

## 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 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 or Benefits for Reconstructive Surgery After Mastectomy-Enrollment**

Coverage 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 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 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 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 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 postdelivery care. Postdelivery 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 postdelivery 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 for 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**

Covered charges will include charges for any person covered by the plan for:

- (a) cognitive rehabilitation therapy, cognitive communication therapy, neurocognitive therapy and rehabilitation, neurobehavioral, neurophysiological, neuropsychological, and psychophysiological testing and treatment, neurofeedback therapy and remediation required for and related to treatment of an Acquired Brain Injury; 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.

Covered charges will include charges for reasonable expenses, as determined by Nippon Life Insurance Company of America, related to periodic reevaluation of the care of the individual insured under the Group Policy 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 at 1-800-374-1835, or write us at P.O. Box 25921, Shawnee Mission, KS, 66225-5951.

## TX Pharmacy Program Changes for 2023

Name of Drug/Supply	Drug Usage	Change Occuring
Nuvaring	Contraception	Tier 2 to Tier 1
Restasis	Dry Eyes	Tier 2 to Tier 1
Bystolic	Hypertension	Tier 2 to Tier 3
Durezol	Ophthalmic Anti-Inflammatory	Tier 2 to Tier 3
Velcade	Cancer	Tier 2 to Tier 3
Narcan	Opioid Overdose	Tier 2 to Tier 3
Aklief	Acne	Tier 3 to Tier 2
Aptiom	Seizure Disorder	Tier 3 to Tier 2
Arazlo	Skin Conditions	Tier 3 to Tier 2
Auryxia	Kidney Disease	Tier 3 to Tier 2
Azstarys	ADHD	Tier 3 to Tier 2
Braftovi	Cancer	Tier 3 to Tier 2
Caplyta	Bipolar Depression	Tier 3 to Tier 2
Cotellic	Melanoma	Tier 3 to Tier 2
Doptelet	Chronic Liver Disease	Tier 3 to Tier 2
Endarbi	Chronic Kidney Disease	Tier 3 to Tier 2
Enstilar	Plaque Psoriasis	Tier 3 to Tier 2
Fensolvi	Precocious Puberty	Tier 3 to Tier 2
Gemtesa	Overactive Bladder	Tier 3 to Tier 2
Ilaris	Autoinflammatory Disease	Tier 3 to Tier 2
Inlyta	Kidney Cancer	Tier 3 to Tier 2
Jornay PM	ADHD	Tier 3 to Tier 2
Lenvima	Cancer	Tier 3 to Tier 2
Menopur	Infertility	Tier 3 to Tier 2
Mektovi	Melanoma	Tier 3 to Tier 2
Nexavar Tab	Cancer	Tier 3 to Tier 2
Rhofade	Rosacea	Tier 3 to Tier 2
Quilipta	Migraines	Tier 3 to Tier 2
Siklos	Sickle Cell Anemia	Tier 3 to Tier 2
Talicia	Helicobacter Pylori Gastritis	Tier 3 to Tier 2
Twynéo	Acne	Tier 3 to Tier 2
Xyntha	Hemophilia A	Tier 3 to Tier 2
Zegalogue	Severe Hypoglycemia	Tier 3 to Tier 2
Zelboraf	Melanoma	Tier 3 to Tier 2

Bystolic 2.5mg, 5mg, 10mg	High Blood Pressure	Dose Optimization Additions
Exforge HCT	Hypertension	Dose Optimization Additions
Quilipta 10mg	Migraines	Dose Optimization Additions
Desvenlafaxine ER	Depression	Dose Optimization Deletions
Khedeza ER	Depression	Dose Optimization Deletions
Pexeva 10mg, 20mg	Depression	Dose Optimization Deletions
Vesicare	Overactive Bladder	Dose Optimization Deletions
Adderall XR	ADHD	Prior Authorization
Afinitor	Cancer	Prior Authorization
albuteral sulfate CFC-free aerosol (NDC 66993001968 only)	Asthma	Prior Authorization
Alimta	Cancer	Prior Authorization
Arcalyst	Anti-Inflammatory	Prior Authorization
Arnuity Ellipta	Asthma	Prior Authorization
Asacol HD	Ulcerative Colitis	Prior Authorization
Benefix	Hematologic	Prior Authorization
betamethasone dipropionate ointment 0.05%	Dermatology	Prior Authorization
butalbital-acetaminophen capsule 50-300mg	Pain	Prior Authorization
butalbital-acetaminophen tablet 25-325mg	Pain	Prior Authorization
CapsFenac Pak	Pain	Prior Authorization
Cayston	Cystic Fibrosis	Prior Authorization
Citranatal Vitamins	Prenatal Vitamins	Prior Authorization
clobetasol emollient foam	Dermatology	Prior Authorization
Concerta	ADHD	Prior Authorization
Dexilant	Gastrointestinal	Prior Authorization
dexlansoprazole del-rel	Gastrointestinal	Prior Authorization
diclofenac capsule 25mg	Pain	Prior Authorization
diclofenac solution 2%	Pain	Prior Authorization
Diclofex DC	Pain	Prior Authorization

doxycycline hyclate tablet 75/150mg DR	Anti-infectives, Antibacterial	Prior Authorization
Duobrii	Dermatology	Prior Authorization
Dymista	Allergies	Prior Authorization
Edluar	Sleep Disorder	Prior Authorization
Epaned	High Blood Pressure	Prior Authorization
Esbriet	Pulmonary Fibrosis	Prior Authorization
Firazyr	Hereditary Angioedema	Prior Authorization
Flovent	Asthma	Prior Authorization
Glucagon Emergency Kit	Metabolic	Prior Authorization
Glucagen Hypokit	Metabolic	Prior Authorization
Ixinity	Hematologic	Prior Authorization
Juxtapid	Cardiovascular Antilipemics	Prior Authorization
Keppra/Keppra XR	Anticonvulsants	Prior Authorization
Lamictal/Lamictal ODT	Anticonvulsants	Prior Authorization
Lamictal XR	Anticonvulsants	Prior Authorization
lansoprazole delayed release orally disintegrating tablet	Gastrointestinal	Prior Authorization
Mekinist	Cancer	Prior Authorization
Movantik	Gastrointestinal	Prior Authorization
Multaq	Irregular Heartbeat	Prior Authorization
MyrbetiQ Tab/Susp	Overactive Bladder/Incontinence	Prior Authorization
Nuedexta	Pseudobulbar Affect	Prior Authorization
Nityr	HT-1	Prior Authorization
Nexterone	Antiarrhythmic	Prior Authorization
Nucala Lyophilized	Asthma	Prior Authorization
Nucynta	Pain	Prior Authorization
Nucynta ER	Pain	Prior Authorization
Opzelara	Dermatology	Prior Authorization
Pentasa	Inflammatory Bowel Disease	Prior Authorization
Prednisolone Sol 10mg/5ml	Endocrine and Metabolic Corticosteroids	Prior Authorization
Prednisolone Sol 20mg/5ml	Endocrine and Metabolic Corticosteroids	Prior Authorization
Quillichew ER	ADHD	Prior Authorization
Quillichew XR	ADHD	Prior Authorization

Qvar Redihaler	Asthma	Prior Authorization
Rixubis	Hematologic	Prior Authorization
Rubraca	Cancer	Prior Authorization
Subsys	Pain	Prior Authorization
Sure Result DSS Premium Pak	Pain and Inflammation	Prior Authorization
Sutent	Cancer	Prior Authorization
Tafinlar	Cancer	Prior Authorization
Tovet	Dermatology	Prior Authorization
Toviaz	Overactive Bladder/Incontinence	Prior Authorization
Votrient	Cancer	Prior Authorization
Vtol LQ	Pain	Prior Authorization
Ziclopro Pak	Pain	Prior Authorization