

## Notice of Certain Mandatory Benefits – TX

**Please distribute this notice to each employee insured for medical at the time the booklet is distributed and if a currently insured employee adds dependent coverage. This notice must also be distributed annually to each insured employee.**

This notice is to advise you of certain coverage and/or benefits provided by your contract with Nippon Life Insurance Company of America.

### **Mastectomy or Lymph Node Dissection**

**Minimum Inpatient Stay:** If due to treatment of breast cancer, any person covered by this plan has either a mastectomy or a lymph node dissection, this plan will provide coverage for inpatient care for a minimum of:

- (a) 48 hours following a mastectomy, and
- (b) 24 hours following a lymph node dissection.

The minimum number of inpatient hours is not required if the covered person receiving the treatment and the attending physician determine that a shorter period of inpatient care is appropriate.

**Prohibitions:** We may not (a) deny any covered person eligibility or continued eligibility or fail to renew this plan solely to avoid providing the minimum inpatient hours; (b) provide money payments or rebates to encourage any covered person to accept less than the minimum inpatient hours; (c) reduce or limit the amount paid to the attending physician, or otherwise penalize the physician, because the physician required a covered person to receive the minimum inpatient hours; or (d) provide financial or other incentives to the attending physician to encourage the physician to provide care that is less than the minimum hours.

### **Coverage and/or Benefits for Reconstructive Surgery After Mastectomy**

Coverage and/or benefits are provided to each covered person for reconstructive surgery after mastectomy, including:

- (a) all stages of the reconstruction of the breast on which mastectomy has been performed;
- (b) surgery and reconstruction of the other breast to achieve a symmetrical appearance; and
- (c) prostheses and treatment of physical complications, including lymphedemas, at all stages of mastectomy.

The coverage and/or benefits must be provided in a manner to be appropriate in consultation with the covered person and the attending physician.

Benefits are payable the same as for any other covered treatment or service.

**Prohibitions:** We may not (a) offer the covered person a financial incentive to forego breast reconstruction or waive the coverage and/or benefits shown above; (b) condition, limit, or deny any covered person's eligibility or continued eligibility to enroll in the plan or fail to renew this plan solely to avoid providing the coverage and/or benefits shown above; or (c) reduce or limit the amount paid to the physician or provider, nor otherwise penalize, or provide a financial incentive to induce the physician or provider to provide care to a covered person in a manner inconsistent with the coverage and/or benefits shown above.

## **Examinations for Detection of Prostate Cancer**

Benefits are provided for an annual medically recognized diagnostic examination for the detection of prostate cancer. Benefits include:

- (a) a physical examination for the detection of prostate cancer; and
- (b) a prostate-specific antigen test.

## **Inpatient Stay following Birth of a Child**

For each person covered for maternity/childbirth benefits, we will provide inpatient care for the mother and her newborn child in a health care facility for a minimum of:

- (a) 48 hours following an uncomplicated vaginal delivery, and
- (b) 96 hours following an uncomplicated delivery by cesarean section.

This benefit does not require a covered female who is eligible for maternity/childbirth benefits to (a) give birth in a hospital or other health care facility or (b) remain in a hospital or other health care facility for the minimum number of hours following birth of the child.

If a covered mother or her newborn child is discharged before the 48 or 96 hours has expired, we will provide coverage for post-delivery care. Post-delivery care includes parent education, assistance and training in breast-feeding and bottle-feeding and the performance of any necessary and appropriate clinical tests. Care will be provided by a physician, registered nurse or other appropriate licensed health care provider, and the mother will have the option of receiving the care at her home, the health care provider's office or a health care facility.

Since we provide in-home post-delivery care, we are not required to provide the minimum number of hours outlined above unless:

- (a) the mother's or child's physician determines the inpatient care is medically necessary; or
- (b) the mother requests the inpatient stay.

**Prohibitions:** We may not (a) modify the terms of this coverage based on any covered person requesting less than the minimum coverage required; (b) offer the mother financial incentives or other compensation for waiver of the minimum number of hours required; (c) refuse to accept a physician's recommendation for a specified period of inpatient care made in consultation with the mother if the period recommended by the physician does not exceed guidelines for prenatal care developed by nationally recognized professional associations of obstetricians and gynecologists or pediatricians; (d) reduce payments or reimbursements below the usual and customary rate; or (e) penalize a physician for recommending inpatient care for the mother or the newborn child.

## **Coverage for Tests for Detection of Colorectal Cancer**

Benefits are provided for expenses incurred in conducting a medically recognized screening examination for the detection of colorectal cancer. Benefits include:

- (a) a fecal occult blood test performed annually, or
- (b) a flexible sigmoidoscopy performed every five years, or a colonoscopy performed every 10 years.

## Coverage of Tests for Detection of Human Papillomavirus, Ovarian Cancer, and Cervical Cancer

Coverage is provided, for each woman enrolled in the plan who is 18 years of age or older, for expenses incurred for an annual medically recognized diagnostic examination for the early detection of ovarian cancer and cervical cancer. Coverage required under this section includes a CA 125 blood test and, at a minimum, a conventional Pap smear screening or a screening using liquid-based cytology methods, as approved by the United States Food and Drug Administration, alone or in combination with a test approved by the United States Food and Drug Administration for the detection of the human papillomavirus.

## Coverage for Acquired Brain Injury

Your health benefit plan coverage for an acquired brain injury includes the following services when they are medically necessary:

- (a) cognitive rehabilitation therapy, cognitive communication therapy, neurocognitive therapy and rehabilitation, neurobehavioral, neurophysiological, neuropsychological, and psychophysiological testing and treatment, neurofeedback therapy and remediation; and
- (b) post-acute transition services, community reintegration services, including outpatient day treatment services or other post-acute care treatment services necessary as a result of and related to an Acquired Brain Injury.

Reasonable expenses, as determined by Nippon Life Insurance Company of America, related to periodic reevaluation of the care of an individual insured under the plan who:

- (a) has incurred an Acquired Brain Injury;
- (b) has been unresponsive to treatment; and
- (c) becomes responsive to treatment at a later date, at which time the cognitive rehabilitation services would be a covered benefit.

The fact that an Acquired Brain Injury does not result in hospitalization or acute-care treatment does not affect the right of the insured or the enrollee to receive the preceding treatments or services commensurate with their condition. Post-acute care treatment or services may be obtained in any facility where those services may legally be provided, including acute or post-acute rehabilitation hospitals and assisted living facilities regulated under the Health and Safety Code.

### Definitions

“Acquired Brain Injury” means a neurological insult to the brain, which is not hereditary, congenital, or degenerative. The injury to the brain has occurred after birth and results in a change in neuronal activity, which results in an impairment of physical functioning, sensory processing, cognition, or psychosocial behavior.

“Cognitive Communication Therapy” means services designed to address modalities of comprehension and expression, including understanding, reading, writing, and verbal expression of information.

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“Cognitive Rehabilitation Therapy” means services designed to address therapeutic cognitive activities, based on an assessment and understanding of the individual’s brain-behavioral deficits.

“Community Reintegration Services” means services that facilitate the continuum of care as an affected individual transitions into the community.

“Neurobehavioral Testing” means an evaluation of the history of neurological and psychiatric difficulty, current symptoms, current mental status, and premorbid history, including the identification of problematic behavior and the relationship between behavior and the variables that control behavior. This may include interviews of the individual, family, or others.

“Neurobehavioral Treatment” means interventions that focus on behavior and the variables that control behavior.

“Neurocognitive Rehabilitation” means services designed to assist cognitively impaired individuals to compensate for deficits in cognitive functioning by rebuilding cognitive skills and/or developing compensatory strategies and techniques.

“Neurocognitive Therapy” means services designed to address neurological deficits in informational processing and to facilitate the development of higher level cognitive abilities.

“Neurofeedback Therapy” means services that utilize operant conditioning learning procedure based on electroencephalography (EEG) parameters, and which are designed to result in improved mental performance and behavior, and stabilized mood.

“Neurophysiological Testing” means an evaluation of the functions of the nervous system.

“Neurophysiological Treatment” means interventions that focus on the functions of the nervous system.

“Neuropsychological Testing” means the administering of a comprehensive battery of tests to evaluate neurocognitive, behavioral, and emotional strengths and weaknesses and their relationship to normal and abnormal central nervous system functioning.

“Neuropsychological Treatment” means interventions designed to improve or minimize deficits in behavioral and cognitive processes.

“Outpatient Day Treatment Services” means structured services provided to address deficits in physiological, behavioral, and/or cognitive functions. Such services may be delivered in settings that include transitional residential, community integration, or non-residential treatment settings.

“Post-Acute Care Treatment Services” means services provided after acute care confinement and/or treatment that are based on an assessment of the individual’s physical, behavioral, or cognitive functional deficits, which include a treatment goal of achieving functional changes by reinforcing, strengthening, or re-establishing previously learned patterns of behavior and/or establishing new patterns of cognitive activity or compensatory mechanisms.

“Post-Acute Transition Services” means services that facilitate the continuum of care beyond the initial neurological insult through rehabilitation and community reintegration.

“Psychophysiological Testing” means an evaluation of the interrelationships between the nervous system and other bodily organs and behavior.

“Psychophysiological Treatment” means interventions designed to alleviate or decrease abnormal physiological responses of the nervous system due to behavioral or emotional factors.

“Remediation” means the process(es) of restoring or improving a specific function.

If any person covered by this plan has questions concerning the above, please call Nippon Life Insurance Company of America at 1-800-374-1835, or write us at P.O. Box 4387, Clinton IA 52733.

## TX Pharmacy Program Changes for 2024

Name of Drug/Supply	Drug Usage	Change Occuring
Aczone	Dermatology	Prior Authorization
Advair Diskus Advair HFA	Respiratory	Prior Authorization
Aimovig	Migraine	Prior Authorization
Amjevita	Autoimmune Agent	Prior Authorization
Androderm	Endocrine and Metobolic, Androgens	Tier 2 to Tier 3
Aplenzin	Antidepressants	Prior Authorization
Aranesp	Hematologic	Prior Authorization
Arazlo	Dermatology	Prior Authorization
Aubagio	Multiple Sclerosis	Prior Authorization
Avsola	Autoimmune Agents	Prior Authorization
Banzel	Antiseizure	Prior Authorization
Basaglar	Diabetes	Prior Authorization
Besremi	Polycythemia Vera Agents	Tier 3 to Tier 2
Bethkis	Cystic Fibrosis	Prior Authorization
bimatoprost ophthalmic solution 0.03%	Ophthalmic	Prior Authorization
Buphenyl	Urea Cycle Disorder	Prior Authorization
Byooviz	Retinal Disorder	Prior Authorization
Bystolic	High Blood Pressure	Prior Authorization
Caplyta	Antipsychotics, Atypical	Tier 2 to Tier 3
Carbaglu	Endocrinology	Prior Authorization
Cetrotide	Fertility Regulators	Prior Authorization
Cimerli	Retinal Disorder	Prior Authorization
Climara (except Climara Pro)	Menopausal Agent	Prior Authorization
Combigan	Ophthalmic	Prior Authorization
Copaxone 20 mg/ml	Multiple Sclerosis	Prior Authorization
Cystadane	Endocrinology	Prior Authorization
Daliresp	Chronic Obstructive Pulmonary Disease	Prior Authorization
Depakote Depakote ER	Anticonvulsants	Prior Authorization
Diacomit	Antiseizure	Prior Authorization
diclofenac powder 50 mg	Pain and Inflammation	Prior Authorization
Dilantin	Anticonvulsants	Prior Authorization
Daliresp	COPD	Prior Authorization

Dulera (non preferred)	Respiratory	Prior Authorization
Dyanavel XR	ADHD	Prior Authorization
Dysport	Botulinum Toxin	Tier 3 to Tier 2
Edurant	Antiretroviral	Prior Authorization
epinephrine auto-injector (NDCs 00093-XXXX-XX and 49502-XXXX-XX only)	Anaphylaxis Agents	Prior Authorization
Epipen Epipen JR	Anaphylaxis Agents	Prior Authorization
Evotaz	Antiretroviral Agents	Tier 2 to Tier 3
Eylea	Retinal Disorders	Prior Authorization
fenofibrate micronized (30 mg/90mg)	Cardiovascular	Prior Authorization
Fintepla	Antiseizure	Prior Authorization
Firmagon	Cancer	Prior Authorization
Flovent HFA	Asthma	Prior Authorization
fluticasone-salmeterol (except certain NDCs)	Respiratory	Prior Authorization
Follistim AQ	Fertility Regulators	Prior Authorization
Fyremadel	Fertility Regulators	Prior Authorization
Ganirelix Acetate	Fertility Regulators	Prior Authorization
Genotropin	Human Growth Hormones	Prior Authorization
Gonal-F	Fertility Regulators	Prior Authorization
Herzuma	Antineoplastic Agents	Prior Authorization
Humatrope	Fertility Regulators	Prior Authorization
Hyqvia	Immune Globulins	Prior Authorization
Intelence	Antiretroviral	Prior Authorization
Iressa	Antineoplastic	Prior Authorization
Isotretinoin capsules 25 mg and 35 mg	Dermatology	Prior Authorization
Jornay PM	ADHD	Prior Authorization
Jynarque	Kidney Disease	Prior Authorization
Kaletra	Antiretroviral	Prior Authorization
Kanjinti	Antineoplastic	Prior Authorization
Kitabis	Cystic Fibrosis	Prior Authorization
Krazati	Antineoplastic Agents	Tier 3 to Tier 2
Lantus	Diabetes	Prior Authorization
Latuda	Antipsychotics	Prior Authorization
Lemtrada	Multiple Sclerosis	Prior Authorization
Levemir	Diabetes	Prior Authorization
Lokelma	Hyperkalemia	Prior Authorization
Lorbrena	Antineoplastic	Prior Authorization
Lumakras	Antineoplastic Agents	Prior Authorization
Lumigan	Ophthalmic	Prior Authorization
Lovaza	Cardiovascular	Prior Authorization
Lucentis	Retinal Disorders	Prior Authorization
Lumryz	Narcolepsy Agents	Tier 3 to Tier 2

Multaq	Antiarrhythmics	Prior Authorization
Mydayis	ADHD	Prior Authorization
Myobloc	Botulinum Toxin	Prior Authorization
Nexavar	Antineoplastic	Prior Authorization
Northera	Cardiovascular	Prior Authorization
Norvir	Antiretroviral	Prior Authorization
Octagam	Immune Globulins	Prior Authorization
Ogivri	Autoimmune Agents	Prior Authorization
Opzelura	Dermatology, Eczema Agents	Tier 3 to Tier 2
Perforomist	Chronic Obstructive Pulmonary Disease	Tier 2 to Tier 3
Pheburane	Urea Cycle Disorders	Tier 3 to Tier 2
Phoslyra Sol	Kidney Disease, Phosphate Binders	Tier 2 to Tier 3
Pomalyst	Antineoplastic Agents	Tier 2 to Tier 3
Praluent	Cardiovascular	Prior Authorization
Prezista	Antiretroviral	Prior Authorization
Prezcobix	Antiretroviral Agents	Tier 2 to Tier 3
Procrit	Hematologic	Prior Authorization
Ravicti	Urea Cycle Disorder	Prior Authorization
Relistor	Opioid-induced constipation	Prior Authorization
Renvela	Kidney Disease	Prior Authorization
Repatha	Cardiovascular	Prior Authorization
Retin-A-Micro	Dermatology	Prior Authorization
Reyataz	Antiretroviral	Prior Authorization
Rhofaden	Dermatology	Tier 2 to Tier 3
Rhopressa	Ophthalmic	Prior Authorization
Rocklatan	Ophthalmic	Prior Authorization
Selzentry	Antiretroviral Agents	Prior Authorization
Symbicort	Respiratory	Prior Authorization
Tadliq	Pulmonary Arterial Hypertension	Tier 3 to Tier 2
Targretin	Antiretroviral Agents	Prior Authorization
Tegretol Tegretol XR	Anticonvulsants	Prior Authorization
Trazimera	Antineoplastic	Prior Authorization
Trileptal	Anticonvulsants	Prior Authorization
Triptodur	Central precocious Puberty	Prior Authorization
Tyvaso DPI	Chronic Obstructive Pulmonary Disease	Prior Authorization
Vemlidy	Anti-infectives	Prior Authorization
Vimpat	Antiseizure	Prior Authorization
Vyvanse	ADHD	Tier 2 to Tier 3
Vyzulta	Ophthalmic	Prior Authorization
Wellbutrn XL	Antidepressants	Prior Authorization
Wixela Inhub	Respiratory	Prior Authorization
Xembify (non preferred)	Immune Globulins	Prior Authorization
Xeomin	Botulinum Toxin	Tier 3 to Tier 2
Xtampza ER	Pain	Prior Authorization



Xyrem	Narcolepsy	Prior Authorization
Zemaira	Respiratory	Prior Authorization
Ziextenzo	Hematologic	Prior Authorization
Zioptan	Ophthalmic	Tier 2 to Tier 3
Zomig Nasal Spray	Migraine, Triptans	Tier 2 to Tier 3