

Federal Regulations require an employee to receive the following notices for medical coverage.**Preexisting Condition Exclusion**

Preexisting Condition Exclusions apply to all enrollees (except as noted below), including those covered on the group policy issue date of a new group, future timely enrollees, and late enrollees. A preexisting condition is a condition present before your enrollment date in any new health plan. If you or your dependents received, or were recommended to receive medical advice, diagnosis, care, or treatment for a condition (physical or mental), in the last six (6) months, the preexisting condition exclusion will apply.

- **Initial and Future Timely Enrollees***: This preexisting condition exclusion period is nine (9) consecutive months from the earlier of:
 - the effective date of your or your dependents coverage; or
 - the first day of any waiting period under your plan.
- **Late Enrollees**: If you or your dependents do not enroll for coverage when first eligible, you or your dependents may not enroll until the next annual open enrollment period at which time the preexisting condition exclusion period will apply. The preexisting condition exclusion period is fifteen (15) consecutive months.

The preexisting condition exclusion will not apply to pregnancy.

The preexisting condition exclusion period may be reduced by the number of days you or your dependents were covered under the prior health plan. You or your dependents have the right to demonstrate previous coverage by requesting a certificate of coverage from your prior health plan. If necessary, Nippon Life Insurance Company of America will assist you in obtaining a certificate. Once the amount of prior creditable coverage has been determined, you will receive a notice stating the length of any preexisting condition exclusion period that applies to you or your dependents.

*The Preexisting Condition Exclusion described above for Initial and Future Timely Enrollees will not apply to individuals under 19 years of age.

Special Enrollment Rights

If you or your dependents decline coverage because you have other health coverage, you may enroll within 31 days following:

- **Loss of eligibility**

Loss of eligibility includes:

- death, divorce, legal separation, or cessation of dependent status
- reduction in work hours or termination of employment
- if the other health coverage is offered through an HMO, or other similar arrangement, and does not provide benefits to individuals who no longer reside, live, or work in the service area (and if the other health coverage is provided in the group market, no other benefit package is available to the individual)
- if the other health coverage no longer offers any benefits to a class of similarly situated individuals

- **Employer contributions have terminated**

- **COBRA or state continuation has exhausted**

Exhaustion of COBRA or state continuation includes:

- failure of the employer or other responsible entity to remit premiums timely
- if continued coverage is offered through an HMO, or other similar arrangement, and does not provide benefits to individuals who no longer reside, live, or work in the service area and no other benefit package is available to the individual
- completion of the maximum continuation period

If you or your dependents have declined coverage, you may enroll within 31 days if there is a change in your family status. This includes:

- marriage
- birth of child
- adoption or placement for adoption

Special Enrollment Rights (continued)

If you or your dependents do not enroll within 31 days, you will be considered a late enrollee and are subject to the Preexisting Condition Exclusion rules. An eligible dependent cannot be covered for medical benefits if the eligible employee is not enrolled as a member.

If you or your dependent child have declined coverage, you and your dependent child may enroll if coverage is requested after the date of a Qualified Medical Child Support Order (QMCSO) or National Medical Support Notice (NMSN).

If you are already enrolled for coverage, and your dependents have declined coverage, your dependent(s), as required by state law, may enroll if coverage is requested within 31 days of a court or administrative order to provide health coverage.

Special Enrollment Rights Regarding Children's Health Insurance Program (CHIP)

If you or your dependents are eligible, but not enrolled for coverage, you may enroll for coverage if:

- You or your dependent are covered under a Medicaid or CHIP plan and coverage is terminated as a result of the loss of eligibility of Medicaid or CHIP coverage; or
- You or your dependent become eligible for premium assistance to purchase coverage under the group health plan.

You must enroll no later than 60 days after the date of eligibility is lost or the date you or your dependent are determined to be eligible for premium assistance.

If you or your dependent do not enroll within 60 days, you will be considered a late enrollee.

Additional Information

To obtain additional information or assistance, contact:

Nippon Life Insurance Company of America
P.O. Box 10310
Des Moines, IA 50306-0310

Attn: Group Operations
Telephone: 1-800-937-6542 ext. 44223

Please keep this notice for your records.