

## Your Solution to Ancillary Group Benefits



**Comprehensive Insurance Benefits with Customized, Personal Service**

[www.nipponlifebenefits.com](http://www.nipponlifebenefits.com)

## Flexible Ancillary Solutions Coverage You Can Count On

Since 1991, Nippon Life Benefits has offered quality, customized employee benefits and is committed to exceptional service and care for our valued customers. We offer comprehensive, flexible ancillary coverage, including Dental, Life, Disability, and Vision, with multi-lingual support in Japanese, Korean, and Spanish. We have an AM Best Credit Rating of A- Excellent<sup>1</sup>.

As a U.S. subsidiary of Japan-based Nippon Life Insurance, we're backed by one of the world's largest mutual life insurers<sup>2</sup>, with over \$656 billion in assets<sup>3</sup> and an A+ (Superior) rating from AM Best.<sup>4</sup>

With competitive rates, extensive provider networks, and outstanding customer service, our plans are customized to meet your unique needs and budget.



### Provider Networks

- Aetna Dental® Administrators has over 357,000 provider locations nationwide
- DenteMax has over 270,000 provider locations nationwide



### Dental Insurance

Our customizable dental solutions maximize your benefit dollars with comprehensive coverage and exceptional service. We offer Usual, Customary, and Reasonable (UCR) and Maximum Allowable Charge (MAC) options for utmost flexibility to meet your unique needs.



### Vision (powered by EyeMed)

Our comprehensive vision plan provides affordable coverage for employees. It includes allowances for eye exams, lenses, frames, and contacts. With the extensive EyeMed Insight network, we offer access to 154,000 providers.



### Life Insurance

We offer affordable Basic, Dependent, and Supplemental Life insurance coverage to employees and their families. Let us protect what matters most to you.



### Accidental Death and Dismemberment (AD&D)

We offer low-cost AD&D coverage for employees. This coverage provides additional protection in case of accidental loss of life, limb(s), or eyesight.



### Disability Insurance

We provide both Short Term and Long Term disability coverage, ensuring you have the support you need during times of illness or injury.



### Online Benefits Management

Streamline benefits management with our user-friendly website, [nipponlifebenefits.com](https://nipponlifebenefits.com), and our mobile app for on-the-go dental, and vision coverage.



1. NLB AM Best Credit Rating as of 1/2025. 2. S&P Global Market Intelligence. 3. 2024 Nippon Life Annual Report. 4. Nippon Life AM Best Credit Rating as of 1/2025.

## Dental



### Discounts are available!

- **Dental Discount Program:** Determined by the length of time with the current dental carrier and requires an employer contribution of at least 50%
- **Packaging Discount:** Progressive discounts are applied when dental coverage is bundled with one, two, or three additional lines of coverage

We offer Usual, Customary, and Reasonable (UCR) and Maximum Allowable Charge (MAC) options for utmost flexibility to meet your unique needs.

Type I Preventive Services	Type II Basic Services	Type III Major Services
<ul style="list-style-type: none"> <li>• Cleanings</li> <li>• Fluoride Treatment</li> <li>• Preventive Exams</li> <li>• Preventive X Rays</li> <li>• Sealants</li> </ul>	<ul style="list-style-type: none"> <li>• Crowns (stainless steel)</li> <li>• Minor Oral Surgery</li> <li>• Periodontal Prophylaxis</li> <li>• Problem Focused Exams</li> <li>• Problem focused X Rays</li> <li>• Restorations/Fillings</li> <li>• Simple Extractions</li> <li>• Space Maintainers</li> </ul>	<ul style="list-style-type: none"> <li>• Complex Oral Surgery</li> <li>• Crowns (other than steel)</li> <li>• Dentures/Bridges/ Repairs</li> <li>• Endodontic</li> <li>• General Anesthesia</li> <li>• Implants</li> <li>• Inlays/Onlays</li> <li>• Periodontics and appliances</li> </ul>

Plan Design Features	In Network	Out of Network
Calendar Year Deductible	\$0 / \$25 / \$50 / \$75 / \$100	\$0 / \$25 / \$50 / \$75 / \$100
Deductible Applies to	Type II and III Only	
Annual Maximum – Type I, II, III	\$1,000 / \$1,250 / \$1,500 / \$2,000 / \$2,500 / \$3,000 / \$5,000*	
Ortho Lifetime Maximums (Child Only and Child / Adult options are available)	\$1,000 / \$1,500 / \$2,000 (50% coinsurance for all plans)	
In Network Coinsurance – Type I	100%	100% / 80%
In Network Coinsurance – Type II	100% / 90% / 80% / 60% / 50%	100% / 90% / 80% / 60% / 50%
In Network Coinsurance – Type III	80% / 60% / 50%	80% / 60% / 50%
Out of Network Reimbursement Level		
90th UCR / 80th UCR / Maximum Allowable Charge (MAC)**		

Benefit Options	
<ul style="list-style-type: none"> <li>• Max Rollover Feature</li> <li>• Move Endodontic and Periodontic to Type II (Basic)</li> </ul>	<ul style="list-style-type: none"> <li>• Move Complex Oral Surgery/Anesthesia to Type II (Basic)</li> <li>• Split In and Out of Network Deductibles</li> </ul>

Provider location counts are provided by the Network to Nippon Life Benefits. The Network is responsible for the accuracy of the numbers provided.

\*\$5,000 annual benefit available for groups with 10 or more enrolled employees and replacing current dental coverage.

\*\* For covered services provided by Out of Network Providers, Nippon Life Benefits will reimburse based on policy provisions up to the maximum allowable charge (MAC). Out of Network Providers may bill insureds for amounts in excess of the amount reimbursed by Nippon Life Benefits.

## Vision (Powered by EyeMed)



Our comprehensive vision plan provides affordable coverage for employees. It includes allowances for eye exams, lenses, frames, and contacts. With the extensive EyeMed Insight network, we offer access to 154,000 providers.

### Vision Plan Options – Copay Type

Plan Design Features	In Network	Out of Network Reimbursement*
<b>Exam with Dilation as Necessary</b>	Copay \$0 / \$10	\$30
<b>Lenses</b> <ul style="list-style-type: none"> <li>• Single Vision</li> <li>• Bifocal</li> <li>• Trifocal</li> <li>• Lenticular</li> <li>• Standard Progressive Lenses</li> </ul>	Copay <ul style="list-style-type: none"> <li>• \$0 / \$10 / \$25</li> <li>• \$0 / \$10 / \$25</li> <li>• \$0 / \$10 / \$25</li> <li>• \$0 / \$10 / \$25</li> <li>• \$65 / \$75 / \$90</li> </ul>	<ul style="list-style-type: none"> <li>• \$5 / \$18</li> <li>• \$15 / \$28</li> <li>• \$33 / \$45</li> <li>• \$33 / \$45</li> <li>• \$15 / \$28</li> </ul>
<b>Contact Lenses</b> <ul style="list-style-type: none"> <li>• Conventional</li> <li>• Disposable</li> <li>• Medically Necessary</li> </ul>	<ul style="list-style-type: none"> <li>• \$100 / \$130 / \$150 allowance; 15% off balance over allowance</li> <li>• \$100 / \$130 / \$150 allowance; balance over allowance</li> <li>• No cost</li> </ul>	<ul style="list-style-type: none"> <li>• \$80 / \$120</li> <li>• \$80 / \$120</li> <li>• \$210</li> </ul>
<b>Frames</b>	\$100 / \$130 / \$150 allowance; 20% off balance over allowance	\$50 / \$75
<b>Contact Lenses fittings and follow up**</b> <ul style="list-style-type: none"> <li>• Standard</li> <li>• Premium</li> </ul>	<ul style="list-style-type: none"> <li>• Standard</li> <li>• Premium</li> </ul>	<ul style="list-style-type: none"> <li>• Not Covered or \$40</li> <li>• Not Covered or \$40</li> </ul>
<b>Retinal Imaging Benefit</b>	Up to \$39	Not Covered
<b>Laser Vision Correction Discount Program</b> (Lasik or PRK from U.S. Laser Network)	<ul style="list-style-type: none"> <li>• 15% off Retail Price</li> <li>• 5% off Promotional Price</li> </ul>	No Discount
<b>Frequency</b> <ul style="list-style-type: none"> <li>• Examination</li> <li>• Frame &amp; Lenses, Contact Lenses</li> </ul>	<ul style="list-style-type: none"> <li>• Once every 12 months</li> <li>• Once every 12 or 24 months</li> </ul>	

### Vision Plan Options – Allowance Type

Plan Design Features	In Network	Out of Network Reimbursement*
<b>Exam with Dilation as Necessary</b>	\$10	\$30
<b>Frames</b>	\$200 / \$300 allowance; 20% off balance over allowance	\$100 / \$150
<b>Contact Lenses</b> <ul style="list-style-type: none"> <li>• Conventional</li> <li>• Disposable</li> <li>• Medically Necessary</li> </ul>	<ul style="list-style-type: none"> <li>• \$200 / \$300 allowance; 20% off balance over allowance</li> <li>• \$200 / \$300 allowance; balance over allowance</li> <li>• No cost</li> </ul>	<ul style="list-style-type: none"> <li>• \$160 / \$240</li> <li>• 160 / \$24</li> <li>• \$210</li> </ul>
<b>Laser Vision Correction Discount Program</b> (Lasik or PRK from U.S. Laser Network)	<ul style="list-style-type: none"> <li>• 15% off Retail Price</li> <li>• 5% off Promotional Price</li> </ul>	No Discount
<b>Frequency</b> <ul style="list-style-type: none"> <li>• Examination</li> <li>• Frame &amp; Lenses, Contact Lenses</li> </ul>	<ul style="list-style-type: none"> <li>• Once every 12 months</li> <li>• Once every 12 months</li> </ul>	
<b>Included Options for Lenses Available to Members at a Discounted Fee</b>		
<ul style="list-style-type: none"> <li>• UV Treatment</li> <li>• Tint (Solid and Gradient)</li> <li>• Standard Plastic Scratch Coating</li> </ul>	<ul style="list-style-type: none"> <li>• Standard Polycarbonate - Adults</li> <li>• Standard Polycarbonate - Children under 19</li> <li>• Standard Anti-Reflective Coating</li> </ul>	<ul style="list-style-type: none"> <li>• Polarized</li> <li>• Photochromatic/Transitions Plastic</li> <li>• Premium Anti Reflective</li> </ul>

\*Member Reimbursement Out of Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. In certain states, members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate. \*\*Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.

## Life and AD&D



- **Flat Plans:** Equal insurance for all employees.
- **By Class:** Benefits are based on specific employee Classes (e.g., Owners, Managers, Salary, Hourly).
- **Multiple of Earnings Plans:** Insurance based on a multiple of annual earnings. Options for varying levels by occupation, salary, or service length. Voluntary plans available.

Plan Design Features	
<b>Group Term Life</b>	<ul style="list-style-type: none"> <li>• Guarantee issue* <ul style="list-style-type: none"> <li>○ 2 – 9 enrolled: \$50,000</li> <li>○ 10 or more enrolled: \$100,000</li> </ul> </li> <li>• Employees covered as a group with no underwriting for health conditions up to guarantee issue limits</li> <li>• Eligibility is based on employment and continues as long as the employee meets eligibility terms of the policy</li> <li>• If an employee does not contribute, 100% participation required</li> <li>• If an employee does contribute, 75% participation is required, and the employer must contribute a minimum of 50% of the premium</li> <li>• Additional Features: <ul style="list-style-type: none"> <li>○ Conversion</li> <li>○ Accelerated Death Benefit provision included</li> <li>○ Waiver of premium</li> <li>○ Schedule of benefits age reduction options</li> </ul> </li> </ul>
<b>Supplemental Life</b>	<ul style="list-style-type: none"> <li>• Guarantee issue* <ul style="list-style-type: none"> <li>○ 5 – 9 enrolled: \$50,000 (Spouse: \$25,000)</li> <li>○ 10 or more enrolled: \$100,000 (Spouse: \$25,000)</li> </ul> </li> <li>• Available in conjunction with Group Term Life and requires either a minimum of 5 enrolled OR 25% participation, whichever is greater</li> <li>• Contributions collected through payroll deduction</li> <li>• Portability option available</li> <li>• Accelerated Death Benefit Provision included</li> </ul>
<b>Voluntary Life</b>	<ul style="list-style-type: none"> <li>• Guarantee issue* <ul style="list-style-type: none"> <li>○ 5 – 9 enrolled: \$50,000 (Spouse: \$25,000)</li> <li>○ 10 or more enrolled: \$100,000 (Spouse: \$25,000)</li> </ul> </li> <li>• Available as a stand-alone benefit without Group Term Life and requires a minimum of 5 enrolled employees OR 25% participation, whichever is greater</li> <li>• Employee pays more than 50% of the premium</li> <li>• Contributions collected through payroll deduction</li> <li>• Portability option available</li> <li>• Accelerated Death Benefit Provision included</li> </ul>
<b>Dependent Life</b>	<ul style="list-style-type: none"> <li>• Available in conjunction with Group Term Life, Supplemental Life, and Voluntary Life</li> <li>• Adds coverage for employee's spouse and children ages 14 days to age 19 (or 25 if full-time student)</li> <li>• Accelerated Death Benefit Provision included</li> </ul>
<b>Accidental Death &amp; Dismemberment (AD&amp;D)</b>	<ul style="list-style-type: none"> <li>• Available in conjunction with Group Term Life, Supplemental Life and Voluntary Life</li> <li>• Provides additional benefits for accidental death or certain severe accidental injuries</li> <li>• Includes Seatbelt Benefit</li> <li>• Additional Benefit Features available</li> </ul>

Please note that not all combinations and benefits may be available in all states and/or market-segments. \*Reduced Guarantee Issue amount for members 70+ years old at the time of enrollment

## Short and Long Term Disability



- Multiple plan options with the flexibility to customize coverage to employer groups
- Programs focus on both partial income replacement and employee rehabilitation
- Disability claim experts go above and beyond to help employees return to work

Product Features	
<ul style="list-style-type: none"> <li>• Wide range of elimination periods and benefit durations</li> <li>• Income replacement up to 66 2/3% of salary on most group disability plans</li> </ul>	<ul style="list-style-type: none"> <li>• Vocational rehabilitation and return-to-work assistance where appropriate</li> <li>• Premium waiver during periods of eligible disability</li> </ul>
Short Term Disability 2 – 99 Lives	
<b>Benefit Percentage</b>	40% / 50% / 60% / 66 2/3% / 70% / 20% with no offset
<b>Maximum Benefit / Guarantee Issue</b>	<ul style="list-style-type: none"> <li>• Coverage up to \$2,500 weekly</li> <li>• Guarantee Issue: <ul style="list-style-type: none"> <li>◦ 2-9 Enrolled Lives: \$1,500 weekly</li> <li>◦ 10-99 Enrolled Lives: \$2,500 weekly</li> </ul> </li> </ul>
<b>Minimum Benefit</b>	\$25 to \$75
<b>Elimination Period</b>	0 / 7, 7 / 7, 14 / 14, or 29 / 29
<b>Other Benefit Options</b>	<ul style="list-style-type: none"> <li>• Survivor Benefit</li> <li>• 24 Hour Protection</li> <li>• First Day Hospital</li> </ul>

Exclusions, Limitations and Reductions: STD benefits are subject to exclusions and limitations, [including a pre-existing condition exclusion,] and are subject to off sets with other income amounts, including but not limited to Social Security disability and retirement, Workers Compensation, and other disability income benefits.

Long Term Disability 2 – 99 Lives	
<b>Benefit Percentage</b>	50% / 60% / 66 2/3%
<b>Maximum Benefit / Guarantee Issue</b>	<ul style="list-style-type: none"> <li>• 2 – 9 Enrolled: \$6,000 / \$6,000</li> <li>• 10+ Enrolled: \$7,500 / \$7,500</li> <li>• Other Maximum Benefits are available with underwriting approval</li> </ul>
<b>Minimum Benefit</b>	10% of gross monthly benefit or \$100, whichever is greater
<b>Elimination Period</b>	90 or 180 days
<b>Benefit Duration</b>	ADEA1, SSNRA, 2-year ADEA1, 5-year ADEA1
Other Benefit Options	
<ul style="list-style-type: none"> <li>• Wide range of elimination periods and benefit duration</li> <li>• Rehabilitation and return-to-work assistance when appropriate</li> <li>• Premium waiver during periods of eligible disability</li> </ul>	

Exclusions, Limitations and Reductions: LTD benefits are subject to exclusions and limitations, including a pre-existing condition exclusion and limited benefits for disabilities caused or contributed to by mental illness, substance abuse, and special conditions. Benefits are subject to offsets with other income amounts, including but not limited to Social Security disability and retirement, Workers Compensation, work earnings while disabled, and other disability income benefits.

Policy Series NP 5500, et al, and Booklet-Certificate Series NBM 5100, et al is underwritten by Nippon Life Insurance Company of America® - marketing name Nippon Life Benefits®, NAIC number 81264, licensed & authorized in all states plus DC, except not ME, NH or WY, domiciled in Iowa, with a principal place of business at 666 Third Avenue, Suite 2201, NY, NY 10017. Nippon Life Benefits is a member company (subsidiary) of Japan-based Nippon Life Insurance Company. Nippon Life Benefits is responsible for its own financial condition and contractual obligations. Benefits may vary by state. For costs and any further details of coverage, including exclusions, any reductions or limitations, and the terms under which the policy may be continued in force, see your Nippon Life Benefits representative.

Nippon Life Benefits®. A Tradition of Value, Humanity, and Service.  
[www.nipponlifebenefits.com](http://www.nipponlifebenefits.com)

