

AON BENEFIT EXPERIENCE

Make It Yours To Go

make it yours



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Get Ready To Make It Yours

What You Need To Know

You'll enroll in medical, dental, and vision benefits through the Aon Benefit Experience (BenX) at [NMGBenefits.com](https://nmgbenefits.com). BenX makes it easy to find the right fit. Just choose your coverage level, the price you want to pay, and the insurance carrier you want to work with.

What You Need To Do

You must enroll to get the medical coverage you want! If you don't enroll—or you enroll in no medical coverage but you don't submit the Hawaii medical coverage waiver form (HC-5)—you'll be covered by the lowest cost Gold medical option. Also, if you don't enroll, you will not have dental or vision coverage through NMG. And, to contribute to a flexible spending account, you must make an active election.

What's Changing

Wondering what's changing with your current benefits? Start [here](#).

Waiving Medical Coverage?

If you elect “no medical coverage,” the state of Hawaii requires that you complete and submit a Hawaii medical coverage waiver form ([HC-5](#)). 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.

Get More

- Check out the [Quick Guide](#) for help finding what you need—when you need it.
- Once you know the basics, you might need to dig a little deeper. [Get answers](#) to frequently asked questions.
- After you've enrolled, use the [prescription drug](#) and [transition of care](#) worksheets so you'll know how to use your benefits effectively when the plan year starts.
- Review [legal notices](#) for Prescription Drug & Medicare, HIPAA Privacy Notice, COBRA Notice, CHIP, and more.

Need Help?

Once logged on to [NMGBenefits.com](https://nmgbenefits.com), look for the “Need Help?” icon to ask Lisa, your virtual assistant, any questions you may have. Lisa 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://www.nmgbenefits.com). You can also call Neiman Marcus Group Benefit Service Center at **1.866.673.0462** from 2:00 a.m. to 2:00 p.m. HT. English- and Spanish-speaking representatives are available.

Questions about Coverage?

Start by contacting the medical, dental, and vision [insurance carrier](#) directly. They know their coverage rules best.

Have an Issue or Need Help?

Health Pros are available at **1.866.279.2719** to assist with tough issues like claims and billing disputes **through July 31, 2025**. Representatives are available from 3:00 a.m. to 3:00 p.m. HT, Monday through Friday. [Learn more](#).

Medical Coverage Level

Medical Coverage Level Options

Remember, the elections you choose will be in effect for five months only—from August 1 through December 31, 2025.

	HMSA GOLD	KAISER GOLD	HMSA PLATINUM	KAISER PLATINUM
	Type			
Option Type	PPO	HMO	PPO	HMO
	Annual Deductible			
In-network (individual / family)	Combined in-network and out-of-network: \$200/\$600	\$200/\$400	N/A	N/A
Out-of-network (individual / family)	Combined in-network and out-of-network: \$200/\$600	Not covered	\$100/\$300	Not covered
	Annual Out-of-Pocket Maximum			
In-network (individual / family)	Combined in-network and out-of-network: \$2,200/\$6,600	\$2,200/\$4,400	Combined in-network and out-of-network: \$2,500/\$7,500	\$2,500/\$7,500
Out-of-network (individual / family)	Combined in-network and out-of-network: \$2,200/\$6,600	N/A	Combined in-network and out-of-network: \$2,500/\$7,500	N/A
	In-Network Benefits			
Preventive care	100% covered; deductible waived for most services	100% covered; deductible waived	100% covered	100% covered
Doctor's office visit	You pay \$12	You pay \$15	You pay \$12	You pay \$15
Emergency room	You pay 20% after deductible	You pay 20%; deductible waived	You pay 20%	You pay \$75
Urgent care	You pay \$12	You pay \$15	You pay \$12	You pay \$15
Inpatient care	You pay 20% after deductible	You pay 10% after deductible	You pay 10%	You pay \$75 per day
Outpatient care	Cost share based on place of service	Cost share based on place of service	Cost share based on place of service	Cost share based on place of service

Prescription Drug Coverage

	HMSA GOLD	KAISER GOLD	HMSA PLATINUM	KAISER PLATINUM
	Type			
Preventive Drugs	You pay \$0*	You pay \$0*	You pay \$0*	You pay \$0*
Prescription Drug Annual Out-of-Pocket Maximum (individual/family)	\$3,000/\$7,200	Included in medical out-of-pocket maximum	\$3,000/\$5,700	Included in medical out-of-pocket maximum
	30-Day Retail Supply			
Tier 1 (generally lowest cost options)	You pay \$7	You pay \$5 for generic maintenance drugs; \$10 for other generic drugs	You pay \$5	You pay \$5 for generic maintenance drugs; \$10 for other generic drugs
Tier 2 (generally medium cost options)	You pay \$35	You pay \$35	You pay \$30	You pay \$35
Tier 3 (generally highest cost options)	You pay \$75	You pay \$35 (if authorized)	You pay \$70	You pay \$35 (if authorized)
	90-Day Mail-Order Supply			
Tier 1 (generally lowest cost options)	You pay \$14	You pay \$10 for generic maintenance drugs; \$20 for other generic drugs	You pay \$10	You pay \$10 for generic maintenance drugs; \$20 for other generic drugs
Tier 2 (generally medium cost options)	You pay \$70	You pay \$70	You pay \$60	You pay \$70
Tier 3 (generally highest cost options)	You pay \$150	You pay \$70 (if authorized)	You pay \$140	You pay \$70 (if authorized)

* Preventive drugs are determined by the insurance carrier or pharmacy benefit manager. 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.

These charts may not take into account how each coverage level covers any state-mandated benefits, its plan administration capabilities, or the approval from the state Department of Insurance of the benefits offered by the plan. If you have questions about a specific benefit, contact the insurance carrier for additional information.

These charts are a high-level listing of commonly covered benefits across carriers and coverage levels for the Aon Active Health Exchange. They are intended to provide you with a snapshot of benefits provided across coverage levels. In general, carriers have agreed to the majority of standardized plan benefits recommended by the exchange. Individual carriers may offer coverage that differs slightly from the standard coverage reflected here.

NMGbenefits.Com gives a more detailed look at these and additional coverages—and does account for some carrier adjustments to standardized plan benefits. To see summaries when you enroll online, check the boxes next to the options you want to review and click **Compare**. In order to get the most comprehensive information about any specific coverage, you will need to call the carrier directly.

Note: For additional comparison, you may find Summaries of Benefits and Coverage on NMGbenefits.com.

Important! If you choose HMSA as your insurance carrier, 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 (and vice versa).

How Does The Deductible And Out-Of-Pocket Maximum Work?

- The HMSA Gold and Kaiser Gold options have a **traditional deductible**. Once a covered family member meets the individual deductible, your insurance will begin paying benefits for that family member. Charges for all covered family members will continue to count toward the family deductible. Once the family deductible is met, your insurance will pay benefits for all covered family members.
- All medical options have a **traditional out-of-pocket-maximum**. Once a covered family member meets the individual out-of-pocket maximum, your insurance will pay the full cost of covered charges for that family member. Charges for all covered family members will continue to count toward the family out-of-pocket maximum. Once the family out-of-pocket maximum is met, your insurance will pay the full cost of covered charges for all covered family members.
- 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 toward these amounts start over each January 1.
- The **Kaiser** deductible (Gold only), out-of-pocket-maximums, and certain plan limits are based on an August 1 – July 31 plan year. Your contributions toward these amounts start over each August 1.

Going Out Of Network?

- **If you choose HMSA**, seeing out-of-network providers will cost you more than seeing in-network providers. For example, you could pay more through a higher deductible, higher coinsurance, and the entire amount that exceeds the maximum allowed amount, which is typically based on the amount Medicare pays.
- **If you choose Kaiser Permanente** as your insurance carrier, you must designate a primary care physician to coordinate your care and out-of-network care is **not** covered.

Medicare Basics

Medicare is a federal medical insurance program, which includes Original Medicare. Original Medicare is a low-cost government insurance program that guarantees access to health insurance for Americans age 65 and older and younger people with certain medical disabilities. It pays for many health care expenses, but not all.

How It Works

Medicare covers its share of an approved amount and you pay the rest through deductibles and coinsurance. Original Medicare is made up of two parts:

- **Part A is hospital insurance.** It covers inpatient hospital care, skilled nursing facilities, hospice, lab tests, surgery, and home health care.
- **Part B is medical insurance.** It covers things like clinical research, ambulance services, durable medical equipment, mental health services, limited outpatient prescription drugs, and more.

You are automatically eligible for Medicare Parts A and B when you become Medicare-eligible. If you are receiving Social Security benefits, you may be enrolled in Medicare automatically.

If you have to sign up to get coverage, you can enroll starting three months before the month you turn age 65. The deadline to enroll is three months after the month you turn age 65. (Note: You can wait to enroll in Part B; however, you may have to pay a late enrollment penalty. In general, you can wait to enroll in Medicare Part B without facing a late enrollment penalty until your active employment ends or the date your coverage under your employer's plan ends, whichever occurs first. Consult your Medicare advisor for more details.)

Part D is optional prescription drug coverage. You can enroll in Part D if you want coverage to help pay for your prescription drug costs.

How Medicare Works With Company Coverage

If you are actively employed, your company's health plan will be your primary medical coverage, and, if you choose to enroll in Medicare, Medicare will be your secondary coverage.

If you are retired and have coverage through your previous employer, Medicare will be your primary medical coverage, and your company's health plan will be your secondary coverage.

As you prepare to transition to Medicare, you will want to understand if your dependents under age 65 will be eligible for coverage under your company's health plan.

How Medicare Works With COBRA

If you are eligible for Medicare Parts A and B but you choose to not enroll in Medicare Parts A and B, you may face potentially significant out-of-pocket expenses. COBRA coverage pays secondary to Medicare Parts A and B. Therefore, the plan will pay as if Medicare has already made a payment, even if the Medicare-eligible individual did not actually enroll in Medicare.

If your Medicare benefits (Parts A or B) become effective on or before the day you elect COBRA coverage, you can have COBRA and Medicare coverage. This is true even if your Part A benefits begin before you elect COBRA coverage but you don't sign up for Part B until later.

If you become entitled to Medicare after you've signed up for COBRA coverage, your COBRA coverage may be terminated by your plan as of the day you enroll in Medicare. (But if COBRA covers your spouse and/or dependent children, their coverage may continue.)

To Learn More

Below are resources where you can find additional information and help:

- Visit [Alight Retiree Health Solutions](#) or call **1.833.791.0780**
- Visit the [Social Security website](#) or call **1.800.772.1213** (TTY **1.800.325.0778**) between 8:00 a.m. and 7:00 p.m. Monday through Friday
- Review the [Medicare & You](#) handbook from the Centers for Medicare & Medicaid Services

Accident Insurance

Accidents can slam your wallet too.

Even with medical coverage, your costs related to an accident can be hefty. Depending on the injury, you may be faced with copays, deductibles, hospital charges, transportation fees, and lodging expenses.

Accident insurance pays a benefit in the event you or a family member covered under this plan is in an accident. Accident insurance is not a replacement for medical coverage.

You can learn more about this coverage [here](#).

Things To Consider

When deciding whether to enroll in accident insurance, be sure to consider the following:

Cost per Paycheck

The cost of coverage is based on who you cover. You'll be able to see the cost per paycheck when you enroll through [NMGBenefits.com](https://nmgbenefits.com).

Your and Your Family's Needs

Does your family lead an active lifestyle? Have you or an eligible family member suffered financial loss resulting from an accident? If you answered "yes" to either question, having accident insurance could give you peace of mind.

Other Coverage

Consider how accident insurance could fit in with other coverage for which you might enroll.

Wellness Benefit

This is a yearly benefit you and everyone covered on your certificate can receive by completing an eligible health screening test.

Critical Illness Insurance

When illness strikes, you can strike back. If you experience a serious health condition in the future, critical illness coverage can help lighten the load.

Even with medical insurance, a serious health condition could cost you. Critical illness insurance can provide you with extra cash when you need it most—if you or a family member covered under this plan 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 renal disease).

You can learn more about this coverage [here](#). Critical illness coverage has limitations and exclusions.

Choose Your Coverage Level

If you decide you want critical illness coverage, you may choose \$10,000, \$20,000, \$30,000, and \$40,000 of coverage.

Things To Consider

When deciding whether to enroll in critical illness insurance, be sure to consider the following:

Cost per Paycheck

The cost of coverage is based on who you cover, age, tobacco status, and the level of coverage you elect. You'll be able to see the cost per paycheck for all your options when you enroll through [NMGbenefits.com](#).

Your and Your Family's Needs

Does a serious health condition run in your family? Would you need financial help to offset the cost of a serious health situation? If you answered "yes" to either question, having critical illness insurance could give you peace of mind.

Wellness Benefit

This is a yearly benefit you and everyone covered on your certificate can receive by completing an eligible health screening test.

Hospital Indemnity Insurance

Even with medical insurance, hospital stays can be costly. You may have copays, deductibles, and other incidental hospital charges that add up. That's why you can buy extra insurance through hospital indemnity coverage.

Hospital indemnity insurance pays you a single lump-sum benefit in the event you or a family member covered under this plan is hospitalized. The benefit is based on the type of hospital stay.

You can learn more about this coverage [here](#).

Things To Consider

When deciding whether to enroll in hospital indemnity insurance, be sure to consider the following:

Cost per Paycheck

The cost of coverage is based on who you cover. You'll be able to see the cost per paycheck when you enroll through [NMGBenefits.com](https://nmgbenefits.com).

Your and Your Family's Needs

Does a serious health condition run in your family? Are you or an eligible family member frequently hospitalized? If you answered "yes" to either question, having hospital indemnity insurance could give you peace of mind.

Wellness Benefit

This is a yearly benefit you and everyone covered on your certificate can receive by completing an eligible health screening test.

Dental Coverage Level

Which Coverage Level Is Best?

You get to choose how much coverage you need and how you want to pay for it. When you choose your coverage level, you get to pick the one with the features you want.

Your coverage level determines how much you pay out of your paycheck (premiums). It also determines how much you pay out of your pocket when you receive care (deductibles, coinsurance, copays). Make sure to take your **total** costs into consideration when choosing a coverage level.

Don't let the names of the coverage levels fool you. One option isn't better than another. The coverage levels are designed to give you choices. It's up to you to find the one that makes sense for your situation.

Dental Coverage Level Options

	BRONZE	SILVER	GOLD
Annual Deductible and Plan Limits			
Annual deductible (individual / family)	\$100 / \$300	\$100 / \$300	\$50 / \$150
Annual maximum (excludes orthodontia)	\$1,000 per person	\$1,500 per person	\$2,500 per person
Orthodontia lifetime maximum ¹	Not covered	\$1,500 per child	\$2,000 per person
In-Network Benefits			
Preventive care	100% covered, no deductible	100% covered, no deductible	100% covered, no deductible
Minor restorative care (e.g., root canal treatment, gum disease treatment, and oral surgery)	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible
Major restorative care (e.g., crowns, implants, dentures)	Not covered	You pay 40% after deductible	You pay 20% after deductible

Orthodontia

Not covered

You pay 50%, no deductible; children up to age 19 only

You pay 50%, no deductible; for children and adults

¹If you switch insurance carriers, any orthodontic expenses you've already incurred under your current carrier will count toward your new carrier's orthodontia lifetime maximum.

These charts may not take into account how each coverage level covers any state-mandated benefits, its plan administration capabilities, or the approval from the state Department of Insurance of the benefits offered by the plan. If you have questions about a specific benefit, contact the insurance carrier for additional information. Individual carriers may offer coverage that differs slightly from the standard coverage reflected here. In the event that there is a discrepancy between this site and the official plan documents, the official plan documents will control.

These charts are a high-level listing of commonly covered benefits across carriers and coverage levels for the Aon Benefit Experience. They are intended to provide you with a snapshot of benefits provided across coverage levels. In general, carriers have agreed to the majority of standardized plan benefits recommended by BenX.

For a more detailed look at these and additional coverages, go to [NMGbenefits.com](https://nmgbenefits.com). It does account for any carrier adjustments to standardized plan benefits. To see summaries when you enroll online, check the boxes next to the options you want to review and click **Compare**. In order to get the most comprehensive information about any specific coverage, you will need to call the carrier directly.

Note: For additional comparison, you may find Summaries of Benefits and Coverage on [NMGbenefits.com](https://nmgbenefits.com).

Considering Delta Dental? With most carriers, knowing that your dentist is in the network is a simple way to get the best deal when you need care. If you're considering Delta Dental, you need to take it one step further.

There are actually two Delta Dental networks—PPO and Premier. Although the benefits are the same for both, you may have to pay more if your dentist is only a part of the Premier network. You can save more by seeing a Delta Dental dentist who participates in both the PPO and Premier networks, or by using any in-network dentist if you choose another insurance carrier.

You can check if your provider is part of either network on [NMGbenefits.com](https://nmgbenefits.com) or through [Your Carrier Connection](#).

Dental Price

Find the right balance between what you pay out of your paycheck and what you pay when you get care.

When you make a purchase, you decide how you want to pay. Would you rather pay cash now or use credit and pay later? It's the same idea with BenX.

Just like your medical coverage, your dental coverage costs will depend on a few factors:

The Coverage Level You Choose

Bronze

The Bronze coverage level generally costs less per paycheck. That's because some services aren't covered and because it has the lowest benefit maximum.

Silver

The Silver coverage level is moderately priced since most services are covered. However, the benefit maximum is lower.

Gold

The Gold coverage level costs more per paycheck since most services are covered. The benefit maximum is also higher.

The Insurance Carrier You Choose

Certain insurance carriers may be able to provide a more competitive price per paycheck.

Your Dependents

You can enroll any combination of you, your eligible spouse/domestic partner, and your children in the option you choose.

Vision Coverage Level

Which Coverage Level Is Best?

You get to choose how much coverage you need and how you want to pay for it. When you choose your coverage level, you get to pick the one with the features you want.

Your coverage level determines how much you pay out of your paycheck (premiums). It also determines how much you pay out of your pocket when you receive care. Make sure to take your **total** costs into consideration when choosing a coverage level.

Don't let the names of the coverage levels fool you. One option isn't better than another. The coverage levels are designed to give you choices. It's up to you to find the one that makes sense for your situation.

Vision Coverage Level Options

	BRONZE	SILVER	GOLD
In-Network Benefits			
Routine vision exam (once per plan year)	Covered 100%	You pay \$20	You pay \$10
Frames (once per plan year)	Discount may apply	\$130 allowance ¹	\$200 allowance ¹
Lenses (once per plan year; premium lenses may cost more)			
Single vision	Discount may apply	You pay \$20	You pay \$10
Bifocal	Discount may apply	You pay \$20	You pay \$10
Trifocal	Discount may apply	You pay \$20	You pay \$10
Standard Progressive ²	Discount may apply	You pay \$20	You pay \$10
Lenticular	Discount may apply	You pay \$20	You pay \$10
Lens Enhancements			

UV treatment	Discount may apply	Varies by carrier	Varies by carrier
Tint (solid and gradient)	Discount may apply	Varies by carrier	Varies by carrier
Standard plastic scratch-resistant coating	Discount may apply	Varies by carrier	Varies by carrier
Standard anti-reflective coating	Discount may apply	Varies by carrier	Varies by carrier
Standard polycarbonate (adults)	Discount may apply	Varies by carrier	Varies by carrier
Standard polycarbonate (children)	Discount may apply	You pay nothing	You pay nothing
Other add-ons	Discount may apply	Discount only	Discount only

Contact Lenses

Medically necessary	Not covered	You pay \$20	You pay \$10
Elective	Not covered	\$130 allowance ¹	\$200 allowance ¹
Fit and evaluation	Discount may apply	You pay \$20	You pay \$10

Laser Surgery

Elective	15% off regular price or 5% off promotional price	15% off regular price or 5% off promotional price	15% off regular price or 5% off promotional price
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¹Allowance can be used for frames or elective contact lenses, but not both.

²Vision benefits are for standard progressives. Enhanced progressives may cost more and will vary by insurance carrier.

These charts may not take into account how each coverage level covers any state-mandated benefits, its plan administration capabilities, or the approval from the state Department of Insurance of the benefits offered by the plan. If you have questions about a specific benefit, contact the insurance carrier for additional information. Individual carriers may offer coverage that differs slightly from the standard coverage reflected here. In the event that there is a discrepancy between this site and the official plan documents, the official plan documents will control.

These charts are a high-level listing of commonly covered benefits across carriers and coverage levels for the Aon Benefit Experience. They are intended to provide you with a snapshot of benefits provided across coverage levels. In general, carriers have agreed to the majority of standardized plan benefits recommended by BenX.

For a more detailed look at these and additional coverages, go to [NMGbenefits.com](https://nmgbenefits.com). It does account for any carrier adjustments to standardized plan benefits. To see summaries when you enroll online, check the boxes next to the options you want to review and click **Compare**. In order to get the most comprehensive information about any specific coverage, you will need to call the carrier directly.

Note: For additional comparison, you may find Summaries of Benefits and Coverage on [NMGbenefits.com](https://nmgbenefits.com).

Vision Price

Find the right balance between what you pay out of your paycheck and what you pay when you get care.

When you make a purchase, you decide how you want to pay. Would you rather pay cash now or use credit and pay later? It's the same idea with BenX.

Just like your medical coverage, your vision coverage costs will depend on a few factors:

The Coverage Level You Choose

The Bronze option will generally be less expensive per paycheck. That's because it covers only exams with some in-network discounts available. The Silver and Gold options will cost more per paycheck and provide coverage for exams as well as frames and lenses.

The Insurance Carrier You Choose

Certain insurance carriers may be able to provide a more competitive price per paycheck.

Your Dependents

You can enroll any combination of you, your eligible spouse/domestic partner, and your children in the option you choose.

Health Coaching

At Neiman Marcus Group, we value the benefits of engaging in your physical, emotional, social, and community wellbeing. We encourage you to take advantage of our Marquee Health Wellness program, which is available to all associates at no cost. Our goal is to provide wellness resources to help you live a healthier, stronger, and more vibrant lifestyle!

Marquee Health provides access to health and wellbeing resources right at your fingertips! Programs include:

- Unlimited health coaching
- Fun wellness challenges
- On-demand wellness videos
- Online health improvement modules
- Wellbeing place blog
- Monthly wellness webinars
- Access to gym membership discounts

How to Get Started—connect to Marquee Health in the following ways:

- Phone: **1.800.882.2109**
- Web portal: mymarqueehealth.com (access code: **nmg**)
- Email: info@marqueehealth.com

Flexible Spending Accounts (FSAs)

Flexible Spending Accounts (FSAs) are an important accessory to your benefits. FSAs allow you to use pre-tax dollars to pay for certain health care or dependent care expenses during the year. NMG offers three types of FSAs administered by Inspira Financial.

Inspira Financial offers you online tools to help you make the most of your FSA benefits. The Inspira Mobile™ app makes it easy for you to manage your account from any smartphone while you're on-the-go. You can also simply submit claims using the Financial Center feature on the app or online at inspirafinancial.com. If you choose to participate in the Health Care FSA, you will receive a MasterCard® Debit card in the mail to pay for eligible expenses at point of service.

Using Your FSA Health Care MasterCard® Debit Card

Your Health Care FSA MasterCard® Debit card can be used to pay for all eligible medical, prescription drug, dental and vision expenses directly from your Health Care FSA.

With an FSA, you lose any unused money at the end of the year, so it's important that you carefully estimate your anticipated eligible expenses for the coming year.

Type Of FSA

- The **Health Care FSA** (Bronze and Bronze Plus participants are **not** eligible) helps pay for eligible expenses such as medical, dental and vision expenses that are not reimbursed by any insurance plan and are not itemized on your IRS tax return. It can also cover copays, coinsurance, and certain over-the-counter products. You will elect a before-tax contribution amount based on a full calendar year up to the 2025 IRS maximum contribution of \$3,300. However, due to the shortened plan year, you will only receive the contributions that were made from August 1 through December 31.
- The **Limited Purpose Health Care FSA** (Bronze and Bronze Plus participants are eligible) helps pay for eligible dental and vision expenses only. You will elect a before-tax contribution amount based on a full calendar year up to the 2025 IRS maximum contribution of \$3,300. However, due to the shortened plan year, you will only receive the contributions that were made from August 1 through December 31.
- The **Dependent Care FSA** helps pay for the care of a child under age 13 or elderly dependents while you and your spouse (if married) are working. Eligible expenses include day care centers, summer day camps, nanny services, and elder care facilities. You will elect a before-tax contribution amount based on a full calendar year up to the 2025 IRS maximum contribution of \$5,000 (or \$2,500 if you are married and filing taxes separately). However, due to the shortened plan year, you will only receive the contributions made that were from August 1 through December 31.

Dependent Care FSA

A Dependent Care FSA may be used to reimburse yourself for qualified child and dependent care expenses. You may use this account without being enrolled in medical coverage.

You will elect a before-tax contribution amount based on a full calendar year up to the 2025 IRS maximum contribution of \$5,000 (or \$2,500 if you are married and filing taxes separately). However, due to the shortened plan year, you will only receive the contributions that were made from August 1 through December 31. Once you set your annual contribution when you enroll, you cannot change that amount during the year (except in the case of certain qualified life events).

And, with the Dependent Care FSA, you lose any unused money at the end of the year, so it's important that you carefully estimate your anticipated eligible expenses for the coming year.

Note: Your Dependent Care FSA annual contribution may be reduced by Plan or IRS limitations.

Things To Consider

When deciding whether to enroll in FSAs, be sure to consider the following:

Tax savings

Do you have moderate to high health care or dependent care expenses? If so, an FSA could help reduce how much you pay in taxes.

Your expected expenses

Carefully estimate your anticipated eligible expenses for the coming year. You should only set aside FSA dollars you know you will be able to use on eligible expenses.

Short-Term Disability (STD) Coverage

NMG provides short-term disability (STD) coverage to all benefits-eligible associates. Your enrollment is automatic and there is no cost to you.

STD coverage provides weekly or bi-weekly income protection if you become disabled under the terms of the policy, and are unable to work. STD pays a weekly or bi-weekly benefit after you have been disabled for seven calendar days and are approved by Reliance Standard Insurance Company.

STD coverage has certain limitations. To review the Summary Plan Description, log on to [NMGBenefits.com](https://nmgbenefits.com).

Long-Term Disability (LTD) Coverage

Long-term disability (LTD) coverage provides monthly income protection if you become totally disabled under the terms of the policy, and are unable to work for an extended period of time. LTD pays a monthly benefit after you have been totally disabled for six months and are approved by Reliance Standard Insurance Company. If you do not enroll when you are first eligible for LTD coverage, when you do enroll, you will be required to submit an Evidence of Insurability form and be approved for coverage. LTD coverage also allows you to participate in Reliance Standard's 24-Hour Travel Assistance Service ([English/Spanish](#)) and [Identity Theft](#) Recovery Services. More information on these bundled programs is available by contacting Reliance Standard.

LTD coverage has certain limitations. To review the Summary Plan Description, log on to NMGbenefits.com.

Accidental Death & Personal Loss (AD&PL) coverage

Accidental death & personal loss (AD&PL) coverage provides benefits in the event of an accidental death, dismemberment or paralysis. You can choose associate or family coverage. Please note dependents in full-time military service or age 65 and older are not eligible for AD&PL coverage. Log on to [NMGBenefits.com](https://nmgbenefits.com) and click on the **Health & Insurance** tab, then on **Coverage Details** for costs of coverage.

Type Of Coverage

- **Associate coverage:** \$25,000 to \$1,000,000 (cannot exceed 10 times your annual earnings)
- **Family coverage:** based on the amount of coverage you choose for yourself (spouse/domestic partner only coverage 60%; child(ren) only coverage 20% for each child; spouse/domestic partner **and** child(ren) coverage: 50% spouse/domestic partner and 10% for each child)

Make Sure Your Beneficiary Designation Is Current

If you need to update your beneficiaries, log on to [NMGBenefits.com](https://nmgbenefits.com) and go to the **Quick Actions** section, then click on **Manage Beneficiaries**.

Term Life Insurance

NMG provides \$20,000 in basic life coverage to all benefits-eligible associates.

Your enrollment is automatic and there is no cost to you. You may also purchase optional term life insurance coverage for yourself, your spouse/domestic partner, and/or your child(ren).

Optional Term Life Insurance

You can choose optional term life insurance individual coverage or coverage for eligible dependents. Amounts over the guaranteed issue amount will be subject to Evidence of Insurability (EOI).

You do not have to cover yourself to choose spouse/domestic partner and/or child(ren) coverage. Log on to NMGBenefits.com for coverage amount options and costs.

Please note, associates eligible for the MetLife/Paragon Executive Life Program are not eligible for the basic, associate optional, and dependent optional term life insurance plans and will receive enrollment information at their home directly from MetLife.

Be Aware

Your life insurance coverage begins reducing after age 70.

What Is Evidence Of Insurability?

Evidence of Insurability (EOI) is a statement of medical history and related information, which is used to determine whether an applicant will be approved for coverage.

Make Sure Your Beneficiary Designation Is Current

If you need to update your beneficiaries, log on to NMGBenefits.com and go to the **Quick Actions** section, then click on **Manage Beneficiaries**.

Legal Services

You don't want to spend a fortune to get legal advice when you need it. Legal Services coverage offers a network of attorneys who can help with creating or updating a will, real estate matters, tax audits, document preparation, and more.

If you use a network attorney, you don't pay any fees, deductibles, or copays. For a complete list of network attorneys and covered services, go to

<https://www.metlife.com/info/NeimanMarcusGroup/benefits/legal-plans/>.

Legal Services is a voluntary benefit administered by MetLife. The plan covers associates and eligible family members.

Things To Consider

When deciding whether to enroll in Legal Services, be sure to consider the following:

Cost per Paycheck

If you expect to need Legal Services, the cost of coverage could be less than if you paid an in-network attorney directly. You'll be able to see the cost per paycheck when you enroll through [NMGbenefits.com](https://www.metlife.com/info/NeimanMarcusGroup/benefits/legal-plans/).

Your Personal Situation

Consider your expected legal needs and access to network attorneys. Do you plan to purchase, sell, or refinance a home? Do you need help preparing a will or trust? If you answered "yes" to either question, having Legal Services coverage could give you peace of mind.

Any Time Benefits

NMG's Any Time Benefits are the perfect fit to complement and supplement the NMG Benefits Program. You can take advantage of these benefits any time, and you do not have to enroll during Annual Enrollment.

- Active&Fit Direct™ Fitness Center Discount Program
- Adoption Benefits
- All Heart Programs
- Associate Discount
- **Auto and Home Insurance**
- Business Travel Accident Insurance
- Commuter Benefits
- Education Assistance
- NMG Credit Union
- NMG Discount Marketplace
- NMG Lifestyle Solutions EAP
- NMG Retirement Savings Plan
- PayActiv
- **Pet Insurance**
- Scholarship Program
- Travel Assistance Services
- **Wellness Benefit** – Included with Accident, Critical Illness, and/or Hospital Indemnity Insurance coverage

For additional information about these benefits and contact information, log on to [NMGbenefits.com](https://nmgbenefits.com).

Identity Theft Protection

Victims of identity theft spend countless hours trying to sort out the damage.

Identity theft protection could help you catch fraud in its early stages through 24/7 monitoring of your personal and financial information. It can also help you act quickly to limit damage if your personal or financial information is stolen.

For more information, you can click [here](#).

Identity theft protection is a voluntary benefit administered by ID Watchdog. The plan covers all eligible family members. And you can drop coverage at any time during the year.

Things To Consider

When deciding whether to enroll in identity theft protection, be sure to consider the following:

Cost per Paycheck

You'll be able to see the cost per paycheck when you enroll.

Your Risk Factors

While everyone has risk, some people are at greater risk than others. Have you used credit cards on unsecure websites? Do you make online purchases regularly? If you answered "yes" to either question, having identity theft protection could give you peace of mind.

Auto and Home Insurance

It's your stuff. Keep it safe.

You can get special group rates and policy discounts on many types of insurance—including auto, home, condominium, renter's, and recreational vehicle insurance. Auto and home insurance is a voluntary benefit administered by Farmers Insurance, Liberty Mutual, and Travelers Insurance. You can sign up for coverage directly with the insurance carrier for your choice.

You can learn more through [NMGBenefits.com](https://nmgbenefits.com).

Paying For Coverage

You'll pay your premiums by credit or debit card.

Things To Consider

When deciding whether to enroll in auto and home insurance, be sure to consider the following:

Cost

The cost for coverage depends on the insurance carrier, the type of policy you choose, and your location. You can get a personalized quote before you enroll.

Your Personal Situation

Auto and home insurance offers policies to cover your possessions against damage and theft. And you may be eligible for additional discounts if you buy more than one policy from the same insurance carrier.

Flexibility

Since you can add or drop coverage at any time, it's easy to make a change if the need arises.

Pet Insurance

Pet insurance allows you to focus on your pet's health—not how to pay for it.

Pet insurance can help pay veterinary expenses for a sick or injured dog or cat. It covers a wide range of services with no annual or lifetime limits. There is not a network of providers—you can use any licensed veterinarian. Go [here](#) for a complete list of covered services.

You can learn more through [NMGBenefits.com](https://nmgbenefits.com).

Paying For Coverage

You'll pay your premiums by credit or debit card.

Things To Consider

When deciding whether to enroll in pet insurance, be sure to consider the following:

Cost

Your cost of coverage is based on the type of pet, breed, and age. Coverage is provided by pet. So if you have more than one, you can get a personalized quote for each.

Your Pet's Needs

Does your pet need regular veterinary care? Are you paying a lot of money out of your pocket for veterinary care? If you answered “yes” to either question, having pet insurance could give you peace of mind.

Flexibility

Since you can add or drop coverage at any time, it's easy to make a change if the need arises.

How to Enroll

Log on to NMGbenefits.com or the Alight Mobile app (available through the [Apple App Store](#) or [Google Play](#)) to enroll in your benefits for 2025.

Logging on for the first time? From NMGbenefits.com, register as a new user and follow the prompts to provide requested information and set up your username and password.

Following your enrollment, you may still need to take action. If you do, the required follow-ups will appear on a confirmation page.

Questions?

Once logged on to NMGbenefits.com, look for the “Need Help?” icon to ask Lisa, your virtual assistant, any questions you may have. Lisa 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. You can also call Neiman Marcus Group Benefit Service Center at **1.866.673.0462** from 8:00 a.m. to 8:00 p.m. ET. English- and Spanish-speaking representatives are available.

Your Carrier Connection

Check out your health care insurance carrier choices—and see all the unique features and services they have to offer. Discover what each provides, see the doctors included in their network, and then decide for yourself.

Medical

Carrier Name: HMSA

Areas We Serve: Offered in Hawaii

Before you're a member (preview site): <http://www.hmsa.com/aon/>

Once you're a member (website): <https://members.hmsa.com/>

Customer Service Hours: Monday - Friday: 8:00 a.m. to 5:00 p.m. Hawaii Time

Phone Number: [1.800.651.4672](tel:1.800.651.4672), [1.808.948.6121](tel:1.808.948.6121)

[Learn More](#)

Carrier Name: Kaiser Permanente

Areas We Serve: Offered in Hawaii

Before you're a member (preview site): <http://kp.org/aon>

Once you're a member (website): <https://www.kp.org>

Customer Service Hours: Monday - Friday: 8:00 a.m. - 5:00 p.m. HST
Saturday 8:00 a.m. - 12:00 p.m. HST

Phone Number: [1.800.966.5955](tel:1.800.966.5955)

Pre-enrollment Phone Number: [1.877.580.6125](tel:1.877.580.6125)

[Learn More](#)

Dental

Carrier Name: Aetna

Areas We Serve: Generally offered in all states, but availability in some states may be limited.

Before you're a member (preview site): <https://www.aetna.com/aon/si>

Once you're a member (website): <https://www.aetna.com>

Customer Service Hours: Monday - Friday: 8:00 am - 6:00 pm EST

Phone Number: [1.855.496.6289](tel:1.855.496.6289)

[Learn More](#)

Carrier Name: Cigna

Areas We Serve: Available nationally with the exception of MN and ND.

Before you're a member (preview site): <https://connections.cigna.com/carrierbenefits-aso2025/>

Once you're a member (website): <https://my.cigna.com>

Customer Service Hours: Cigna Support is available 24/7/365

Phone Number: [1.855.694.9638](tel:18556949638)

[Learn More](#)

Carrier Name: Delta Dental (Bronze, Silver, and Gold)

Areas We Serve: Generally offered in all states, but availability in some states may be limited.

Before you're a member (preview site): <https://www.deltadental.com/us/en/aon/california.html>

Once you're a member (website): <http://www.deltadentalins.com>

Customer Service Hours: Mon - Fri: 8:00 a.m. - 8:00 p.m. EST

Phone Number: [1.800.471.7614](tel:18004717614)

Pre-enrollment Phone Number: [1.800.503.4162](tel:18005034162)

[Learn More](#)

Carrier Name: MetLife

Areas We Serve: Generally offered in all states, but availability in some states may be limited.

Before you're a member (preview site): <https://www.metlife.com/aon-benefit-experience>

Once you're a member (website): <https://www.metlife.com/mybenefits>

Customer Service Hours: Monday - Friday: 8:00 a.m. - 11:00 p.m. EST

Phone Number: [1.888.309.5526](tel:18883095526)

[Learn More](#)

Carrier Name: UnitedHealthcare

Areas We Serve: Generally offered in all states, but availability in some states may be limited.

Before you're a member (preview site): <https://www.whyuhc.com/aon10>

Once you're a member (website): <https://www.myuhc.com>

Customer Service Hours: Monday - Friday: 8:00 a.m. - 8:00 p.m. local time zone

Phone Number: [1.888.571.5218](tel:18885715218)

[Learn More](#)

Vision

Carrier Name: EyeMed

Areas We Serve: Available nationally

Before you're a member (preview site): <https://eyemed.com/en-us/benx-aon>

Once you're a member (website): <https://member.eyemedvisioncare.com/member/en>

Customer Service Hours: Monday - Friday: 7:30 a.m. - 11:00 p.m. EST
Saturday: 8:00 a.m. - 11:00 p.m. EST
Sunday: 11:00 a.m. - 8:00 p.m. EST

Phone Number: [1.844.739.9837](tel:1.844.739.9837)

[Learn More](#)

Carrier Name: MetLife

Areas We Serve: Generally offered in all states, but availability in some states may be limited.

Before you're a member (preview site): <https://www.metlife.com/aon-benefit-experience>

Once you're a member (website): <https://www.metlife.com/mybenefits>

Customer Service Hours: Monday-Saturday 9:00am-8:00pm EST

Phone Number: [1.888.309.5526](tel:1.888.309.5526)

[Learn More](#)

Carrier Name: UnitedHealthcare

Areas We Serve: Generally offered in all states, but availability in some states may be limited.

Before you're a member (preview site): <https://www.whyuhc.com/aon10>

Once you're a member (website): <https://www.myuhcvision.com>

Customer Service Hours: Monday - Friday: 8:00 a.m. - 8:00 p.m. local time zone

Phone Number: [1.888.571.5218](tel:1.888.571.5218)

[Learn More](#)

Carrier Name: VSP Vision Care

Areas We Serve: Generally offered in all states, but availability in some states may be limited.

Before you're a member (preview site): <https://www.vsp.com/aon>

Once you're a member (website): <https://www.vsp.com/login>

Customer Service Hours: Monday - Friday: 7:00 a.m. - 4:30 p.m. HAST

Phone Number: [1.877.478.7559](tel:1.877.478.7559)

[Learn More](#)

