st** of the following year (e.g., March 31, 2023 for claims incurred in 2022) to submit a claim for reimbursement. Any funds in the account after this date will be forfeited.
- FSA debit cards cannot be used for reimbursement of runout claims incurred in the prior year. The debit card is associated with the current year FSA account and can only be used for claims incurred during that year. If you have runout claims for the prior year after December 31, you must pay them from other sources and then seek reimbursement.

**FIND A COMPLETE LIST
OF ELIGIBLE EXPENSES:**
irs.gov/publications

Dependent Care FSA
IRS Publication 503

Health Care FSA IRS
Publication 502



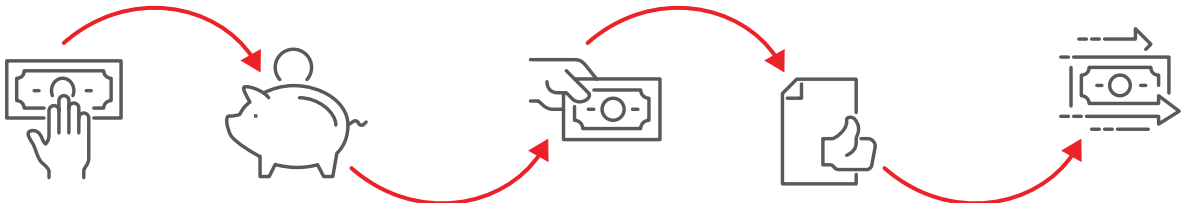
Dependent Care FSA – IRS 2022 Annual Maximum \$5,000*

Your Dependent Care (or daycare) FSA lets you use pre-tax dollars to pay daycare 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 attend school full-time. Care may be provided through live-in care, babysitters, or licensed daycare centers. Unlike the Health Care FSA, you can be reimbursed only up to the amount available in your account after your payroll contributions. You may contribute up to \$2,500 if you're married and filing a separate income tax return or up to \$5,000 if single or married and filing a joint income tax return.



TIP: It is important to estimate your future year costs as accurately as possible. FSA funds do **NOT** rollover from year to year, and you will lose funds left in your account.

How it works:



Estimate day care provider expenses.
Contribute up to \$5,000 with pre-tax money.

Pay your
provider(s).

Submit reimbursement
claim.

Funds will be deposited
into your account or
paper check.

FSA's offer sizable tax advantages, but are subject to IRS regulations:

- Participants cannot roll over any unused funds to the following year. All unused funds will be forfeited. 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.
- Once you enroll in the FSA, you can only change your contribution amount if you experience a Qualified Life Event.
- You may only use your FSA for expenses for a Domestic Partner if your Domestic Partner is also your IRS Dependent.
- Each account functions separately. You cannot transfer funds from one FSA to another.
- 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.

*\$2,500 if married but filing separately.

CONNECTING YOU



iontuition™

Tuition Management

The Hitachi Benefit Pool provides you and your family with free access to IonTuition.com, a student loan management and repayment benefit. Through IonTuition you can access a variety of student loan repayment and college planning tools including calculators, search engines, and expert counseling.

IonTuition allows you to manage all student debt on one platform and sync all your loan information so you can see an aggregated total and track your repayment progress. You can also search for better repayment plans and pre-qualify for income-driven plans to lower your payments.

IonTuition also lets you connect with concierge loan advisors via phone or web-chat, find unbiased refinancing offers from vetted lenders, and locate the best college for the price.

LEARN MORE:

To set up your free account and get started, simply go to portal.iontuition.com/hitachi and complete the form.

Rethink Benefits

Rethink's award-winning, research-based program provides support to parents who are raising children with learning or behavior challenges or developmental disabilities at **NO COST** to employees.

*Rethink -
inspiring
hope and
empowering
potential.*

Parents can take advantage of live tele-consultation with behavioral health experts to answer questions and provide guidance as they support their children in reaching their potential. Tele-consultations can take place over the phone or via video chat 24 hours a day, seven days a week. Common tele-consultation topics include:

- Teaching new skills
- Addressing problem behaviors at home
- Troubleshooting lack of progress
- Collaborating with schools and other providers
- Coping with the stress of a new diagnosis or ongoing daily struggles at home
- Getting the most out of the Rethink platform

Rethink provides parents with a variety of resources, training, and support in a simple web-based format. Parents have access to printable materials such as flashcards, worksheets, schedule templates, and token boards. They can watch hundreds of easy-to-follow videos from an expansive library depicting behavioral health experts teaching children skills such as:

- **Language** - from beginning speech to back and forth conversation
- **Socialization** - from making eye contact and basic sharing to telling jokes and working in groups
- **Self-help** - from using utensils and dressing to brushing teeth, hygiene, and doing laundry
- **Academics** - from matching and following directions to answering reading comprehension and math word problems
- **Vocation training** - from writing an email to filling out a job application
- **New in 2022: Family Wellbeing Content** - Learn the basics of a mindfulness and meditation practice to unlock more focus, calm, happiness and to manage stressful times

...and much, much more!

rethink
BENEFITS

READY TO GET STARTED?

Sign up today and set up your Rethink account. Contact us at (800) 714-9285 or visit hbp.rethinkbenefits.com to enroll today!

Use code: **HBPRethink**.

Questions?

Hello. I'm Sofia.
What can I help
you with today?

SofiaSM



**Chat with SofiaSM, your personal
virtual benefits assistant**

- Available 24/7/365, no waiting – get answers when you need them
- She speaks over 20 languages
- Access from ***hitachi.us/benefitpool*** and the MyChoice[®] Mobile App

Hitachi Benefit Pool

CONNECTING YOU

Hitachi Benefit Pool Service Center

(844) 318-3274

7:00 AM - 7:00 PM CT Monday-Friday

hitachi.us/benefitpool

CONNECTING YOU

To benefit contacts and resources

Coverage	Contact	Policy number	Phone	Website
Medical	Anthem BCBS Medical and Anthem Health Guide	#270130	(877) 411-1637	anthem.com
	CVS Caremark	#4135	(855)-311-3078	caremark.com
	Kaiser Permanente	#233227 So. CA	(800) 464-4000	kp.org
		#605279 No. CA	(800) 464-4000	
		#20585 NW	(800) 813-2000	
Telemedicine	LiveHealth OnLine (for Anthem Members)	N/A	(888) 548-3432	livehealthonline.com
Health Savings Account (HSA)	HSA Bank	N/A	(800) 357-6246	hsabank.com
Healthcare Financial Wellness	Amino	N/A	(800) 332-6466	amino.com/register/sponsor
Dental	Delta Dental of New York	#18456	(800) 932-0783	deltadentalins.com
Flexible Spending Accounts (FSAs)	MyChoice Accounts	N/A	(855) 883-8541	hitachi.us/benefitpool
Identity Theft	ID Watchdog	N/A	(866) 513-1518	idwatchdog.com
Student Loan Repayment Benefits	Ion Tuition	N/A	N/A	portal.iontuition.com/hitachi
Rethink Benefits	Rethink Benefits	N/A	(800) 714-9285	hbp.rethinkbenefits.com
Diabetes & Hypertension Management	Livongo	N/A	(800) 945-4355	Get.livongo.com/HITACHI/register
Back and Joint Pain Management	Hinge Health	N/A	(855) 902-2777	hingehealth.com/hitachi
Fertility and Parenting Resources	Fertility IQ	N/A	(601) 348-7570	hbp.fertilityiq.com
401k Retirement Plan	Fidelity Investments	N/A	(800) 835-5095	netbenefits.com

hitachi.us/benefitpool

Hitachi Benefit Pool

CONNECTING YOU