

# FAQs Quick Start Menu

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## The Aon Benefit Experience

### 1. What is the Aon Benefit Experience (BenX)?

The Aon Benefit Experience (BenX) is a way for you to get medical, dental, and vision coverage. It is an online insurance marketplace where buyers like you can shop for coverage from health insurance carriers who are competing for your business.

BenX is America's first national large employer multi-insurance carrier marketplace. Its website is easy to navigate and, just like other online stores, you'll be able to see all your options and sort by the features that are most important to you. By the time you complete your enrollment, you should feel confident that you've selected the right coverage options for your circumstances and budget.

### 2. Where can I get more information?

There are resources available to help through December 31, 2025.

#### Before and during enrollment:

- **Make It Yours website** (first available with 2025 information on May 29)—Visit [NMG.makeityoursource.com/hawaii](https://nmg.makeityoursource.com/hawaii) to learn about your coverage options and choosing the right coverage for you and your family.
- **Your Carrier Connection** (available through the Make It Yours website)—Visit each carrier's preview site to get up to speed on provider networks, prescription drug information, and other carrier resources.
- **NMGbenefits.com and Alight Mobile app**—When it's time to enroll, log on to [NMGbenefits.com](https://nmgbenefits.com) or the Alight Mobile app (available through the [Apple App Store](#) or [Google Play](#)) to compare your options and prices, get helpful decision support, and enroll.

**Questions?** Once logged on, look for the “Need Help?” icon to ask your virtual assistant any questions you may have. It can also connect you with a web chat representative and other helpful resources. For additional support, you can schedule an appointment with a customer service representative through [NMGbenefits.com](https://nmgbenefits.com). You can also call the Neiman Marcus Group Benefit Service Center at **1.866.673.0462** from 2:00 a.m. to 2:00 p.m. HT, Monday through Friday. English- and Spanish-speaking representatives are available.

#### Managing your benefits August 1 through December 31:

- **Your Carrier Connection** (available through the Make It Yours website)—Take advantage of the tools, resources, and information offered through your insurance carrier. For questions about your coverage, always start with your carrier. They know their plans best and have the final authority on all claims, billing disputes, etc.
- **NMGbenefits.com and Alight Mobile app**—Access your personalized coverage details and manage your benefits throughout the year.
- **Additional support**—If you need help before July 31, email a Health Pro at [NMGHealthPro@alight.com](mailto:NMGHealthPro@alight.com) or call **1.866.279.2719** from 3:00 a.m. to 3:00 p.m. HT, Monday through Friday, and ask to be connected with a Health Pro. Health Pros can explain how benefits work and help resolve issues through July 31, 2025.

## Enrollment

### 3. Why is my benefits plan year shortened and effective only from August 1 to December 31, 2025?

We are planning to harmonize benefits plans across Saks Global, effective January 1, 2026. More information about your new 2026 benefits plan will be communicated in the coming months.

In the meantime, your NMG benefits will still be available to you through December 31, 2025. We encourage you keep this in mind as you make your elections during Annual Enrollment (June 9 through June 27).

#### 4. What will I need to do?

From June 9 through June 27, you should enroll to make sure you get the coverage you want from **August 1 through December 31, 2025!** Not only could your needs have changed, but other things could have changed too—including your options and prices, the network of doctors, and how your prescription drugs are covered. It's very important to double-check even if you choose exactly what you have today.

If you don't enroll, your current coverage will continue from August 1 through December 31, 2025. (You will have an additional enrollment period in the coming months for benefits effective January 1, 2026.) To contribute to a flexible spending account, you must make an active election.

If you elect "no medical coverage" but you don't submit the Hawaii medical coverage waiver form (HC-5), you will be covered for associate only, Gold medical coverage level through HMSA at the new plan year rates.

To enroll, log on to [NMGbenefits.com](https://nmgbenefits.com) or the Alight Mobile app during the enrollment period. Over the course of the enrollment process, you can:

- Enroll the eligible dependents you want to cover from August 1 through December 31, 2025. You must certify whether your spouse/domestic partner has access to medical coverage elsewhere. If you don't certify, the spouse/domestic partner subsidy differential will be applied.
- Choose the insurance carriers and coverage levels you want for your medical, dental, and vision benefits.
- Enroll in the rest of your benefits, including accident insurance, critical illness, hospital indemnity, long-term disability, Accidental Death & Personal Loss, life insurance, legal services, and identity theft protection at [NMGbenefits.com](https://nmgbenefits.com) or with the vendor directly for auto and home insurance and pet insurance.

You can get information about enrollment on the Make It Yours website available at [NMG.makeityoursource.com/hawaii](https://nmg.makeityoursource.com/hawaii).

#### 5. How do I create my user ID and password for [NMGbenefits.com](https://nmgbenefits.com)?

If you are a new user, you will need to set up your user ID and password, which are needed to access your account through the Alight Mobile app (available through the [Apple App Store](https://appleappstore.com) or [Google Play](https://googleplay.com)).

- Go to [NMGbenefits.com](https://nmgbenefits.com) and select **New User**;
- Enter the last four digits of your Social Security number and your date of birth to authenticate your account;
- Create your user ID and password; and
- Create answers to security questions to verify your identity if you forget your user ID or password in the future.

#### 6. How do I reset my password for [NMGbenefits.com](https://nmgbenefits.com)?

To reset your password, go to [NMGbenefits.com](https://nmgbenefits.com), click **Forgot User ID or Password**, and follow the prompts to reset your password. You will need your user ID and password to access your account on the Alight Mobile app (available through the [Apple App Store](https://appleappstore.com) or [Google Play](https://googleplay.com)).

## My Options

#### 7. What are my options for medical and prescription drug coverage?

You have several options to choose from, including HMSA Gold, Kaiser Gold, HMSA Platinum, and Kaiser Platinum. When you enroll, you'll be able to compare benefits and features across your medical options.

## 8. Am I required to designate a primary care physician?

You must designate a primary care physician to coordinate your medical care under the Kaiser Gold and Platinum options.

## 9. Is one option better than another?

No. Don't let the names fool you—one option isn't better than another. They're designed to give you choice so that you can find the option that makes the most sense for your situation.

There are several factors to consider as you review your options:

- **Out-of-network coverage:** For starters, you'll always get the highest benefit by seeing in-network providers. However, if you want the flexibility to see out-of-network providers, the options work differently. Under the HMSA Gold and Platinum options, you're covered when you go outside the HMSA network (often times at a reduced benefit). **The Kaiser Gold and Platinum options do not cover out-of-network services.** So if you don't use a network provider, you'll pay for the full cost of services.
- If you want to keep seeing your current doctors, choose the [insurance carrier](#) whose network includes your preferred providers (e.g., doctors, specialists, hospitals). This is especially important if you're considering Kaiser Permanente. See question 9 to learn how to check the carrier networks and question 10 for out-of-state considerations.
- **Prescription drugs:** Under the HMSA Gold and HMSA Platinum options, you'll have a separate and additional out-of-pocket maximum for prescription drugs. That means your medication costs will **not** count toward your medical out-of-pocket maximum. So you could pay a lot more out of your pocket if you have moderate to high prescription drug needs.
- Under the Kaiser Gold and Kaiser Platinum options, your medical and prescription drug expenses count toward the same out-of-pocket maximum. However, the Kaiser options do **not** cover medications that are classified as Tier 3 (non-formulary brand name) drugs.

**It is strongly recommended that you call the medical insurance carrier before you enroll** to better understand how your particular medication will be covered.

- **Total costs:** Remember to take your total costs into consideration, which includes what you pay out of your paycheck (before-tax premiums) and what you pay out of your pocket (deductibles, coinsurance, copays) when you get medical care.

## 10. Where can I learn more about the medical insurance carriers?

Before you're a member, you can visit specially designed [carrier sites](#) to give you a "preview" of their services, networks, and more. You should check out the carrier preview sites to get a closer look at the carriers you're considering. You can get the carrier preview sites at [NMG.makeityoursource.com/hawaii](http://NMG.makeityoursource.com/hawaii). Once you enroll and become a member of a carrier, you'll be able to register and log on to the carrier's main website for personalized information.

## 11. Will I be able to use the same providers as I do today?

It depends. Each insurance carrier has its own network of preferred providers (e.g., doctors, specialists, hospitals). If you want to keep seeing your current doctors, select an insurance carrier that includes your preferred providers in its network. If you are comfortable changing doctors, select an insurance carrier whose network includes providers critical to your care.

Even if you can keep your current insurance carrier, the provider network could be different and can change, so *always* check the provider directories before making a decision.

Do **not** rely on your provider's office to know the carriers' network(s). To see whether your doctor is in network:

- Check out the [insurance carrier](#) preview sites.

- When you enroll, check the networks of each insurance carrier you're considering at [NMGbenefits.com](https://nmgbenefits.com). You can access this information by clicking **Find Doctors** when you're selecting your medical plan. For the best results:
  - Search for your provider by name—not medical practice.
  - Check only the office location(s) you are willing to visit.
  - When searching for a facility, use the complete facility name and confirm whether the specialty of the facility is covered in-network.

**Important!** If you have **any** uncertainty (for instance, covering out-of-area dependents) or you need the network name, you need to call the insurance carrier.

## 12. How should I choose a medical insurance carrier if my dependents and I live in different states?

Because you and your dependents must enroll in the same option, you need to take a close look at your options. The HMSA options offer access to a national provider network so that your dependents can get care from in-network providers in most locations. The Kaiser Permanente options offer limited coverage for dependent students who are temporarily out of the area.

Do **not** rely on your provider's office to know the carriers' network(s). You need to call the insurance carrier to confirm whether an out-of-area provider participates in a carrier's network.

## 13. How do I decide which medical option is right for me?

You'll have access to a number of resources to help you make smart decisions. You should start by accessing the Make it Yours site at [NMG.makeityoursource.com/hawaii](https://nmg.makeityoursource.com/hawaii) for details about your options and more.

When you enroll, you'll be able to see the credit amount from NMG and your price options at [NMGbenefits.com](https://nmgbenefits.com). You'll also be able to access tools that give you a personalized suggestion, help compare the details of your options, and more.

If you need additional help once logged on, look for the "Need Help?" icon to ask your virtual assistant, any questions you may have. It can also connect you with a web chat representative and other helpful resources. For additional support, you can schedule an appointment with a customer service representative through [NMGbenefits.com](https://nmgbenefits.com) or call the Neiman Marcus Group Benefit Service Center at **1.866.673.0462** from 2:00 a.m. to 2:00 p.m. HT, Monday through Friday. English- and Spanish-speaking representatives are available. You can also call the insurance carriers with specific questions about the options they offer.

## 14. Can I waive medical coverage?

If you elect "no medical coverage" for the next plan year, the state of Hawaii requires that you complete and submit a Hawaii medical coverage waiver form (HC-5) within 31 days of enrollment. A copy of this form will be sent to you through the U.S. mail. By completing this form, you claim to be exempt from coverage requirements under the Prepaid Health Care Act. After completing it, please return it to the Neiman Marcus Group Benefit Service Center at the address provided.

**Note:** Even if you elect "no medical coverage," you will be enrolled in associated only, medical coverage under the HMSA Gold option only until the form is received by the Neiman Marcus Group Benefit Service Center.

## 15. Will pre-existing conditions be covered?

Yes. When you enroll in medical coverage through NMG, coverage is guaranteed, regardless of whether you and/or your eligible dependents have pre-existing conditions.

## 16. How will my prescription drugs be covered?

Your prescription drug coverage will be provided through your medical insurance carrier's pharmacy benefit manager—which could be a separate prescription drug company. Each pharmacy benefit manager has its own rules about how prescription drugs are covered. That's why you need to do your homework to determine how your medications will be covered before choosing an insurance carrier.

**If you or a covered family member regularly takes medication, it is strongly recommended that you call the medical [insurance carrier](#) before you enroll** to better understand how your particular prescription drug(s) will be covered. Do not assume that your generic or brand name medication will be covered the same way by each carrier each year. Visit the Make It Yours site at [NMG.makeityoursource.com/hawaii](https://NMG.makeityoursource.com/hawaii) for a cheat sheet of questions to ask.

**Note:** Preventive prescription drugs will be 100% covered. You must have a doctor's prescription for the medication—even for products sold over the counter (OTC)—and you must use an in-network retail pharmacy or mail-order service.

## 17. What is “prior review” and when is it required?

Before getting certain types of care, you or your doctor may be required to run it by your insurance carrier first. Getting “prior review” (also referred to as prior authorization or precertification) allows the carrier to make sure you're eligible for the services, ensure you're getting care that makes sense for your condition, and confirm how the bill is going to be paid.

Who completes the process depends on where you get care:

- When you stay in network, your doctor usually completes the process on your behalf when it's required. But you should always confirm with your doctor to be sure he or she is handling it.
- If you go out of network, you are usually responsible for completing the process. You may have to work with your doctor or directly with your insurance carrier to fill out paperwork and receive the appropriate approval before getting care.

When prior review is required and you don't get preapproved, you could get stuck paying most or **all** of the bill or a penalty. For that reason, it's always in your best interest to ask your doctor whether you need to do anything in advance and confirm that services you need will be covered by your insurance carrier.

## 18. What do I need to know about dental networks?

Just like the medical insurance carriers, each dental carrier has its own provider networks that can vary by the coverage level you choose. If it's important that you continue using the same dentist, you should check to see whether your dentist is in the network before you choose a carrier.

Do **not** rely on your provider's office to know the carriers' network(s). To see whether your dentist is in network:

- Check out the [insurance carrier](#) preview sites.
- When you enroll, check the networks of each insurance carrier you're considering at [NMGbenefits.com](https://NMGbenefits.com).

## 19. What do I need to know about vision networks?

Each vision insurance carrier has its own provider network. If it's important that you continue using the same eye doctor or retail store, you should check to see whether your eye doctor or retail store is in the network before you choose a carrier.

Do **not** rely on your provider's office to know the carriers' networks. To see whether your eye doctor or retail store is in network:

- Check out the [insurance carrier](#) preview sites.
- When you enroll, check the networks of each insurance carrier you're considering at [NMGbenefits.com](#).

## 20. What other benefit options are available to me?

You can choose to supplement your medical coverage with:

- **Critical illness insurance:** Pays a benefit if you or a covered family member is treated for a major medical event (such as a heart attack or stroke) or diagnosed with a critical illness (such as cancer or end-stage kidney disease)
- **Hospital indemnity insurance:** Pays a benefit in the event you or a family member covered under this plan is hospitalized
- **Accident insurance:** Pays a benefit in the event you or a family member covered under this plan is in an accident

You can also choose to enroll in:

- **Legal services:** Covers attorney fees for things like wills, real estate matters, and more
- **Identity theft protection:** Monitors your personal information and takes steps to protect you from fraud

You can get more details on the Make it Yours website at [NMG.makeityoursource.com/hawaii](#). Looking ahead, some voluntary benefits may be changing effective January 1, 2026. More information about your new 2026 benefits plan will be communicated in the coming months.

## 21. What else is available to me?

We are able to take advantage of group negotiated discounts for:

- **Auto and home insurance:** Offers you special group rates and policy discounts on auto and home insurance
- **Pet insurance:** Helps pay veterinary expenses for your sick or injured dog or cat

You can get more details on the Make It Yours website at [NMG.makeityoursource.com/hawaii](#). Looking ahead, some voluntary benefits may be changing effective January 1, 2026. More information about your new 2026 benefits plan will be communicated in the coming months.

## 22. Should my Flexible Spending Account (FSA) election be based on a full calendar year?

Yes. If you choose to enroll in an FSA, you will elect an FSA contribution amount based on a full calendar year (up to the 2025 IRS maximum contribution of **\$3,300** for a Health Care and Limited Purpose FSA and **\$5,000** for a Dependent Care FSA). However, due to the shortened plan year, you will only receive the contributions that were made from August 1 through December 31.

For example, if you elect an **annual amount of \$3,300** for a Health Care FSA, your total contribution from August 1 through December 31 will be approximately:

- \$126.92 per pay period for 11 pay periods for bi-weekly associates
- \$63.46 per paid pay period for 22 pay periods for weekly associates

The total contribution will be approximately \$1,396 of the \$3,300 election.



## Paying for Coverage

### 23. When will I find out the cost of coverage?

From June 9 through June 27, log on at [NMGbenefits.com](https://nmgbenefits.com) and select **Enroll in Your Benefits**. When you do so, you'll be able to see the medical credit amount from NMG and prices for all of your benefit options.

### 24. Do I get to keep the NMG credit if I don't enroll in coverage?

No. The credit you get from NMG is for the medical coverage you purchase through BenX. A cash refund or credit for other benefits is not available.

### 25. When do the insurance carriers reset deductibles, out-of-pocket maximums, and certain plan limits?

The **HMSA** medical deductible (Gold only), prescription deductibles, out-of-pocket-maximums, and certain plan limits are based on a January 1 – December 31 calendar year. Your contributions towards these amounts start over each January.

The **Kaiser** deductible (Gold only), out-of-pocket-maximums, and certain plan limits are based on the August 1 – December 31 shortened plan year. Your contributions toward these amounts start over August 1, 2025. When you enroll in the new Saks Global plans as of January 1, 2026, your contributions toward these amounts will start over again.

### 26. What if I'm covering a spouse/domestic partner under a NMG medical plan?

If you choose to cover a spouse/domestic partner, you will be required to certify online at the time of enrollment and re-certify each year during Annual Enrollment, whether or not your spouse/domestic partner has access to medical coverage elsewhere. If you don't re-certify, the spouse/domestic subsidy differential will be applied.

Information contained herein is not intended as legal, tax or other professional advice. You should not act upon any such information without first seeking a qualified professional on your specific matter.

Terms and conditions of policies may change. Please consult policy documents to confirm availability of benefits.