



MEMBER KIT

Say hello to your benefits.

hello.

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Harmony. Honor. Humanity.

Nippon Life Benefits delivers exceptional value based on our Japanese heritage which emphasizes respect and honor.

As a member with Nippon Life Benefits, you have access to best-in-class service and insurance products tailored to meet your needs. This Member Kit will be your guide to help you navigate your benefits.

We are happy to serve you.

NEED ASSISTANCE?

Contact our customer service team:

ENGLISH & SPANISH: 800-374-1835, 7am - 7pm CT, M-F

JAPANESE: 800-971-0638, 8am - 7pm CT, M-F

KOREAN: 877-827-8713, 8am - 5:30pm CT, M-F

Getting Started

ENROLLMENT PROCESS

ENROLLMENT FORM

You will need to complete an enrollment form. Please print clearly to avoid any delays in enrollment.



BENEFIT INFORMATION:

You will receive details regarding your plan (i.e. Benefit Summary, SBC, Group Plan Booklet Certificate)



PERScription INFORMATION

- Drug Listing
- Prior Authorization Listing



DECLINING COVERAGE

If you do not elect medical coverage at the initial enrollment offering, you must wait until your employer's next annual Open Enrollment period or Special Enrollment as defined by the Group Plan.

Please take note of these specified time periods which are defined in the Policy and Booklet Ce

POST ENROLLMENT

ID CARD

You will receive your ID card after your eligibility is completed in our system. The *Understanding Your Benefit ID Card* resource in this kit can help you familiarize yourself with your card.

ONLINE MEMBER RESOURCES

Important resources just for you! Visit www.nipponlifebenefits.com where you'll find multiple ways to access information. Need to find a provider? Then click the "Provider Search" tab which is located at the top right of the home page. Plus, there are many more resources for members:



MEMBER SERVICES PAGE

- Claims Information
- Standard Claim Forms
- Find an In-Network Provider
- Prior Authorization Information



PLEASE LOG IN TO HAVE ACCESS TO THE FOLLOWING

- Find an In-Network Provider
- Benefit and Eligibility Information
- Order ID Cards
- Claim Activity (EOBs)
- Access to the Wellness Portal
- Claims Correspondence
- Print Temporary ID Cards
- Access to HSA or FSA/HRA*

* If applicable

CLAIMS RESOURCES & SPECIAL PROGRAMS

PERScription SERVICES

CVS Caremark is our Pharmacy Benefits Manager and together we offer Retail and Mail Order services. There are plenty of ways to save with prescriptions:



FREQUENTLY UPDATED MATERIALS:

Available on the member site to guide you and your doctor on your drug options. Review the Quick Reference Drug List/Formulary and the Prior Authorization/Specialty Listing for prescription coverage.



REGISTRATION:

We encourage you to register on www.caremark.com to get access to tools like the 'Check Drug Coverage & Costs' tool. Mail order forms and drug lists are also available.



CUSTOMER SERVICE:

CVS Caremark Customer Service: 866-644-7527

Specialty Drug Customer Service: 866-294-2779

CLAIMS

Your provider should file the claim for you if you go to an in-network provider. If you choose an out-of-network provider, you may need to submit the claim manually. Claim forms with instructions can be found on the member services page.

PREVENTIVE SERVICES

We cover a set of preventive services such as shots and screening tests at no cost to you. To view a complete list of the covered preventive services, please visit:

<https://www.healthcare.gov/coverage/preventive-care-benefits>

* Please note that information is subject to change.

CASE MANAGEMENT SERVICES

Case managers are assigned to help you work through complex or difficult medical situations you may be facing. They provide early risk identification to provide support with assessment, care plan development and execution and monitoring.



IF YOU HAVE QUESTIONS...

Contact Nippon Life Benefits Customer Service:

NIPPON LIFE BENEFITS CUSTOMER SERVICE:

English & Spanish: 800-374-1835

Japanese: 800-971-0638

Korean: 800-827-8713

Understanding Your ID Card

YOUR ID CARD EXPLAINED

- 1 GROUP #**
The Employer's Account Number.
- 2 NIPPON LIFE BENEFITS**
Your insurance carrier.
- 3 EFF**
Your original Effective Date with Nippon Life Benefits.
- 4 ID #**
Your member ID number, which is used instead of your Social Security number.
- 5 BENEFIT PH #**
Your ID card is not a guarantee of coverage. Your provider should call this number for verification of coverage.
- 6 CVS CAREMARK**
Your Pharmacy Network. To locate a participating pharmacy, go to: www.caremark.com.
- 7 PROVIDER NETWORK**
Your Medical, Dental, and or Vision networks. If your plan doesn't use a network, these sections will be left blank.
- 8 DEDUCTIBLE AND OUT-OF-POCKET AMOUNTS**
Deductible and out-of-pocket amounts for both in and out of network are displayed. If the member has family coverage, those amounts will be displayed as well.
- 9 QUEST SELECT**
This is an optional benefit designed to save you money on outpatient laboratory needs covered by your medical plan. Please note this is not available on all plans.
- 10 CLAIMS ADDRESS**
In most cases, your provider will submit claims for you. However, you may mail it to the address on your ID card if you need to submit a claim.
- 11 INTERNATIONAL COVERAGE**
For Outside of the U.S. care and claims, please contact Aetna International at 1-800-231-7729 or visit www.aetnainternational.com.

Understanding Your ID Card

ABC COMPANY

Group #: L55500

2  Nippon Life Benefits®

3 **Eff:** 01/01/2024

4 **ID#** 000000000

Name: JOHN DOE

Depts: JANE JILL JACK

Coverage Type: Medical, Dental, Prescription/ Mail Rx, Vision

Benefits Ph # 800-374-1835 (24/7 verification) **Japanese Ph #** 800-971-0638

Caremark Information: www.caremark.com

5 **Pharmacists call:** 800-364-6331

Members Call: 866-644-7257

RxBIN: 004336

RxPCN: ADV

RxGRP: RX222



Provider Network
AETNA SIGNATURE ADMINISTRATORS
AETNA DENTAL ADMINISTRATORS



8 Fam Ded: \$/ \$
Fam OOP: \$1000 / \$60000 Coins: 0\$ / 0\$

- RECERTIFICATION IS REQUIRED IN ADVANCE FOR:
- NON-EMERGENCY HOSPITAL ADMISSIONS CALL 1-877-518-0770
- CERTAIN OUTPATIENT PROCEDURES CALL 1-877-518-0770
- FAILURE TO COMPLY MAY REDUCE BENEFITS
- FOR EMERGENCY SERVICES ADMISSIONS, NOTIFICATION IS REQUESTED WITHIN 2 BUSINESS DAYS OF ADMISSION

9 
Formerly Lab Card®
QuestSelect.com • 800-946-7788

10 **Send Medical Claims to:**

Nippon Life Insurance Co. America
PO Box 4387
Clinton, IA 52733

Electronic Claims – Payer #81264

Send Dental Claims to:

Nippon Life Insurance Co. America
PO Box 4387
Clinton, IA 52733

Electronic Claims – Payer #81264

Insurance provided by Nippon Life Insurance Company of America

Aetna Participating doctors and hospitals are independent providers and are neither agents nor employees of Aetna.

Aetna Participating dentists are independent providers and are neither agents nor employees of Aetna.

11 Visit us at www.nipponlifebenefits.com

Nippon Life Insurance Company of America

For Outside of U.S. care and claims, please contact Aetna International at + 1-800-231-7729 or www.aetnainternational.com.

The above card is for illustrative purposes. Your card may vary depending upon your state of residence, plan provision, and vendors.

Find a Provider

NETWORK ACCESS **Aetna Signature Administrators®**

With your medical and/or dental coverage, you have access to a strong network of healthcare providers. As a member, you can save money by visiting an in-network healthcare provider through our partnership with Aetna Signature Administrators® and Aetna Dental Administrators®.

Follow these steps below to find a doctor, dentist, or hospital within your network.

1. Go to the Nippon Life Benefits website, www.nipponlifebenefits.com. Then click the “Provider Search” tab on the right-hand side of the screen.



2. Select the type of coverage you are looking for in the top box. Select your network in the box below.



3. That link will take you to the Aetna Participating Provider Directory site. Type in the zip, city, county, or state you would like to search. Select one from the list that matches your search. You can change the search radius if needed. If you are not redirected, check to ensure your pop-up blocker is turned off.

Start Search Here

Please enter your **home** location (zip, city, county or state) to access providers specific to your plan benefits.

10010 (New York, NY)

Traveling? You can change your location after you select your plan

Look within

25 Miles

0 Miles 100 Miles

Search

4. There are two ways to search for providers: You can enter a keyword such as doctor name, facility, or specialty into the top search field. Then click the “Provider Search” tab which is located at the top right of the home page.

What do you want to search for near 10017 (New York, NY)? [Change location >](#)

Q Primary Care

Choose a result below to finish your search

Healthcare Providers & Practices

John Doe MD (Primary Care) - New York, NY

ABC Primary Care Associates - New York, NY

Specialists & Specialty Types

Primary Care Physician (PCP)

Find a Provider

-OR-

Click one of the categories provided and select a specific specialty or facility type.



5. The search results will be displayed.
- Results can be viewed as [List](#) or [Map](#) view
 - [Filter & Sort](#) allows you to narrow down results by criteria such as language, group affiliations, or office detail.
 - You can view up to 3 providers' information side by side at one time. Click "Add to Compare" then click "Compare."



Provider information contained in this directory is updated daily, excluding holidays, Sundays, or interruptions due to system maintenance, upgrades or unplanned outages. This information is subject to change at any time. Therefore please check with the provider before scheduling your appointment or receiving services to confirm he or she is participating in Aetna's network. Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. Notice of the change shall be provided in accordance with applicable state law.

Using the Member Portal

MEMBER PORTAL

YOUR PLAN AT YOUR FINGERTIPS

Nippon Life Benefits' members have access to a secure and personalized member portal to provide 24/7 access to benefit information. Registration is simple and takes just a few minutes.

With the member portal, you can:

1. **Find** in-network doctors, dentists, hospitals, pharmacies and urgent care.
2. **View** benefit information, plan documents, and accumulator balance amounts.
3. **Check** claim status and export claim information into an Excel document.
4. **Access** a temporary ID card, the Wellness Portal*, and FSA/HRA/HSA accounts*.

Follow the steps below to set up your member portal account:

IT'S EASY TO GET STARTED

STEP 1.

Go to the Nippon Life Benefits website, www.nipponlifebenefits.com.

STEP 2.

From the Login/Register tab on the top of the screen, select "Member" and click "Create My Account"

STEP 3.

Follow the prompts on each page to finish creating your account.

PLEASE NOTE that you will need to have access to your email or mobile phone to receive the verification code to activate. Once the account is setup, the same username and password can be used to log in to the Mobile App.

**If enrolled in medical*

Using the Member Portal

MEMBER PORTAL NAVIGATION

- 1 ABOUT ME**
View personal information, such as registered home address, phone number, or change your EOB delivery method from paper to electronic.
- 2 MY CORRESPONDENCE**
View and respond to letters received from Nippon Life Benefits.
- 3 MESSAGES**
All secure messages between you and Nippon Life Benefits customer service are housed here. An email notification will be provided when a message has been delivered.
- 4 MY PROFILE**
Update your password and e-mail address. If you update the e-mail address, you may also need to update the Electronic Contact Information under the Enrollment/Personal Information tab if you elected email as a communication option.
- 5 MY BENEFITS**
Provides a list of enrolled coverages by a covered individual. To view benefit summary information, click "View my benefits" and it will link you to the Benefits Information page to complete the process.
- 6 MY COSTS**
The pie chart shows you a summary of your cost- how much your plan covered and how much you paid out-of-pocket. Selecting View My Expenses takes you to My Claims page and shows your claim history.
- 7 MY LINKS**
Quick access to the other features, such as Find a Provider, the Wellness Portal, Print Temporary ID cards, FSA/HRA Accounts, and Claim Forms. Selecting View all of my links takes you to the Family Links page.

Nippon Life Benefits Hello JOHN! [Sign Out](#)

You are signed in as: Plan Participant: N00000000-00

Home | [My Expenses](#) | [About Me](#) | [My Correspondence](#) | [Messages](#) | [My Links](#) | [Family Links](#) | [My Profile](#)

My Dashboard

1 Home | **2** My Correspondence | **3** Messages | **4** My Profile

5 My benefits

- Medical** Covered: John
- Dental** Covered: John
- Vision** Covered: John
- Life** Covered: John
- LTD** Covered: John

[View my eligibility](#)
[View my benefits](#)

6 My costs | My balances

Benefit year 01/01/2020 - 12/31/2020
today's date

No claims found for the current benefit year.

[View my expenses](#)

Welcome to Nippon Life Benefits Member Portal!

Please refer to each tile or My Links above to navigate the website features. [Click here](#) to learn more about the portal.

7 My links

- Aetna Signature Administrators (ASA) Provider Search
- Aetna Dental Administrators (ADA) Provider Search
- CVS Caremark Pharmacy Network
- Drug Formulary
- EyeMed Insight Vision Network
- EyeMed Vision Care Member Page

[View all of my links](#)

Get your EOB electronically and go green!

Change your EOB delivery method from paper to electronic notification from the [Nippon My Lab](#). It is a **faster and easier** way to receive the statements, and you can save them in your computer too.

Questions?

Our dedicated Customer Staff is happy to assist you! Call our Customer Service at

- English/Spanish: **800-374-1835**
- Japanese: **800-971-0638**
- Korean: **877-827-8713**

If you have any questions with regard to the member portal, please contact customer service at:

ENGLISH/SPANISH: 800-374-1835,

JAPANESE: 800-971-0638,

KOREAN: 877 827-8713

Explanation of Benefits (EOB)

UNDERSTANDING YOUR STATEMENT

- 1 PRINT DATE**
Date the EOB was sent to print
- 2 PATIENT NAME**
Services and procedures broken out by family member
- 3 PROVIDER**
The healthcare physician, office, hospital, or facility that provided the service or procedure
- 4 CODE AND DESCRIPTION**
Procedure code and explanation of service provided
- 5 SERVICE DATE**
Date the services were provided
- 6 BILLED AMOUNT**
Fee charged by provider for treatment or service
- 7 DISCOUNT**
Negotiated reduced rate with networks, facilities, hospitals, or providers
- 8 ALLOWED**
Charges to be considered after discounts and ineligible amounts have been deducted
- 9 COB CREDIT**
Credit due to other entity paying as primary carrier
- 10 OTHER ADJUSTMENTS**
Negotiated or ineligible amounts that are not the member's responsibility
- 11 INELIGIBLE CHARGES**
Charges that were previously considered or not covered by your plan. Refer to Remark Codes
- 12 COPAY**
The amount paid by you per visit or treatment
- 13 DEDUCTIBLE**
The amount of covered charges that must be incurred by you before benefits are applied
- 14 AMOUNT SUBJECT TO COINS**
Calculated total after discounts, ineligible charges, and COB credits
- 15 PATIENT COINS %**
Percentage of coinsurance to be applied to allowed charges
- 16 COINS AMOUNT**
Coinsurance dollar amount for which you are responsible
- 17 AMOUNT PAID**
The amount paid to a provider and/or to you by Nippon Life Benefits
- 18 REMARK CODE/DESCRIPTION**
Explains why a portion was not paid by the plan
- 19 ISSUE DATE**
Date the claim was processed
- 20 PATIENT RESPONSIBILITY**
Portion of Billed Amount which is your responsibility
- 21 PAYMENT INFORMATION**
This shows if we paid the provider or if a check is attached to pay you
- 22 ACCUMULATORS**
Deductible and out-of-pocket amounts remaining for you or a family member
- 23 EOB DATE**
Date the next monthly EOB will be provided



P.O. Box 4387
Clinton, IA 52733

John Doe
123 Main Ave
Anytown, TX 77090

Questions? Contact us:
Toll Free: (800) 374-1835 - English & Spanish
(800)-971-0638 - Japanese
(877)-827-8713 - Korean
Fax: (913)-387-5915
Website: www.nipponlifebenefits.com
Group Number: A98900
Group: ABC COMPANY
Print Date: January 1, 2020

Consolidated Explanation of Benefits

This is not a Bill

2	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Patient's Name Provider Code & Description	Service Date(s)	Billed Amount	Discount	Allowed	COB Credits	Other Adjust- ments	Patient Responsibility			Amount Subject to Coins	Patient Coins %	Pat Resp Coins Amount	Amount Paid	Remark Code

3 **JANE DOE**
Claim #: 0030-04-S
Provider: BRYAN JONES, MD
Patient: JANE DOE
Pat. Acc. #: X1234
19 Issued 1/1/2020

00214 - OFFICE VISIT	01/01/20	100.00	13.28	86.72	0.00	0.00	0.00	20.00	0.00	66.72	0%	0.00	66.72	XVZ
Totals:		100.00	13.28	86.72	0.00	0.00	0.00	20.00	0.00	66.72		0.00	66.72	

4 Payment has been made to the health care provider.

Patient Responsibility: 26.00

JANE DOE
Claim #: 0030-23-S
Provider: DENNIS SMITH, DCS
Patient: JANE DOE
Pat. Acc. #: 003880
Issued 1/1/2020

00330 - DENTAL	01/16/20	129.00	0.00	129.00	0.00	0.00	4.00	0.00	0.00	125.00	0%	0.00	125.00	001
00140 - DENTAL	01/16/20	79.00	0.00	79.00	0.00	0.00	0.00	0.00	0.00	79.00	20%	15.80	63.20	
Totals:		208.00	0.00	204.00	0.00	0.00	4.00	0.00	0.00	204.00		15.80	188.20	

21 Payment has been made to the health care provider.

Patient Responsibility: 19.80

18 Remark Code Descriptions:

001 BENEFITS FOR THIS SERVICE MAY NOT EXCEED THE PREVAILING CHARGE (THE AMOUNT THAT MOST HEALTHCARE PROVIDERS CHARGE WITHIN A GEOGRAPHICAL COST AREA) AMOUNTS OVER THE PREVAILING CHARGE ARE NOT COVERED

XVZ PATIENT NOT RESPONSIBLE FOR PPO DISCOUNT

JANE DOE	PPO DEDUCTIBLE Remaining (of \$300.00)	\$154.55
	PPO OUT-OF-POCKET/CO-INS Remaining (of \$3,000.00)	\$2,854.55
	OTHER DEDUCTIBLE Remaining (of \$600.00)	\$454.55
	OTHER OUT-OF-POCKET/CO-INS Remaining (of \$6,000.00)	\$5,854.55
Family	PPO DEDUCTIBLE Remaining (of \$600.00)	\$354.55
	PPO OUT-OF-POCKET/CO-INS Remaining (of \$6,000.00)	\$5,515.19
	OTHER DEDUCTIBLE Remaining (of \$1,200.00)	\$954.55
	OTHER OUT-OF-POCKET/CO-INS Remaining (of \$12,000.00)	\$11,515.19

2020

JANE DOE	DENTAL DEDUCTIBLE Remaining (of \$50.00)	\$0.00
Family	DENTAL DEDUCTIBLE Remaining (of \$150.00)	\$77.00

Please see your Certificate-Booklet for a more detailed explanation of your plan benefits, exclusions, and maximums. The dollars displayed immediately above are as of the Print Date and are subject to change. Your next Consolidated Explanation of Benefits, if any claims are processed, will be issued no later than the week of: 11/03/2013

Utilization Review

UNDERSTANDING YOUR STATEMENT

INPATIENT AND OUTPATIENT PRIOR AUTHORIZATION

For hospital admissions, some outpatient procedures, and some medications, Nippon Life Benefits requires prior authorization. This process helps to reduce unnecessary medical expenses and ensure coverage is available should you or a family member require inpatient or outpatient care.

YOUR RESPONSIBILITY

Depending on your benefit program, failure to obtain prior authorization may result in reduced benefits. Please check your benefit booklet-certificate for details. Your benefit booklet-certificate can be found on the member portal. Keep in mind that all eligible services are subject to medical necessity requirements and plan provisions.

If you or a family member are in need of care, members should call the number located on the back of their benefits card in the area highlighted below.

Fam Ded: \$ / \$
Fam OOP: \$1000 / \$60000 Coins: 0\$ / 0\$

- RECERTIFICATION IS REQUIRED IN ADVANCE FOR:
- NON-EMERGENCY HOSPITAL ADMISSIONS CALL 1-877-518-0770
- CERTAIN OUTPATIENT PROCEDURES CALL 1-877-518-0770
- FAILURE TO COMPLY MAY REDUCE BENEFITS
- FOR EMERGENCY SERVICES ADMISSIONS, NOTIFICATION IS REQUESTED WITHIN 2 BUSINESS DAYS OF ADMISSION

QuestSelect™
Formerly Lab Card®
QuestSelect.com • 800-646-7788

Send Medical Claims to:

Nippon Life Insurance Co. America
PO Box 4387
Clinton, IA 52733

Electronic Claims – Payer #81264

Send Dental Claims to:

Nippon Life Insurance Co. America
PO Box 4387
Clinton, IA 52733

Electronic Claims – Payer #81264

Insurance provided by Nippon Life Insurance Company of America

Aetna Participating doctors and hospitals are independent providers and are neither agents nor employees of Aetna.

Aetna Participating dentists are independent providers and are neither agents nor employees of Aetna.

Visit us at www.nipponlifebenefits.com
For Outside of U.S. care and claims, please contact Aetna International at + 1-800-231-7729 or www.aetnainternational.com.

Nippon Life Insurance Company of America
For Outside of U.S. care and claims, please contact Aetna International at + 1-800-231-7729 or www.aetnainternational.com.

The above card is for illustrative purposes. Your card may vary depending upon your state of residence, plan provision, and vendors.

PRIOR AUTHORIZATION/PRECERTIFICATION

LOOKING FOR MORE INFORMATION

For more information on navigating inpatient, outpatient, or prescription medication prior authorization, we encourage members to visit www.nipponlifebenefits.com/member-service and select the “Prior Authorization” tab.

THERE YOU CAN FIND:

1. Definitions
2. A Detailed List of Services
3. Member Instructions & Requirements
4. Frequently Asked Questions and Answers
5. Legal Disclaimers

DID YOU KNOW?

Prior Authorization helps to manage costs and can improve care. In fact, according to a Government Accountability Office study, clinicians, hospitals, and suppliers reported that prior authorization reduced unnecessary utilization and improper payments¹

¹*CMS Should Take Action To Continue Prior Authroization Efforts to Reduce Spending*. United States Government Accountability Office. 2018. <https://www.gao.gov/products/GAO-18-341>

Additional Resources

AETNA INTERNATIONAL®

INTERNATIONAL BENEFITS PLAN Powered by Aetna International

Our international benefits are designed to provide you with peace of mind related to any healthcare needs while traveling abroad whether they are scheduled or urgent based needs. The international benefits are supported by the Aetna International provider network with over 165,000+ providers outside of the US delivering seamless access to quality care wherever you may be.

GET CONNECTED BEFORE YOU TRAVEL

Before traveling, please register on the Aetna International website and download the Aetna International mobile app so you are prepared should healthcare be needed when traveling. Simply go to www.aetnainternational.com to register.

TO SCHEDULE SERVICES

1. Find a provider in the Aetna International direct pay network via online, mobile app, or by calling Member Services.
2. Mention you're a Nippon Life Benefits member with Aetna International coverage when you schedule the appointment.
3. Notify Aetna International by requesting a Letter of Authorization. Submit your request online or by calling Member Service.
4. Show your Nippon Life Benefits member ID card when you go to your appointment.

USING YOUR MEMBER ID NUMBER:

Your Aetna International member ID number is the same as your Nippon Life Benefits member ID number, but without letters. For example, an ID number of "N12345678" would be "12345678". Provide this ID number for registration, claim submission or when calling member services.

FOR MORE INFORMATION

You can call the member services team at 1-800-231-7729 to help with any international benefit questions, finding a provider, claim questions, etc.

Visit https://www.aetnainternational.com/en/nippon_life_benefits.html for more information. Our exclusive Nippon Life Benefits International Benefits Microsite will provide you with materials and more details on what you need to know before you travel abroad.

ACTIVE & FIT DIRECT®

PUT SOME MORE FIT IN YOUR BENEFITS

Nippon Life Benefits has partnered with Active & Fit Direct to provide our members with a unique program that gives them access to a large network of fitness centers and online resources so you can work out the way you want.

ACTIVE & FIT DIRECT GIVES YOU:

- Access over 9,300 digital workout videos
- Receive unlimited one-on-one lifestyle coaching
- Select from 12,200+ fitness centers and studios, switch gyms anytime
- No long term contract

ALL FOR JUST \$28/MONTH!*

HOW'S IT WORK?

All Nippon Life Benefits members enrolled for medical coverage who are over 18 have access to the program. Follow the steps below to set up your account.

1. REGISTER

Registration and account information can be accessed through the Member Portal at www.nipponlifebenefits.com. Select the "My Links" tab at the top of your screen, and choose "Active & Fit." Follow the prompts to create your account.

2. EXPLORE

View the top brand, discounted fitness centers and find out which one is right for you.

3. STAY CONNECTED

Use the Active&Fit Connected! tool to track activity and meet your goals!

**Plus \$28 enrollment fee and applicable taxes. The Active&Fit Direct program is provided by American Specialty Health Fitness, Inc. a subsidiary of American Specialty Health Incorporated (ASH).*

Additional Resources

WELLNESS SERVICES

NIPPON LIFE BENEFITS WELLNESS SERVICES

HOW DOES IT WORK?

We want to help you be the healthiest you can be! Included in your plan is a personalized Wellness program that is focused on your health. There are two programs available to members; Our Wellness Services Web Portal and Health Actions.

WELLNESS SERVICES WEB PORTAL

- Get action items tailored just for you
- Easy access to your health information when you need
- Use trackers for healthy eating and exercise

HEALTH ACTIONS

- Suggest medical screenings, tests, or treatments
- Inform you of opportunities for better healthcare
- Alert you of potential drug interaction issues

Access the Wellness Services Web Portal through the member portal on our website, www.nipponlifebenefits.com. Follow the prompts under the “My Links” section to visit. For questions on Health Actions, members can call 877-518-0770.

TELADOC®

QUALITY CARE AT YOUR FINGERTIPS

In partnership with Teladoc, Nippon Life Benefits offers a telehealth service to our medical enrolled members. This service provides you access to a network of U.S. Board-certified licensed physicians for non-emergency medical care via phone call or online video chat.

HOW DOES IT WORK?

When you feel unwell, simply log in to your account at www.teladoc.com and request a visit with a doctor by either a phone or video call. Talk to the doctor during your visit and if necessary, a prescription will be sent to the pharmacy of your choice. There is no need to submit claim forms. Teladoc visits are not available outside of the United States.

GETTING REGISTERED

Creating your account is simple. Go to www.teladoc.com and select "Get Started Now." Follow the prompts on screen to complete your registration. Be sure to select the name of your employer during registration. Once complete, you will receive a confirmation email that your account is ready.

ELEGIBILITY

All members who have requested medical coverage from Nippon Life Benefits are eligible to receive this benefit. Registration must be completed with Teladoc in order to initiate eligibility.

COST

The cost of a Teladoc visit varies depending on your plan design. For PPO plan members, there is no cost. For HDHP members, \$55/visit will be charged.

DID YOU KNOW?

Teladoc is the oldest and largest telemedicine company in the United States. It delivers services nationally in all 50 states*.

*Arkansas and Delaware State Regulations require an initial video consult and an additional video consult every 24 months thereafter. Subsequent visits may be via phone or video. Idaho only allows video consults.

Additional Resources

SPECIAL DELIVERY PRENATAL PROGRAM

GIVING BABIES A HEALTHY START

Your baby's health is important to us. That's why Nippon Life Benefits offers Special Delivery, a comprehensive program designed to promote health for soon-to-be moms and babies, at no cost to you.

SPECIAL DELIVERY PROVIDES

- A voluntary health screening
- An informative book regarding pregnancy and childbirth
- 24/7 access to pregnancy-related health resources

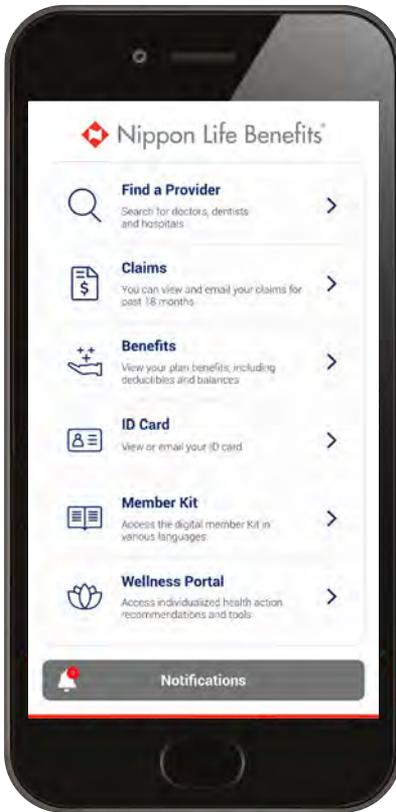
Additionally, Nippon Life Benefits encourages all expecting mothers to participate in the program. For those who enroll in the first 20 weeks of pregnancy, NLB will award the participant with \$100.

To learn more or to enroll in the Special Delivery Program, visit the "My Links" section in the member portal and click "Special Delivery Prenatal Program." To view our complete brochure, enrollment is simple, just call: 1-833-462-0090

Mobile App

With our Nippon Life Benefits® mobile app, you can access your information... **anywhere, anytime.**

FEATURES



With the Nippon Life Benefits® mobile app, you can:

FIND A PROVIDER

Easily find providers and facilities in your area or a specific location with this great tool.

CHECK CLAIM STATUS

View your most recent claim details or search for claims based on date of service, provider, or status.

REVIEW YOUR BENEFITS

View your deductible levels, out-of-pocket accumulations, and account balances.

ID CARD

View your ID Card on your device. You can also send the image to your registered email address.

MEMBER KIT

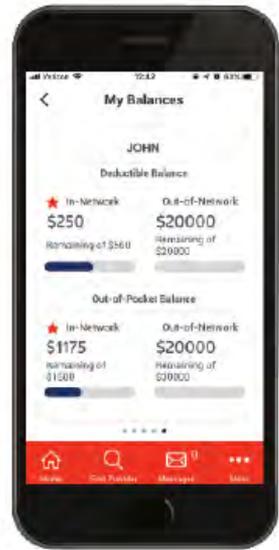
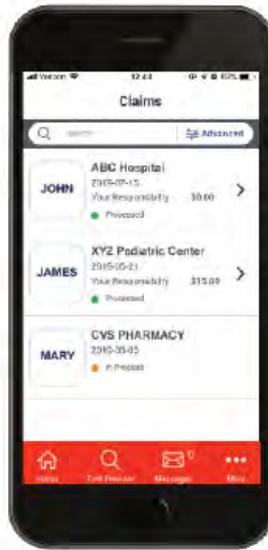
Access our member Welcome Kit digitally in various languages.

WELLNESS PORTAL

Access individualized health action recommendations, wellness tools, trackers, and educational resources.

MESSAGING

In-app messaging lets you ask a question, update personal information, or check the status of a claim with a benefit specialist.



It's Easy To Get Started

Download & Log In

Download the app from the app store. Just search "Nippon Life Benefits" in the Apple App Store™ or on Google Play™ for Android™.

If You Already Have A Member Account

On the Nippon Life Benefits website, the same Username and Password can be used to log into the mobile app.

If You Are A New User

You can set up your account by navigating to the Register New User feature.

For More Information:

Visit www.nipponlifebenefits.com/mobile-app.



Scan with your phone camera for quick access to our app



Formerly Lab Card®

WHAT IS QUESTSELECT ?

Offered by Quest Diagnostics, this program is a value added benefit enhancement to our current health plan. When you choose to use the QuestSelect to obtain outpatient lab work covered by your medical plan, the following coverage applies:

MEDICAL PLAN TYPE	LOGO ON ID CARD	COVERAGE
PPO Medical Plan <i>QuestSelect Advanced</i>		Lab services covered at 100% with no cost to you.*
HDHP Medical Plan <i>QuestSelect Plus</i>		Discount for lab services offered.*

This is an optional benefit designed to save you money on outpatient laboratory needs. If you and/or your physician elect to use another lab, including the lab in your healthcare provider's office, your normal benefits will apply and you will not receive the coverage listed above.

Formerly Lab Card[®]

USING YOUR QUESTSELECT BENEFIT

When your healthcare provider orders laboratory work for you, you must show your ID card with the logo on the backside of your card and request to use your card at the time of service.

Any healthcare provider can collect specimens and call QuestSelect Lab line 800-646-7788 for pick-up and supplies. In the event your physician does not participate with the QuestSelect Program, simply take your test orders to an approved Quest Patient Service Center location.

Visit www.questselect.com to:

- Print a QuestSelect card
- Read instructions on how to use your QuestSelect benefit
- Find resources you can share with your healthcare provider

QUESTSELECT LAB CARD DOES NOT COVER :

- Testing ordered during hospitalization
- Lab work needed on an emergency or (STAT) basis
- Testing done at another laboratory
- Time-sensitive esoteric testing such as fertility testing, bone marrow studies and spinal fluid tests

NOTE: The QuestSelect Lab Card Program may not be available with all PPO Networks. If your plan includes the QuestSelect Lab Card Program, the logo will appear on the backside of your ID card.

PRESCRIPTION INFORMATION

PRESCRIPTION CLAIM FORMS

While most prescription claims are processed electronically, if you should need a claim form, they are available on our website www.nipponlifebenefits.com, no login required. Select the "Member Services" link in the footer and select "Claim Information."

CVS CAREMARK

CVS Caremark, the largest provider of prescriptions in the country, is your pharmacy benefit manager. Your Benefit ID card will have the CVS Caremark logo along with prescription copay information. Show this card at your pharmacy and identify yourself as a CVS Caremark member.

For additional information, contact Caremark Care at 1-800-552-8159.

CVS CAREMARK MAIL SERVICE PHARMACY

The CVS Caremark Mail Service Pharmacy provides a convenient and cost-effective way of ordering up to a 90-day supply of maintenance or long-term medication. See how you can save time and money with prescription mail delivery and get more information at <https://info.caremark.com/mailservice-faqs>

Save Time



Discrete Shipping



Save Money



Get Reminders



PRESCRIPTION INFORMATION

SPECIALTY MEDICATIONS

For complex conditions, specialty medications can be obtained through Specialty Pharmacies, which handle medicines including injectable and infusion drugs, biological medicine, high-cost medicines, and medications with special delivery or storage requirements.

The CVS Caremark Specialty Pharmacy is available to quickly and efficiently provide your specialty medications. With the CVS Caremark Specialty Pharmacy:

EASILY MANAGE YOUR CONDITION

- Refill prescriptions and check order status
- Pick up prescriptions or have them shipped to you

CONVENIENT, SECURE SHIPPING

- Complimentary delivery with discrete packaging to protect privacy
- Secure and temperature controlled packaging when needed

PERSONALIZED ATTENTION

- Receive useful education materials by mail
- Access to personalized support from a team of clinical experts trained in your condition

Visit www.cvsspecialty.com or call 1-800-237-2767 for more information and to see a list of eligible conditions.

Privacy: HIPAA

Notice of Privacy Practices for Protected Health Information (HIPAA)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice describes how your medical information obtained in connection with your health benefit plan administration may be used and disclosed and how you can access the information. The terms of this Notice apply to current and former plan members and dependents for their group medical expense, group dental expense and/or group vision care expense insurance. This Notice as effective April 14, 2003 and has been revised most recently effective September 10, 2020.

We are required by law to maintain the privacy of our current and former member's and dependents' protected health information, to provide notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. We are required to abide by terms of this Notice as necessary and to make the new Notice effective for all protected health information maintained by us.

Copies of any revised Notices will be mailed to Plan sponsors for the distribution to the members then covered by the plan. You have the right to request a paper copy of the Notice, although you may have originally requested a copy of the Notice electronically by e-mail.

USES AND DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION

AUTHORIZATION

Except as explained below, we will not use or disclose your protected health information for any purpose unless you have signed an authorization form. You have the right to revoke an authorization by written request to: Privacy Officer, Nippon Life Insurance Company of America@P.O. Box 254387, Clinton, IA 52733. Your request will be honored upon receipt by us.

DISCLOSURES FOR TREATMENT

When and as appropriate, we may use or disclose medical information about you to facilitate medical treatment or services by providers. We may disclose medical information about you to health care providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about you with physicians who are treating you.

PAYMENT

When and as appropriate, we may use and disclose medical information about you to facilitate medical treatment or services by providers. We may disclose medical information about you to determine your eligibility for the Plans' benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility and coverage under the Plans, or to coordinate your coverage. For example, we may disclose information about your medical history to a physician (including your physician) to determine whether a particular treatment is experimental, investigational, or medically necessary, or to decide if the Plans will cover the treatment. Additionally, we may share medical information with another entity to assist with the adjudication or subrogation of health claims, or with another health plan to coordinate benefit payments.

USES AND DISCLOSURES FOR HEALTH CARE OPERATIONS

We may use and disclose your protected health information as necessary for health care operations. For instance, we may use or disclose your protected health information for quality assessment and quality improvement, premium rating (when allowable by law), conducting or arranging for medical review or compliance.

We may also disclose your protected health information to another insurer, health care facility, or health care provider for activities such as quality assurance or case management. We participate in an organized health care arrangement with your health plan. Your health plan may have its own privacy practices that are not reflected in this Notice. We may disclose your protected health information to your health plan for its health care operations. We may contact your health care providers concerning prescription drug or treatment alternatives.

We will always make reasonable efforts to ensure that the medical information used or disclosed is limited to a "Designated Record Set" and to the "Minimum Necessary" standard, including a "limited data set," as defined in HIPAA and ARRA for these purposes. We may also contact you to provide information about treatment options or alternatives or other health-related benefits and services that may be of interest to you.

Business Associate

Certain aspects and components of our insurance services are performed by outside vendors known as 'Business Associates'. Business Associates are under an independent duty to safeguard your privacy. Additionally, we require them to sign a Business Associate Agreement, which is a contract to adhere to our privacy practices.

Plan Sponsor

We may disclose your protected health information to the plan sponsor, provided that the plan sponsor certifies that the information will be used and maintained in a compliant confidential manner and will not be utilized or disclosed for employment-related actions or decision or in connection with any other benefit plan of this plan sponsor.

Family, Friends and Personal Representatives.

With your approval, we may disclose to family members, close personal friends, or another person you identify, your protected health information relevant to their involvement with you and paying for your care. If you are unavailable, incapacitated, or involved in an emergency situation, and we determine that a limited disclosure is in your best interest, we may disclose your protected health information without your approval. We may also disclose your protected health information to public or private entities to assist in disaster relief efforts.

Other Uses and Disclosures:

We are permitted or required by law to use or disclose your protected health information, without your authorization, in the following circumstances:

- For any purpose required by law;
- For public health activities (for example, reporting of disease, injury, birth, death, or suspicion of child abuse or neglect);
- To a governmental authority if we believe an individual is a victim of abuse, neglect, or domestic violence;
- For health oversight activities (for example, audits, inspections, licensure actions or civil, administrative or criminal proceedings for actions);
- For judicial or administrative proceedings (for example, pursuant to a court order, subpoena, or discovery request);
- For law enforcement purposes (for example, reporting wounds or injuries or for identifying or locating suspects, witnesses or missing people);
- To coroners and funeral directors
- For procurement, banking or transplantation of organ, eye or tissue donations;
- For certain research purposes;
- To avert a serious threat to health or safety under certain circumstances
- For military activities if you are a member of the armed forces; for intelligence or national security issues; or about an inmate or an individual to a correctional institution or law enforcement official having custody; and
- For compliance with workers' compensation programs.

We will adhere to all state and federal laws or regulations that provide additional privacy protections. We will only use or disclose AIDS//HIV-related information, genetic testing information and information pertaining to your mental condition or any substance abuse problems as permitted by state and federal law or regulation.

Uses and Disclosures Requiring Authorization

We are required by law to obtain your authorization prior to using or disclosing your protected health information in the following circumstances:

- Uses and disclosures of protected health information for marketing purposes.
- Uses and disclosures that constitute the sale of protected health information.
- Most uses and disclosures of psychotherapy notes.
- Other uses and disclosures not described in this notice will be made only with the individual's written authorization. An individual may revoke an authorization, provided that the revocation is in writing and we have not taken action in reliance upon the authorization.

YOUR RIGHTS

RESTRICTIONS ON USE AND DISCLOSURE OF YOUR PERSONAL HEALTH INFORMATION

You have the right to request restrictions on how we use or disclose your protected health information for treatment, payment, or health care operations. You also have the right to request restrictions on disclosures to family members or others who are involved in your care or the paying of your care. To request a restriction, you must send a written request to: Privacy Officer, Nippon Life Insurance Company of America, PO Box 4387, Clinton, IA 52733. We are not required to agree to your request for a restriction. If your request for a restriction is granted, you will receive a written acknowledgment from us.

RECEIVING CONFIDENTIAL COMMUNICATIONS OF YOUR PERSONAL HEALTH INFORMATION

You have the right to request communications regarding your protected health information from us by alternative means (for example by fax) or at alternative locations. We will accommodate reasonable requests. To request a confidential communication, you must send a written request to: Privacy Officer, Nippon Life Insurance Company of America, PO Box 4387, Clinton, IA 52733.

ACCESS TO YOUR PROTECTED HEALTH INFORMATION

You have the right to inspect and/or obtain a copy of your protected health information we maintain in your designated record set, with some exceptions. To request access to your information, you must send a written request to: Privacy Officer, Nippon Life Insurance Company of America, PO Box 24387, Clinton, IA 52733. A fee may be charged for copying and postage.

AMENDMENT OF YOUR PROTECTED HEALTH INFORMATION

You have the right to request an amendment to your protected health information to correct inaccuracies. To request an amendment, you must send a written request to: Privacy Officer, Nippon Life Insurance Company of America, PO Box. We are not required to grant the request in certain circumstances.

ACCOUNTING OF DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

You have the right to receive an accounting of certain disclosures made by us after April 14, 2003, of your protected health information. To request an accounting, you must send a written request to: Privacy Officer, Nippon Life Insurance Company of America, PO Box 4387, Clinton, IA 52733. The first accounting in any 12 month period will be free; however, a fee may be charged for any subsequent request for an accounting during the same time period.

COMPLAINTS

If you believe your privacy rights have been violated, you can send a written complaint to us at Grievance Coordinator, Nippon Life Insurance Company of America, PO Box 4387, Clinton, IA 52733. or to the Secretary of the U.S. Department of Health and Human Services.

You will not be penalized or retaliated against for filing a complaint.

If you have any questions or need any assistance regarding this Notice or your privacy rights, you may call Nippon Life Insurance Company of America at: English and Non-English (800)-374-1835; Japanese (800) 971-0638; or Korean (877)-827-8713.

Privacy Practices

NOTICE OF PRIVACY PRACTICES FOR NON-PUBLIC PERSONAL INFORMATION (GRAMM-LEACH-BLILEY AND STATE LAWS)

PROTECTING YOUR PRIVACY

Nippon Life Insurance Company of America (Nippon Life Benefits) is committed to protecting the information you share with us and is required by law to maintain the privacy of your personally identifiable information. The types of personal information that we collect and share depends upon the product or service you have with us. This information may include medical and/or financial information e.g. your social security number, your date of birth, and health data. This privacy statement will explain the type of information we collect, how we use that information and how we protect that information for all of our members.

How We Collect Information

We collect data about you as we do business with you. Our claims adjudication processes require that we obtain information. Some of the sources of this data are as follows.

- Information we obtain when you apply for enrolled for products or services: you may provide facts such as your name, address, social security number, salary, and, when applicable, medical history.
- Information we obtain from others: This may include claim reports, medical records and other information provided by your employer.
- Information we obtain through our transactions and experience with you: This includes information through claims submitted to our company from healthcare providers.
- Information we obtain through the internet: This includes data from online forms you complete. It also includes data we collect when you visit our websites.

HOW WE SHARE INFORMATION

We may use your information for certain purposes including account administration operations.

CLAIM PAYMENT:

The most common example of how we use or disclose your information is to pay claims for covered services or to provide eligibility information to your providers when you receive treatment.

HEALTHCARE OPERATIONS

Nippon Life Benefits may use or disclose your information for activities like:

- Underwriting, premium rating or other activities relating to the creation or renewal of insurance contracts (when allowable by law).
- Quality assessment and improvement activities such as peer review and credentialing of providers
- Care and Disease management activities
- Data and information systems management

BUSINESS ASSOCIATES

In the course of doing business we may share nonpublic personally identifiable financial information with third parties that we hire to assist in the administration of your benefits. These third parties are called 'Business Associates' and they have both an independent obligation to protect your privacy as well as being required to agree in writing in a Business Associate Agreement with us to protect and maintain the confidentiality and security of your information.

WITH OTHERS

Nonpublic personally identifiable information may be shared with others for the following reasons. This could include personal information about you or beneficiaries:

- In response to subpoena
- To prevent fraud, to comply with inquiries from government agencies or other regulators,
- With other companies with your consent or at your request
- As permitted by law

ACCESS TO RECORDED PERSONAL INFORMATION

Upon your written request, we will provide you access to your recorded personal information which can be reasonably locatable and retrievable within 30 days of the request.

WE PROTECT THE INFORMATION WE COLLECT ABOUT YOU

We follow strict standards to safeguard personal information. These standards include limiting access to data and regularly testing our security technology.

ACCURACY OF INFORMATION

We strive for accurate records. Please tell us if you receive any incorrect materials from us. We will make the appropriate changes.

To access the most up-to-date privacy policies, please visit:

www.nipponlifebenefits.com/privacy-notice

You may write to us if you have questions about our Privacy Notice. Contact our Privacy Officer at:

Nippon Life Benefits
Compliance Department
666 Third Avenue, Suite 2201
New York, NY 10017

Customer service contact for more Information:

English (800)-374-1835 Japanese (800) 971-0638 Korean (877)-827-8713

NEED ADDITIONAL ASSISTANCE?

Contact our customer service team:

ENGLISH/SPANISH: 800-374-1835,

JAPANESE: 800-971-0638,

KOREAN: 877 827-8713

