

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.

“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 25951, Shawnee Mission, KS 66225-5951.



TX Pharmacy Program Changes for 2022

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Name of Drug/Supplies	Drug Usage	Change Occurring
albuterol sulfate HFA	Respiratory disorders	Tier 1 to Tier 3
budesonide/formoterol	Steroid Inhalant	Tier 1 to Tier 3
carbidopa/levodopa/entacapone	Parkinson's Disease	Tier 1 to Tier 3
carteolol HCL	Glaucoma	Tier 1 to Tier 3
fenofibrate	High Cholesterol	Tier 1 to Tier 3
fluoxetine DR	Antidepressant	Tier 1 to Tier 3
levalbuterol tartrate HFA	Respiratory disorders	Tier 1 to Tier 3
levobunolol HCL	Ophthalmic disorders	Tier 1 to Tier 3
levothyroxine sodium	Thyroid Supplement	Tier 1 to Tier 3
lithium Carbonate	Bipolar Disorder	Tier 1 to Tier 3
lubiprostone	Constipation	Tier 1 to Tier 3
mefloquine HCL	Malaria	Tier 1 to Tier 3
pimozide	Tourette's Syndrome	Tier 1 to Tier 3
quinidine sulfate	Heart Arrhythmia	Tier 1 to Tier 3
testosterone	Hypogonadism	Tier 1 to Tier 3
theophylline ER	Lung Diseases	Tier 1 to Tier 3
verapamil HCL ER	High Blood Pressure	Tier 1 to Tier 3
verapamil HCL SR	High Blood Pressure	Tier 1 to Tier 3
Asacol HD	Ulcerative Colitis	Tier 2 to Tier 1
Mitigare	Gout	Tier 2 to Tier 1
Soolantra Cream	Dermatology	Tier 2 to Tier 1
Vagifem	Menopause	Tier 2 to Tier 1
Vascepa	Severe Hypertriglyceridemia	Tier 2 to Tier 1
Atripla	HIV	Tier 2 to Tier 3
Azopt	Glaucoma/Eye Disease	Tier 2 to Tier 3
Doptelet	Thrombocytopenia	Tier 2 to Tier 3
Dymista	Seasonal Allergy Rhinitis	Tier 2 to Tier 3
Firazyr	Hereditary Angioedema	Tier 2 to Tier 3
Reyvow	Migraines	Tier 2 to Tier 3
Symfi Lo Tablet	HIV	Tier 2 to Tier 3
Symfi Tablet	HIV	Tier 2 to Tier 3
Truvada	HIV/Hepatitis B	Tier 2 to Tier 3
Uceris	Ulcerative Colitis	Tier 3 to Tier 1

Accu-Chek Glucose Meters and Test Strips	Diabetes	Tier 3 to Tier 2
Advate	Hemophilia A	Tier 3 to Tier 2
Afstyla	Hemophilia A	Tier 3 to Tier 2
Auvi-Q Inj	Anaphylaxis	Tier 3 to Tier 2
Avonex	Multiple Sclerosis	Tier 3 to Tier 2
Brukinsa Cap	Mantle Cell Lymphoma	Tier 3 to Tier 2
Cutaquig Inj	Primary Immunodeficiency	Tier 3 to Tier 2
Eloctate Inj	Hemophilia	Tier 3 to Tier 2
Esperoct Inj	Hemophilia	Tier 3 to Tier 2
Firmagon	Prostate Cancer	Tier 3 to Tier 2
Imbruvica	Mantle Cell Lymphoma	Tier 3 to Tier 2
Kanjinti	Cancer	Tier 3 to Tier 2
Kerendia Tab	Kidney Disease	Tier 3 to Tier 2
Kynmobi	Parkinson's Disease	Tier 3 to Tier 2
Lonsurf	Cancer	Tier 3 to Tier 2
Lupron Depot-Ped Inj	Precocious Puberty	Tier 3 to Tier 2
Myfembree	Uterine Fibroids	Tier 3 to Tier 2
Natazia Tab	Contraceptive	Tier 3 to Tier 2
Natesto Nasal Gel	Testosterone Replacement	Tier 3 to Tier 2
Novoseven RT	Hematologic	Tier 3 to Tier 2
Pomalyst	Cancer	Tier 3 to Tier 2
Prolensa Solution	Ophthalmic/Anti-inflammatory	Tier 3 to Tier 2
Promacta Tab	Hematologic	Tier 3 to Tier 2
Promacta Powder	Hematologic	Tier 3 to Tier 2
Qelbree Cap	ADHD	Tier 3 to Tier 2
Qsymia	Obesity	Tier 3 to Tier 2
Revlimid	Cancer	Tier 3 to Tier 2
Rozlytrek Cap	Cancer	Tier 3 to Tier 2
Ruxience	Non-Hodgkins Lymphoma	Tier 3 to Tier 2
Stivarga	Cancer	Tier 3 to Tier 2
Supprelin LA	Prostate Cancer	Tier 3 to Tier 2
Thalomid	Sedative	Tier 3 to Tier 2
Trazimera Inj	Cancer	Tier 3 to Tier 2
Triptodur Inj	Central Precocious Puberty	Tier 3 to Tier 2
Verquvo	Heart Failure	Tier 3 to Tier 2
Vitrakvi	Cancer	Tier 3 to Tier 2
Wegovy Inj	Obesity	Tier 3 to Tier 2
Zirabev	Cancer	Tier 3 to Tier 2
Zykadia Tab	Cancer	Tier 3 to Tier 2
Conjupri	Hypertension	Dose Optimization
Mybertique	Overactive Bladder	Dose Optimization
Verquvo 2.5mg	Chronic Heart Failure	Dose Optimization

Verquvo 5mg	Chronic Heart Failure	Dose Optimization
Acuvail	Ophthalmic Anti-inflammatory	Prior Authorization
Adderall Tablet	ADHD	Prior Authorization
Adrenalin	Respiratory	Prior Authorization
Advair Inhaler (NDC 00173071522, 00173071622, 00173071722 only)	Asthma	Prior Authorization
Afinitor	Cancer	Prior Authorization
Aimovig	Pain	Prior Authorization
Androgel	Testosterone Replacement	Prior Authorization
Aptivus	Antiretroviral	Prior Authorization
Aptivan	Antianxiety	Prior Authorization
Aranesp	Hematologic	Prior Authorization
Arazlo	Dermatology	Prior Authorization
Atripla	Anti-infectives/Antiretroviral	Prior Authorization
Avastin	Cancer	Prior Authorization
Azasite	Ophthalmic Anti-infective	Prior Authorization
Azor Tablet	High Blood Pressure	Prior Authorization
Balcoltra	Contraceptive	Prior Authorization
Banzel Oral Suspension	Anticonvulsant	Prior Authorization
betamethasone acetate- betamethasone sodium phosphate (NDC 71283062002 only)	Endocrine and Metabolic Corticosteroid	Prior Authorization
Betimol	Glaucoma	Prior Authorization
Botox	Botulinum Toxins	Prior Authorization
Breo Ellipta Inhaler (NDC 00173085914, 00173088214 only)	Asthma	Prior Authorization
Bromsite	Ophthalmic Anti-inflammatory	Prior Authorization
budesonide ext-rel	Inflammatory Bowel Disease	Prior Authorization
Calcipotriene Foam	Dermatology	Prior Authorization
carisoprodol tab 250mg	Musculoskeletal	Prior Authorization
Celebrex	Anti-inflammatory	Prior Authorization
Ciloxan	Ophthalmic Anti-infective	Prior Authorization
Cinryze	Hereditary Angioedema	Prior Authorization
clocortolone cream	Dermatology	Prior Authorization
Complera	Anti-infectives/Antiretroviral	Prior Authorization
Cordran Cream/Lotion/Tape	Dermatology	Prior Authorization
Coreg CR	High Blood Pressure	Prior Authorization

Cozaar	High Blood Pressure	Prior Authorization
Cresemba	Antifungal	Prior Authorization
Cuprimine	Copper Chelating Agent	Prior Authorization
Cytomel	Thyroid Supplement	Prior Authorization
Desferal	Iron Chelator	Prior Authorization
desoximetasone 0.05% ointment	Dermatology	Prior Authorization
doxycycline hyclate 50mg	Anti-infective/Antibacterial	Prior Authorization
doxycycline hyclate 100mg del-rel tablet	Anti-infective/Antibacterial	Prior Authorization
Elidel	Atopic Dermatitis	Prior Authorization
Eliquis	Hematologic	Prior Authorization
Elmiron	Genitourinary	Prior Authorization
Exjade	Iron Chelator	Prior Authorization
Feiba	Hematologic	Prior Authorization
fenofibrate 130mg Capsule	Cardiovascular	Prior Authorization
fenofibrate 40mg Tablet	Cardiovascular	Prior Authorization
Fenofibrate 50mg Capsule	Cardiovascular	Prior Authorization
Ferripox	Iron Chelator	Prior Authorization
Flarex	Ophthalmic Anti-inflammatory	Prior Authorization
flurandrenol cream/flurandrenol lotion	Dermatology	Prior Authorization
FML Forte/FML Ointment	Ophthalmic Anti-inflammatory	Prior Authorization
Focalin XR Capsule	ADHD	Prior Authorization
Guardian CGM System and Supplies/Guardian Real Time CGM System	Diabetes	Prior Authorization
Haegarda	Hereditary Angioedema	Prior Authorization
halcinonide cream	Dermatology	Prior Authorization
Halog Cream/Ointment/Solution	Dermatology	Prior Authorization
Herceptin/Herceptin Hylecta	Cancer	Prior Authorization
Heparin	Hematologic	Prior Authorization
Hydrocortisone Topical Lotion	Dermatology	Prior Authorization
hyoscyamine sulfate ext-rel	Gastrointestinal	Prior Authorization
Hyzaar	High Blood Pressure	Prior Authorization
Iclusig	Cancer	Prior Authorization

Inveltys	Ophthalmic Anti-inflammatory	Prior Authorization
Invirase	Antiretroviral	Prior Authorization
Ivermectin topical cream	Dermatology	Prior Authorization
Ivermectin	Anti-parasitic	Prior Authorization
Jadenu	Iron Chelator	Prior Authorization
Kuvan	Phenylketonuria	Prior Authorization
LactoJen	Gastrointestinal Probiotic	Prior Authorization
Lastacaft	Ophthalmic Allergies	Prior Authorization
Leukine	Hematologic	Prior Authorization
Lexiva	Antiretroviral	Prior Authorization
Librax	Gastrointestinal	Prior Authorization
Lithostat	Genitourinary	Prior Authorization
luliconazole cream	Dermatology	Prior Authorization
Lupron Depot	Central Precocious Puberty	Prior Authorization
Lupron Depot	Endometriosis	Prior Authorization
Lupron Depot	Prostate Cancer	Prior Authorization
Lupron Depot	Uterine Fibroids	Prior Authorization
Lyrica	Pain	Prior Authorization
Maxalt Tablet	Pain	Prior Authorization
Maxalt-MLT	Pain	Prior Authorization
Maxidex	Ophthalmic Anti-inflammatory	Prior Authorization
meloxicam capsule	Pain and Inflammation	Prior Authorization
methylphenid Tab ext-rel (osmotic release not AB-rated to Concerta)	ADHD	Prior Authorization
Micardis	High Blood Pressure	Prior Authorization
Micardis HCTZ	High Blood Pressure	Prior Authorization
Minimed 630G Mis Transmit	Diabetes	Prior Authorization
Mulpleta	Hematologic	Prior Authorization
Nature-Throid	Thyroid Supplement	Prior Authorization
Neo-Synalar	Dermatology	Prior Authorization
Nevanac	Ophthalmic Anti-inflammatory	Prior Authorization
nitrofurantin (NDC 16571074024 and 70408023932 only)	Anti-Infective, Antibacterial	Prior Authorization
Nolix	Dermatology	Prior Authorization
Norpace	Antiarrhythmic	Prior Authorization
Nourianz	Parkinson's Disease	Prior Authorization
Noxafil	Antifungal	Prior Authorization
Nplate	Hematologic	Prior Authorization
Oscimin SR	Gastrointestinal	Prior Authorization

Paradigm Rea Mis Transmit	Diabetes	Prior Authorization
pantoprazole del-rel suspension	Gastrointestinal	Prior Authorization
paroxetine mesylate capsule 7.5mg	Menopausal Vasomotor Symptom Agents	Prior Authorization
paroxetine HCl ext-rel (NDC 60505367503 only)	Antidepressant	Prior Authorization
Pred Mild	Ophthalmic Anti-inflammatory	Prior Authorization
Prenatal Vitamins – all brand prenatal vitamins that are not CitraNatal	Prenatal Vitamins	Prior Authorization
Prilosec Del-Rel Granules	Gastrointestinal	Prior Authorization
Prometrium	Endocrine and Metabolic	Prior Authorization
Provigil	Narcolepsy	Prior Authorization
Remodulin	Cardiovascular	Prior Authorization
Riabni	Cancer	Prior Authorization
Rituxan	Cancer	Prior Authorization
Rytary	Parkinson's Disease	Prior Authorization
Seasonique	Contraceptive	Prior Authorization
Silenor	Sleep Disorder	Prior Authorization
Sof-Sensor CGM System	Diabetes Supplies	Prior Authorization
Symax-SR Tablet	Gastrointestinal	Prior Authorization
Symjepi	Respiratory	Prior Authorization
Syrpine	Copper Chelating Agent	Prior Authorization
tavaborole	Dermatology	Prior Authorization
Theo-24	Respiratory	Prior Authorization
Thiola/Thiola EC	Genitourinary	Prior Authorization
Tobradex ST	Ophthalmic Anti-infective	Prior Authorization
Topiramate ext-rel capsule (generics for Qudexy XR only)	Anticonvulsant	Prior Authorization
tramadol ext-rel capsule	Pain	Prior Authorization
Travantan Z	Ophthalmic	Prior Authorization
Trelstar Mixjet	Prostate Cancer	Prior Authorization
triamcinolone 0.05% ointment	Dermatology	Prior Authorization
Trianex	Dermatology	Prior Authorization
Truvada	Anti-infectives/Antiretroviral	Prior Authorization
Truxima	Cancer	Prior Authorization
Uloric Tablet	Gout	Prior Authorization
Ultavate Lotion	Dermatology	Prior Authorization
Viracept	Antiretroviral	Prior Authorization
Westhroid	Thyroid Supplement	Prior Authorization

WP Thyroid	Thyroid Supplement	Prior Authorization
Xalkori	Cancer	Prior Authorization
Yasmin	Contraceptive	Prior Authorization
Zerviate	Ophthalmic Allergies	Prior Authorization
Zestoretic	High Blood Pressure	Prior Authorization
zileuton ext-rel	Asthma	Prior Authorization
Zoladex	Prostate Cancer	Prior Authorization
Zoladex	Endometriosis	Prior Authorization
Zoloft	Antidepressant	Prior Authorization
Zolpidem sublingual	Sleep Disorder	Prior Authorization

NC20092-5_Updated 12.10.21