



2024-2025

Heluna Health

Nonstop Health Member Guide

Everything you need to know about the Nonstop Health program

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Welcome letter

Welcome to Nonstop Health! We are thrilled to have you and Heluna Health on board with us. Nonstop's mission is to support the growth and sustainability of organizations by providing high-quality, affordable, and accessible employee health care. We do this by wrapping a section 105 medical expense reimbursement plan (MERP) around a high deductible health plan (HDHP) from Kaiser or UnitedHealthcare (UHC). We then provide you with a Nonstop Visa card to help cover those out-of-pocket costs associated with having an HDHP, up to the allowed amount of:

- Kaiser: \$5,500 for employee plans and \$11,000 for employee + dependent plans.
- UHC: \$4,500 for employee plans and \$9,000 for employee + dependent plans.

As you'll see in this guide, the Nonstop Health program is relatively easy to use so long as you follow these three "golden rules:"

- + Stay in-network for all services and prescriptions
- + Use your Nonstop Visa card to help pay for in-network, covered expenses, up to the allowed amount for your plan
- + Give us a call if you have any questions or run into any issues

We are here to help you in any way. Give us a call at 877-626-6057 or email us at clientsupport@nonstophealth.com anytime you have a question. We look forward to supporting you with your healthcare needs!

Again, welcome to the Nonstop family. We couldn't be happier to extend the Nonstop Health program to you and your family to ensure that you stay happy and healthy all year long.

Best,
Your Nonstop Health Team

What is Nonstop Health?

Nonstop Health is a type of healthcare program that allows organizations to fund a portion of their employees' healthcare premiums and out-of-pocket expenses (e.g. deductibles, copays, and coinsurance) while also saving on premium expenses annually. The Nonstop Health program combines an ACA-compliant health plan with a section 105 medical expense reimbursement plan (MERP) – and provides you, the member, with a Visa card to help pay for in-network, covered medical expenses, up to the allowed amount of:

- Kaiser: \$5,500 for employee plans and \$11,000 for employee + dependent plans.
- UHC: \$4,500 for employee plans and \$9,000 for employee + dependent plans.

With Nonstop Health, you will receive two cards in the mail after you enroll: your identification card from Kaiser or UHC and your Nonstop Visa card from Nonstop Administration and Insurance Services, Inc. (Nonstop).

What should I do with each card?

Kaiser or UHC ID CARD



Your ID card comes from Kaiser or UHC, and includes information relevant to the HDHP.

You must present your ID card from Kaiser or UHC during every doctor visit and for prescription purchases. This is important to ensure that Kaiser or UHC is apprised of the charge and properly credits your services toward your in-network deductible/out-of-pocket maximum.

NONSTOP VISA CARD



The Nonstop Visa card comes from Nonstop and can be used to pay for in-network, Kaiser or UHC-approved medical services and prescriptions, up to the allowed amount for your plan. You cannot use the Nonstop Visa card to purchase over-the-counter drugs.

You will receive two Nonstop Visa cards, both in your name. If you need additional cards, call us at 877-626-6057. We recommend that you do NOT set up a PIN as this will only allow you to use the card as a debit card and not a credit card.

How do I use Nonstop Health at my provider or pharmacy?



First:

Always use in-network* providers and make sure any services or prescriptions you receive are covered by your health insurance plan.

("Covered" means that the expenses for that service or prescription are applied toward your in-network deductible and/or out-of-pocket maximum. Not sure if something is covered? Check with your health insurance carrier.)



Next:

When you visit a provider or pharmacy, present your **HEALTH INSURANCE ID CARD** before paying for any services or prescriptions, to make sure the provider/pharmacy processes any payments through your medical carrier.



And finally:

When asked for payment at the pharmacy or when you receive a bill from your provider, simply pay for those costs using your **NONSTOP VISA CARD**. No need to pay for anything out of your own pocket (up to the allowed amount for your plan), as long as the doctor/pharmacy is in-network* and your service or prescription is covered by your health insurance plan!

** If you're on a version of Nonstop Health that allows you to use your Nonstop Visa card for out-of-network providers, this does not apply to you. Most Nonstop Health accounts do not have that option! If you're not sure, contact your HR team or Nonstop.*

If/when you receive a bill for in-network services, please pay that bill with your Nonstop Visa card. You cannot use the Nonstop Visa card for dental or vision payments. You will be responsible for any out-of-network or unapproved charges on the card.

Please note!

- + The Nonstop Visa card is coded for medical services and prescriptions, but it cannot tell the difference between a covered or non-covered service OR an in-network versus out-of-network provider. Just because your Visa card works at a provider or other merchant, that doesn't automatically mean the item or service you are paying for qualifies for Nonstop Health! If you aren't sure if a service or prescription is covered under your plan or a provider is in-network, contact your carrier.
- + The Nonstop Visa card works with digital wallets such as Apple Pay, Google Pay, and Samsung Pay. With just four quick steps you can connect your Nonstop Visa card to any of these services.
- + Nonstop Health is only designed for medical services and prescriptions. As such, you cannot use the Nonstop Visa card for dental or vision payments.
- + You will be responsible for any out-of-network or unapproved charges on the card.
- + If you receive a reimbursement check from Kaiser or UHC or a provider, please know that money needs to be re-deposited back into your employer's account with Nonstop. We request that you endorse the check and mail it to Nonstop at 1800 Sutter St. Suite 730 Concord CA 94520



- + There is a \$100 Nonstop Health copay for all Emergency Room visits (waived if admitted). This copay is NOT covered under the Nonstop Health program. It will be your responsibility to pay out of pocket.

What to do if your Nonstop Visa card declines

There are times when your Nonstop Visa card may decline due to issues outside of Nonstop's control. One of the most common reasons is that there is an issue with the vendor's card machine and it won't read the Nonstop Visa card for payment. Please know this is outside of Nonstop's control and we are not able to fix it.

Other reasons for a declined card are listed below. Before calling Nonstop for help, consider:



Did you activate your card? When you received your card, did you call the number on the sticker on the front of the card? If not, the card won't work. Call 866.898.9795 as soon as possible, or call us at 877.626.6057 and we can activate the card for you.



Are you trying to use your card at a small, local pharmacy? They may not be set up properly to accept the Nonstop Visa card. Try larger national pharmacies and retail chains.



Are you trying to purchase ineligible items, such as over-the-counter medications? The Nonstop Visa card cannot be used for these expenses.



Are you trying to use the card to pay for dental or vision services? Nonstop Health is a Medical Expense Reimbursement Program (MERP), which is designed to cover medical expenses. As such, the Visa card is only coded for medical services and prescriptions and will **not** work for services that are coded as dental or vision.



Are you trying to use your card at an unapproved vendor? Vendors such as Amazon.com, FSA/HSA stores, weight loss programs, FullScripts, FreeSpira, Massage Envy, Carex, Smile Direct Club, PeopleCare, Warby Parker and Hero Health are **not** covered by Nonstop Health, so you may **not** use your Nonstop Visa card with them.



Is there enough money left on the card to cover the expense? To find out your card balance, call us at 877.626.6057, email us at clientsupport@nonstophealth.com or log in to the Nonstop Exchange (NSE) member portal at members.nonstophealth.com.



Sometimes, things just don't work properly. A merchant or vendor's card reader (including Square) may not have been coded correctly to accept the Nonstop Visa card. This is an issue with the card reader itself. Nonstop is not able to fix the problem.

If your card declines at a medical provider, you have three options:



- Pay out of pocket and submit a claim to Nonstop for reimbursement. For info, visit www.nonstophealth.com/claims.
- Ask the provider to bill you, then submit that bill, the relevant Explanation of Benefits (EOB), and all required Nonstop claims info to Nonstop [via our claims process](#). We will pay the provider directly on your behalf.
- Ask the provider to bill Nonstop directly on your behalf. **But before doing that, contact us.** We have information explaining this process that you should share with your provider.

If your card declines and you need a prescription urgently:



Your option is to pay for that prescription out of your own pocket then be reimbursed by Nonstop via our claims process. Visit www.nonstophealth.com/claims.

If the prescription is **not** urgent and the cost is more than you're comfortable paying yourself, contact Nonstop. We'll see what we can do to help you.

What are some good tips and tricks I should know about?



Make sure any provider, facility, prescription, and/or service you use is considered in-network for your medical plan. It's better to check before receiving services or filling a prescription.



Don't go out of network for services or prescriptions unless you have written permission from Kaiser or UHC and confirmation that those expenses will be counted toward your in-network deductible.



Medical discount or coupon programs may not allow prescription/service costs to be applied toward your plan's in-network deductible, which means that these expenses would not qualify for Nonstop Health. If this happens, you will be responsible for covering those costs. We recommend checking with Kaiser or UHC before accessing a discount/coupon program.



If a provider asks you to prepay for a scheduled surgery or procedure, ask if you can hold off paying for anything until after you receive the final bill and Explanation of Benefits (EOB). If you cannot do that, we recommend you pay as little as you possibly can. That's important for two reasons:

- If you use up all the money on your Nonstop Visa card to prepay for surgery, you won't have any left for post-surgery expenses.
- By paying the bill after you receive the EOB, you will pay the correct amount and not have to worry about a potential provider overpayment and getting a refund.



Cosmetic surgery is not covered unless Kaiser or UHC deems it medically necessary.



If you require **medically necessary ophthalmology or dental procedures** and Kaiser or UHC has approved it as part of your medical plan, please know that you will not be able to use your Nonstop Visa card to pay for services as they will be coded for vision or dental. Please call Nonstop before your procedure and we will help pay the provider directly.



There are times when your provider may prescribe you durable medical equipment (DME), such as a CPAP machine or wheelchair. As long as your prescribing doctor is in-network and the DME being prescribed is covered under your medical plan, you can use Nonstop Health to pay for it. However, Nonstop recognizes that some health insurance companies may take longer to process DME items and we don't want you to have to wait to fill your prescriptions. As such, we offer a pre-approval process for DME items, which will allow you to access prescribed and approved DME items when you need them. To learn more, please contact Nonstop's Member Support Team at 877.626.6057 or clientsupport@nonstophealth.com.

How to access Nonstop Health without a Visa card

While Nonstop makes every effort to get you your Nonstop Visa card as quickly as possible, there are times when you may not have it in hand on the first day of coverage. Additionally, if you lose your Nonstop Visa card or it is stolen, it may take a few weeks for your new one to arrive.

But not to worry! As long as you are enrolled in Nonstop Health, you can still access all of the benefits of the program - even if you don't have your Nonstop Visa card available. Let's review how to do this for both covered medical expenses and prescriptions received at in-network providers and facilities.



Prescriptions

If you need to pick up a prescription and do not have your Nonstop Visa card, you have two options:

1. You can pay for that prescription out-of-pocket and be reimbursed by Nonstop. For information on submitting a claim, please visit www.nonstophealth.com/claims.
2. If your prescription is not urgent and the cost is more than you are comfortable paying out-of-pocket, you can also submit your prescription and documentation of the cost to Nonstop Health. We can then send you a check for the cost of the prescription and deduct that amount from your Nonstop Health account. It may take 7-10 business days for you to receive this check!



Medical Services

If you receive medical services before receiving your Nonstop Visa card in the mail, please request that your provider bill you for those services. Typically bills can take 30-60 days to move through the medical insurance and provider systems. As such, you should have your Nonstop Visa card by the time you receive the bill.

Alternatively, you can request that your provider bill Nonstop directly! Contact us and we can send you a letter/form that explains this process to your provider.

If you need to pay a copay or coinsurance at the point of service, you will need to pay for those costs out-of-pocket and submit a claim to be reimbursed by Nonstop Health. For information on submitting a claim, visit www.nonstophealth.com/claims.



Quick Tip! For both medical services and prescriptions, make sure you provide your medical plan information to the pharmacy or provider so all costs are applied to your in-network deductible and out-of-pocket maximum! This is an important step in the process.

What is/isn't covered under Nonstop Health

The Nonstop Health program only works with in-network providers/facilities and covered services and prescriptions. But what exactly does this mean?

Key terms

Let's start by reviewing key terms that you'll read, see or hear about with Nonstop Health.



In-network providers are those who have a contract with your insurance company, and have set up a pre-negotiated rate for different services. As such, the provider can only charge your insurance – and you – a set price for the services you receive. This results in lower costs, as in-network providers almost always charge less than an out-of-network provider.



Covered services: A covered service is one that Kaiser or UHC has agreed to pay for under your medical plan. Not all services are covered by every plan, so before receiving a new service please check with Kaiser or UHC first. They may have a cost or visit limit for specified services, or other limitations.



Covered prescriptions: Kaiser or UHC will set a "formulary" or drug list at the beginning of each plan year, which lists what prescriptions will be covered under your medical plan. Just because a doctor prescribes you a medication doesn't mean it's automatically covered by your insurance! So before paying for a new prescription, be sure to call Kaiser or UHC or ask your pharmacist if it's covered.



Kaiser or UHC approved: This means that your insurance has agreed to cover a service or prescription as part of your underlying medical plan. This includes covered services and prescriptions. However, it also can indicate that Kaiser or UHC has given you explicit/written permission to see an out-of-network provider for services and agreed that those costs will be considered in-network and covered under your plan.

Examples of what Nonstop Health covers – and what It doesn't

COVERED EXPENSES

Nonstop Health can be used to pay for all services and prescriptions that are covered under your medical plan. In essence, this means that if your health insurance has agreed to pay for a medical service or prescription as part of your medical coverage, then you can use your Nonstop Visa card to pay for it. If Kaiser or UHC does not cover a service or prescription, then you will be responsible for 100% of those costs. If you're not sure if a service or prescription is covered, check your Summary of Benefits and Coverage (SBC) or contact Kaiser or UHC before receiving care.

NON-COVERED EXPENSES

Because medical plans cover services and prescriptions differently, there's not an exhaustive list of where you can/can't use your Nonstop Visa card. **However, below are a few examples of services/providers/facilities that are never covered by Nonstop Health.** These are only examples! If you're not sure if a service or prescription is covered, please check with Kaiser or UHC!

- Amazon.com or any FSA/HSA stores
- Weight Loss Programs
- FullScripts
- FreeSpira
- Massage Envy
- Carex
- Smile Direct Club
- PeopleCare
- Warby Parker
- Hero Health

As a general rule the Nonstop Visa card cannot be used for the following:

- Over-the-counter medication, vitamins or supplements
- Dental services, unless covered under your medical plan
- Vision services, unless covered under your medical plan
- Services and medications not approved by your health insurance
- Durable Medical Equipment (DME) not approved by your health insurance
- Alternative care that is not approved by your health insurance
- Mental health services not approved by your health insurance
- Feminine hygiene products





Nonstop Visa card substantiation policy

You may use the Nonstop Visa card for covered, in-network services and prescriptions, up to the allowed amount for your plan. The card may not be used for out-of-network or elective procedures or anything that Kaiser or UHC would not apply towards your in-network deductible and out-of-pocket tracking. In addition, the Nonstop Health program does not cover dental or vision costs so you cannot use your Nonstop Visa card to pay for these services.

Charges on your card may need to be substantiated to ensure they are in-network and covered. Substantiation simply means that we are confirming acceptable use of your Nonstop Visa card. **Nonstop reserves the right to ask you for documentation to confirm that the charges on the card were allowed and approved by Kaiser or UHC, and counted toward your deductible and out-of-pocket tracking.** Documentation typically includes an Explanation of Benefits (EOB). *Please see the next page for how to find and read your EOB.*

If charges on your Nonstop Visa card cannot be substantiated and/or have not been approved by Kaiser or UHC, we may request that you repay the amount that does not qualify for the Nonstop Health program back into your employer’s healthcare plan. If we do not receive documentation or repayment, your card may be suspended and you may be referred to a collections agency. However, before this happens we want to work directly with you to investigate the charge and determine what, if any, errors may have occurred.

THE PROCESS IS AS FOLLOWS:

			
<p>1 Nonstop will REVIEW CHARGES on a daily basis and FLAG ANY THAT NEED TO BE SUBSTANTIATED.</p>	<p>2 NONSTOP WILL REACH OUT TO YOU THREE TIMES VIA EMAIL. Please respond right away if we contact you!</p>	<p>3 Still no response? WE MAY REACH OUT TO YOUR HR DEPARTMENT to make sure we have the correct information and to see if they can help us contact you.</p>	<p>4 If we still do not hear from you after these attempts, WE WILL SUSPEND YOUR NONSTOP VISA CARD and may refer you to a collections agency.</p>


Please note: if/when we leave you a message or send an email, we cannot include personal health information due to HIPAA compliance regulations. We will simply ask you to call us back or respond to our email.

How to find and read your EOB

An Explanation of Benefits (EOB) is a statement generated by your health insurance company summarizing how it processed a claim from a doctor, hospital, or other medical provider. **This is the most critical piece of paperwork that Nonstop will need to substantiate a charge on your Visa card or process a claim for reimbursement or provider payment! We cannot do either without an EOB.**

Your medical insurance is required to provide you with an EOB for each medical service that you receive under your insurance plan. Most health insurance companies mail EOBs to your home, although you can opt out of receiving paper EOBs and instead sign up for an online account with Kaiser or UHC to access your documents digitally. Each health insurance company has slightly different approaches to EOB delivery so if you aren't sure where to find your EOBs, contact Kaiser or UHC directly.

The below example shows what an EOB may look like (*actual format varies*) and what information will be provided:



EXPLANATION OF BENEFITS THIS IS NOT A BILL

Patricia Doe
1234 State Street
Middletown, OR 12345


Subscriber Information
Member ID: XYZ1234567890
Group ID: 123456
Group Name: Benefits Plus

5
Patient Name: Patricia Doe
Place of Service: Outpatient
Date Received: 01/01/2022

Claim Number: 01122334455Z
Type of Service: Medical
Date Processed: 02/01/2022

Provider: ER & Hospital
Payment to: ER & Hospital

Claim Detail			What your provider can charge you		Your responsibility			Total Claim Cost		
1	2	3	4	5	6	7	8	9	10	11
Date of Service	Service Description	Claim Status	Provider Charges	Covered Charges	Copay	Deductible	Co-Insurance	Paid by Insurer	What You Owe	Remark Code
01/01/2022	Office Visit	Paid	\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	A12
01/01/2022	Lab	Paid	\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	B23
Claim Total			\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	




HELPFUL TIP

It's a good idea to have an online account with your insurance carrier so you can access EOBs, look up providers, review plan benefits/coverage and more. If you need help setting up your account, logging in or finding your information, contact your carrier.

- 1. **Service Description** is a description of the health care services you received, like a medical visit, lab tests, screenings, surgery or lab tests.
- 2. **Provider Charges** is the amount your provider bills for your visit.
- 3. **Allowed Charges** is the amount that your provider will be reimbursed, negotiated between the carrier and the provider (this may not be the same as the Provider Charges).
- 4. **Paid by Insurer** is the amount your insurance plan will pay to your provider.
- 5. **Payee** is the person who will receive any reimbursement for over-paying the claim.
- 6. **What You Owe** is the amount the patient or insurance plan member owes after your insurer has paid. You may have already paid part of this amount, and payments made directly to your provider may not be subtracted from this amount. Wait to receive a bill from your provider before paying for the services.
- 7. **Remark Code** is a note from the insurance plan that explains more about the costs, charges, and paid amounts for your visit.

What information Nonstop needs from your EOB:
 Nonstop needs the information/dollar amounts listed as "your responsibility" on your EOB; this includes: in-network deductible, copays, and coinsurance. Before sending us an EOB, please make sure this information is accurate and matches your provider bill. In addition, we will be looking at the remarks or comments section to confirm that the service was covered under your plan and received at an in-network provider.



Nonstop is not affiliated with your insurance carrier. This, in addition to HIPAA privacy laws, means that we cannot request EOBs or any other documents on your behalf.

Key dates and deadlines

When using the Nonstop Health program there are some key dates and deadlines that apply to the Nonstop Visa card as well as the Nonstop claims process. Please read this information carefully so you don't miss any critical deadlines for reimbursement! If you need to submit a claim manually, please visit www.nonstophealth.com/claims.



The Nonstop Visa card begins upon enrollment:

The Nonstop Visa card cannot be used for claims prior to your enrollment in the Nonstop Health program. In other words, if you first enrolled in the Nonstop Health plan on August 1, 2024, you cannot use the card to pay for claims with dates of service prior to this date (e.g. December 14, 2023).



The Nonstop Visa card can only be used within the current calendar year:

The Nonstop Visa card should not be used to pay for outstanding claims from the prior calendar year, as the Nonstop Visa card can only be used in the same year as the services were rendered. For example, 2024 medical services must be paid for using the Nonstop Visa card in 2024; as of January 1, 2025, you cannot pay for 2024 expenses with the Nonstop Visa card. Instead, any outstanding claims/costs from the prior calendar year should be submitted manually to Nonstop.



Claims submission deadlines while enrolled in Nonstop Health:

All Nonstop Health claims must be submitted no later than 90 days after the end of the calendar year. As such, all 2024 claims are due by or **before March 31, 2025**.



January 1 resets for deductibles and OOP maximums:

All medical plan deductible and OOP maximum calculations are based on a calendar year and reset to \$0 every January 1. So if your renewal date is August 1, your deductible still runs January to December. The Nonstop Visa card also resets on January 1.



Claims deadlines when benefits and/or employment is terminated:

If you leave your employer or are no longer eligible for benefits, you are required to submit all past claims to the Nonstop Health office within **90 days** of your last day of coverage. Your Nonstop Visa card will be canceled on your last day of coverage and all services performed before the last day of coverage should be submitted manually.

Using the Nonstop Exchange (NSE) member portal

Once you are enrolled with Nonstop Health, you will be able to access your plan information via the Nonstop Exchange (NSE) member portal (members.nonstophealth.com). When you log into the system all your information will be available, allowing you to:

- + View available card balances
- + View demographic information
- + View documents about your plan (e.g. summary plan description, benefits summary)
- + Navigate to our member help site through the HELP button, where you can find fast answers to questions
- + File and view claims submissions

As a reminder, please refer to the Member Documents tab in the Nonstop Exchange (NSE) member portal to access and view all complete plan summaries for your medical benefits. All legal and compliance-related notices will also be located under the Member Docs tab in NSE.



Logging into the NSE for the first time

1. Go to members.nonstophealth.com. Click on “Don’t Remember Your Password?” on the login page and enter your email address (If you’re unsure about what email to use, contact Nonstop). You will be emailed a link to set a personal and private password.
2. Then come back to members.nonstophealth.com and re-enter your email and new password.
3. When you log in for the first time you must go through our two-factor authentication process. You will be asked to enter your mobile phone number, and then a six-digit code will be texted to you. Enter that code to log into NSE. A second “backup” code will be provided when you log in and we recommend writing down or taking a picture of this backup code. If you’re using a trusted computer/browser, you can click “Remember This Browser” to bypass two-factor authentication for 30 days. If you don’t have a mobile phone number, please contact us!



Three Ways To Check Your Nonstop Visa Card Balance:

1. **Call** Nonstop (877.626.6057) and press **Option 1**
 - Make sure you know the last four digits of your Nonstop Visa card and the last four digits of the subscriber's Social Security number.
 - If the card has just been activated, wait 24 hours, then call for your balance.
2. **Email** clientsupport@nonstophealth.com
3. **Log in** to the Nonstop Exchange (NSE) member portal at members.nonstophealth.com. (See “Using the Nonstop Exchange (NSE) member portal” section in this guide for all the details.)

Submitting a Claim to Nonstop

While the Nonstop Health program is set up to help you pay for a portion of your medical expenses, there may be times when you'll need to pay upfront and be reimbursed later. If needed, the claims submission process is quick and easy with reimbursement checks typically processed within 7-10 days of submission.

SUBMITTING A CLAIM AT-A-GLANCE

- 1 LOG IN TO THE NONSTOP EXCHANGE PORTAL**
(members.nonstophealth.com)
- 2 CLICK ON THE SUBMIT NEW CLAIM BUTTON** and fill in all of the required information.
- 3 UPLOAD THE PROPER DOCUMENTATION.** For a provider visit, this is an Explanation of Benefits and provider bills. For prescriptions, upload the pharmacy paper bag receipt.*
- 4 REVIEW YOUR CLAIM AND SUBMIT!** A ticket number will be provided that you can use as a reference when checking on the status of your claim.
- 5 Expect a REIMBURSEMENT OR PROVIDER PAYMENT** to be mailed out after a 7-10 day processing period.**

* For a claim to be processed, the service date you enter on the first page must match the date stated on the uploaded documentation.

** During the peak claims season of December 1-April 1, it may take 14-20 days for Nonstop to process your claim.

Alternatively, you can submit a claim manually by filling out a claims form and emailing it or faxing it to Nonstop. Please visit www.nonstophealth.com/claims for a claims form.

What if my reimbursement check doesn't arrive?

In the rare instance that a payment or reimbursement check is lost, Nonstop will re-issue a check after 30 days (60 days for Kaiser) and confirmation from the service provider that they have not received payment.

How can I track a claim or reimbursement?

If the claim is submitted via Nonstop Exchange, it will appear as a pending claim on your dashboard. When you submit a claim via email, a ticket number will be assigned to that claim and you'll receive a confirmation response. Please visit www.nonstophealth.com/claims for more details on filing and viewing claims. If claims were submitted via fax or through the US Postal System, you will need to contact Nonstop Health at 877-626-6057 or via email at claims@nonstophealth.com for details on whether the claim was received or has been paid.

What happens if Nonstop pays my provider directly?

When a bill has been paid by Nonstop, you will not receive a notification from Nonstop that payment has been made. If you continue to receive bills from providers after a claims submission to Nonstop Health, it is recommended that you follow up with the Nonstop Health team directly. The bill has likely been paid, but has not been credited to your account with your provider yet.

Chiropractic/acupuncture benefits – Landmark Healthplan



Heluna Health has contracted with Landmark Healthplan of California, Inc. (Landmark) to provide you with a combined chiropractic and acupuncture benefit that requires the use of participating chiropractors and acupuncturists. As such, you must use a Landmark contracted provider to access this benefit. Landmark will not pay for services accessed through an out-of-network provider; you would be responsible to pay the amount due. Any purchases, such as the Herbal Therapies, are not covered under the NSH plan and are your responsibility to pay.

TO FIND A LANDMARK CONTRACTED PROVIDER:

1. Visit www.LHP-CA.com and select “Find a Provider” (plan name is Landmark Healthplan) or call Landmark Customer Service at 1-800-298-4875
2. **Let the provider know you are enrolled in Landmark Expanded benefits** and provide them with your name, date of birth, and your group number (NSHELUN*000 – California Employees NSHELUN*001 – Non-California Employees) so they can verify eligibility with Landmark
3. **If the provider asks you for a copay, please have them contact Landmark directly** as you do not have a copay for these services; we recommend you clarify this with the provider before your appointment

Summary of chiropractic and acupuncture benefits

Coverage Type	Benefits snapshot (in-network coverage)
Office Visit	\$0 copay
Maximum Annual Visits	30 visits per enrollee
X-ray Services*	\$75 annual maximum benefit
Emergency Care**	Same copayment as office visit
Durable Medical Equipment Purchase or Rental***	\$50 annual maximum benefit
Acupuncture Herbal Therapies****	\$5 copayment per bottle / \$500 annual max benefit

* X-ray Services must be prescribed by a Participating Chiropractor

** Services provided by Non-Participating Practitioners are covered for Emergency Services only

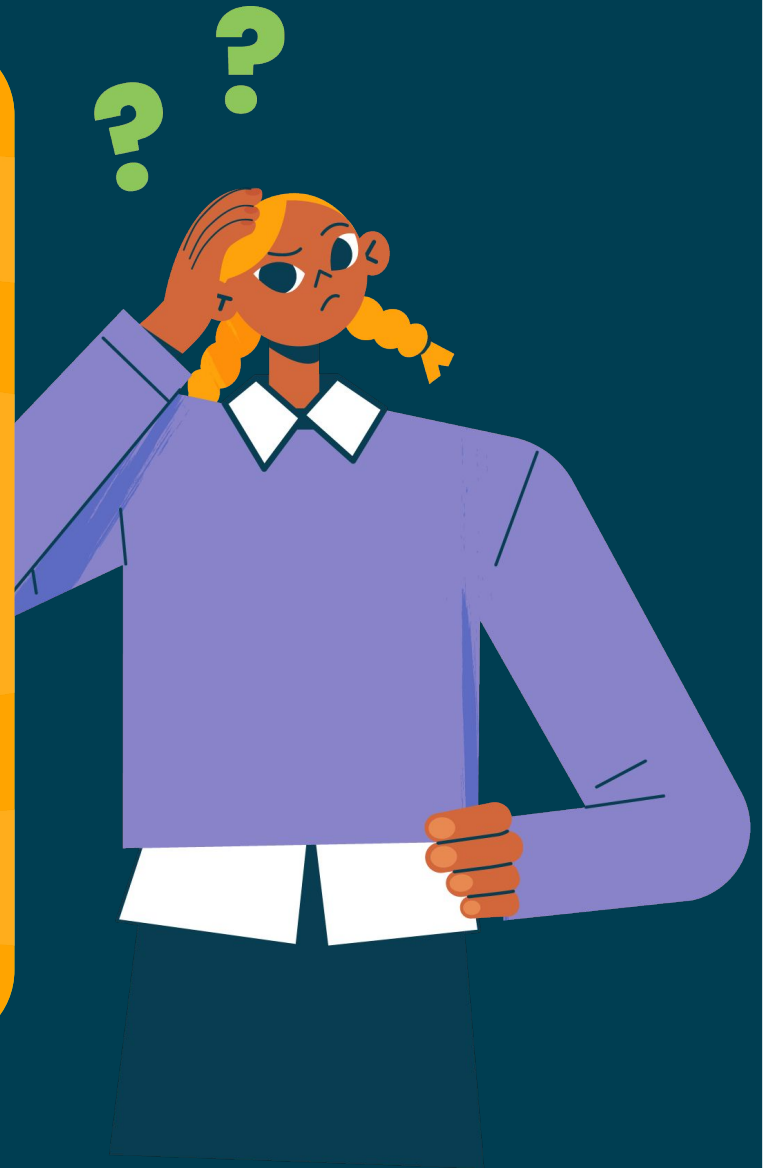
*** Durable Medical Equipment must be prescribed by a Participating Chiropractor

**** Herbal therapies must be prescribed by a Participating Acupuncturist

Nonstop Health Contact Information

	Phone / Fax / Email	Website
Nonstop Administration & Insurance Services, Inc. (Member Support)	General Phone: 1-877-626-6057 Member Support Email: clientsupport@nonstophealth.com Substantiation Fax: 719-270-9845 Substantiation Email: eob@nonstophealth.com Claims Fax: 877-463-1175 Claims Email: claims@nonstophealth.com	www.nonstophealth.com Nonstop Exchange: members.nonstophealth.com

Frequently asked questions



Nonstop Health Basics

Q: What is the Nonstop Health program?

Nonstop Health is a Medical Expense Reimbursement Plan (MERP) that wraps around your health insurance plan, helping you and your dependents pay for medical expenses covered and approved by your health insurance plan.



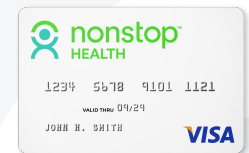
Using the Nonstop Visa Card

Q: How do I use the Nonstop Visa card to pay for services?

First: Always use in-network* providers and make sure any services or prescriptions you receive are covered by your health insurance plan. (“Covered” means that the expenses for that service or prescription are applied toward your in-network deductible and/or out-of-pocket maximum.)

Next: When you visit a provider or pharmacy, present your health insurance ID card before paying for any services or prescriptions, to make sure the provider/pharmacy processes any payments through your medical carrier.

And finally: When asked for payment at the pharmacy or when you receive a bill from your provider, simply pay for those costs using your Nonstop Visa card. No need to pay for anything out of your own pocket (up to the allowed amount for your plan), as long as the doctor/pharmacy is in-network* and your service or prescription is covered by your health insurance plan!



Network* Providers

Q: How do I find out what providers are in my plan’s network*?

It’s your responsibility to know if a provider/facility is in your plan’s network*! If you’re unsure, ask your health insurance carrier. Sign up for online access to your carrier’s online member portal, so you can search providers yourself!



** If you’re on a version of Nonstop Health that allows you to use your Nonstop Visa card for out-of-network providers, this does not apply to you. Most Nonstop Health accounts do **not** have that option! If you’re not sure, contact your HR team or Nonstop.*

Ensure Services Are Covered

Q: How do I find out what services my health insurance plan covers?

Contact your **health insurance carrier** (e.g. Kaiser, Aetna, United Healthcare), or refer to your Summary of Benefits and Coverage (SBC). (You can request a copy of this document from the benefits contact person at your organization, or via the Nonstop Exchange (NSE) member portal.) If the service is covered, it's eligible for Nonstop!



Services Typically Not Covered

Q: What doesn't Nonstop Health cover?

Because medical plans cover services and prescriptions differently, there isn't one, exhaustive list of what's covered and what isn't. Here are a few examples of what Nonstop Health typically does **not** cover:

- Over-the-counter medication, vitamins or supplements
- Dental services, unless covered by your health insurance plan
- Vision services, unless covered by your health insurance plan
- Cosmetic/plastic surgery
- Weight loss programs
- Membership fees to receive services at a medical facility or provider



Emergency Room (ER)

Q: What if I visit an emergency room (ER)?

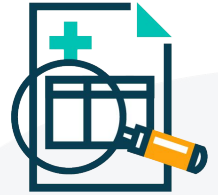
If you are admitted (you are moved from the ER to an actual hospital room for a day or more) to the hospital as a result of an ER visit, the Nonstop Health ER copay is waived. If the hospital is not in your health plan's network, make sure your carrier is receiving the claims and processing them as in-network. If it was a true medical emergency, your insurance carrier will likely treat that ER as if it was in-network. And as long as your insurance carrier counts that ER visit as in-network, you can use Nonstop Health to pay for it.



Nonstop's Substantiation Process...

Q: I received an email asking for documentation to verify a charge. What is the substantiation process?

As the administrator of Nonstop Health for your employer, we are contractually bound to follow IRS guidelines for our program to ensure that all medical services and prescriptions qualify. This process is called **substantiation**, and it simply means verifying that the charge is eligible for Nonstop Health.



If our system flags a charge that appears as if it doesn't qualify for Nonstop Health, we will reach out several times via email.

- It doesn't mean you have done anything wrong! When you swipe your Nonstop Visa card, Nonstop only sees the merchant name, date, and amount. Sometimes that's not information for us to determine if the charge qualifies for our program or not.
- We're not denying an expense/claim outright. We just need more info.

To verify that the charge qualifies for Nonstop, we need documentation:

- Explanation of Benefits (EOB) for medical services
- Detailed pharmacy bag receipt for prescriptions

Once we receive the requested documentation, we conduct a review. If the charge does not qualify, you must reimburse that amount into your employer's Nonstop account. If you don't respond to any of the emails we send you, or you don't provide required documentation and/or repayment in the timeframe outlined, your Nonstop Health account and Visa card may be suspended. And in some circumstances we may send your account to collections.

...and Why It's Needed

Q: Why do I have to go through substantiation?

Nonstop is mandated by federal IRS guidelines to substantiate any charges that look like they do not qualify for our program. The IRS requires that:

- The card may only be used for eligible medical expenses for the employee, employee's spouse and dependents.
- Any expense paid with the card has not been reimbursed by another plan
- The employee will not seek reimbursement under any other plan covering health benefits



Card Declines

Q: Why did my Nonstop Visa card decline?

Sometimes it declines to protect you, so you don't owe money later because you used the card incorrectly.



Sometimes it declines due to issues outside of Nonstop's control. For example:

- **Did you activate your card?** If not, the card won't work. Call 866.898.9795 as soon as possible, or call us at 877.626.6057 (6am-5pm PT (9am-8pm ET), Monday-Friday) and we can activate the card for you.
- **Are you trying to use your card at a small, local pharmacy?** They may not be set up properly to accept the Nonstop Visa card. Try larger national pharmacies and retail chains.
- **Are you trying to purchase ineligible items,** such as over-the-counter medications? The Nonstop Visa card cannot be used for these expenses.
- **Are you trying to use the card to pay for dental or vision services?** The Visa card is only coded for medical services and prescriptions and will not work for services that are coded as dental or vision.
- **Are you trying to use your card at an unapproved vendor?** Vendors including Warby Parker, Amazon, Massage Envy and Smile Direct Club are **not** covered by Nonstop Health, so you cannot use your Nonstop Visa card to make purchases with them.
- **Is there enough money left on the card?** It's possible that you're trying to pay for an expense that is more than you have available on your Visa card. If this happens, the card will decline.

Prevent 'Double Dipping'



Q: Can I get reimbursed by both my Flexible Spending Account (FSA) and Nonstop Health?

No. Paying for medical expenses using both Nonstop Health and your FSA would be considered "double dipping" and could lead to disqualification from the Nonstop Health program. As such, it is recommended that you allow Nonstop Health to pay for your qualifying medical expenses, and use your FSA to pay for vision and dental costs (which are not covered by Nonstop Health), as well as any medical costs you may need that don't qualify for Nonstop Health.



Who should I call?

To help get you the information you need, this chart outlines who to call:
Your health insurance carrier or Nonstop Health

	Questions you may have	Contact information
Carrier 	<ul style="list-style-type: none">+ Is my doctor in the network?+ Is my medication on the formulary (i.e. is it covered)?+ I need an Explanation of Benefits (EOB)+ Do I need prior authorization?+ How do I log in and use the carrier's online portal?+ How much of my in-network deductible have I met?	Refer to your member ID card
Nonstop Health 	<ul style="list-style-type: none">+ Can you tell me more about Nonstop Health?+ When will I receive my Nonstop Visa card?+ How do I order a new card?+ Why was my Nonstop Visa card declined?+ How do I file a claim for reimbursement?+ What is the status of my Nonstop claim?	<p>Phone: 877.626.6057 Monday-Friday, 6am-5pm PT/9am-8pm ET Except major holidays</p> <p>Email: clientsupport@nonstophealth.com</p> <p>Nonstop Exchange portal: members.nonstophealth.com</p>



NONSTOP ADMINISTRATION & INSURANCE SERVICES, INC. • nonstophealth.com • 877.626.6057

1800 Sutter St. Suite 730 Concord, CA 94520 · CA #0111857, TPA

For a list of states and license numbers, please visit nonstophealth.com/licenses

NONSTOP IN ACTION



Employees enrolled in the UHC Harmony Ded. HMO or Kaiser Ded. HMO Medical plan will be enrolled with a Nonstop MERP.



YES

IN-NETWORK facilities and doctors



YES

COVERED services and prescriptions

- Nonstop is only designed for in-network medical services and prescriptions approved by Kaiser and UnitedHealthcare. As such, you cannot use the Nonstop Visa card for dental or vision payments.
- You will be responsible for any un-approved charges on the card.



NO
Vision



NO
Dental



NO
Out-of-network

NONSTOP VISA CARD

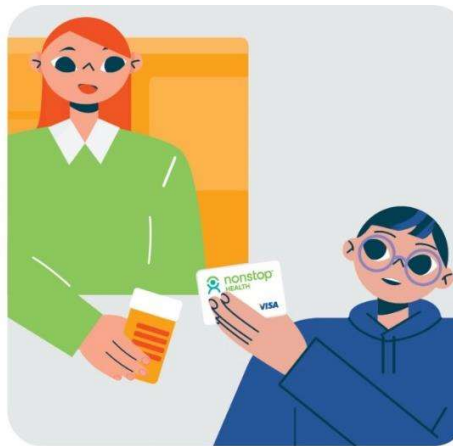
You will receive two Nonstop Visa cards and they will both only be in your name. If you need additional cards, please call Nonstop at 1-877-626-6057. It is recommended that you **DO NOT** set up a PIN so you can use the card as a credit card versus a debit card.



HOW DO I USE NONSTOP HEALTH AT MY PROVIDER OR PHARMACY?



1 Present your **CARRIER CARD** to the front desk so they can apply service costs to your deductible and/or out-of-pocket maximum.



2 Pay for covered services and prescriptions with your **NONSTOP HEALTH VISA CARD**



3 If/when you receive a bill with a remaining balance, pay for those expenses with your **NONSTOP HEALTH VISA CARD**
(note: an Explanation of Benefits (EOB) is not a bill)

NONSTOP IN ACTION

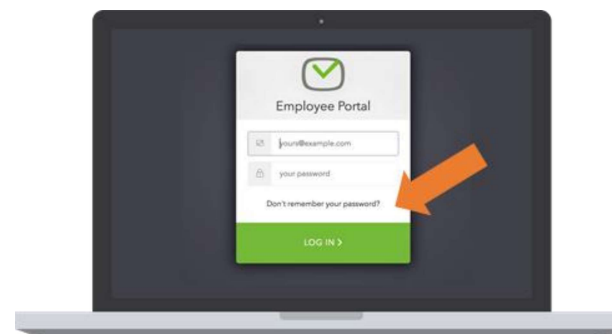


Employees enrolled in the UHC Harmony Ded. HMO or Kaiser Ded. HMO Medical plan will be enrolled with a Nonstop MERP

NONSTOP EXCHANGE MEMBER PORTAL

Once you are enrolled with Nonstop, you will be able to access your plan information via the Nonstop Exchange member portal members.nonstophealth.com When you log into the system all your information will be available, allowing you to:

- View available card balances
- Navigate to the member help site through the HELP button
- File and view claims submissions



LOGGING INTO THE NONSTOP EXCHANGE PORTAL

Once you navigate to the Nonstop Exchange site <https://members.prod.nonstophealth.com> you will need to log in by entering your user name and password.

Your user name is your Heluna Health email address. When you log in for the first time, you will need to put in your Heluna Health email address and then click on “don’t remember your password?” This will allow you to set a private password for your account. Please see below for the steps to reset your password.

To reset your password:

1. Click on “don’t remember your password?”
2. You’ll receive an email with instructions on how to reset your password.
3. Click the link provided in the email and enter a password with a minimum of 8 characters, at least one number, one special character (i.e., ! # \$), and one capital letter.
4. Once you have reset your password, you can log in with your username and password.

NONSTOP IN ACTION



Employees enrolled in the UHC Harmony Ded. HMO or Kaiser Ded. HMO Medical plan will be enrolled with a Nonstop MERP.

Meet two Heluna Health employees who each enroll in the UHC Harmony + NSH (MERP) or Kaiser + NSH (MERP) plan. Below is a quick overview of how they use their NSH Visa Card funds during the year. These funds are paid for 100% by Heluna Health to help cover out-of-pocket healthcare expenses during the calendar year.

Donna enrolls herself and her child in the UHC Harmony HMO + NSH (MERP) medical plan on. She sees a specialist regularly, who bills Donna full charge for each visit. Her child also has occasional urgent care visits for sports injuries. Sometimes Donna is charged at the time of her service, other times she receives a bill in the mail several weeks later. In either scenario, Donna pays for these charges using her NSH Visa card.



Donna's child requires a trip to the emergency room (ER), which Donna pays for \$100 out of pocket. All other charges for the visit she pays for using her NSH Visa card. Donna also uses her own out of pockets dollars for dental & vision expenses that she and her child have during the year, since her NSH Visa card only applies to medical and pharmacy expenses covered by the health plan..



Suzy enrolls in the Kaiser HMO + NSH (MERP) medical plan. She had an office visit to discuss a health concern and receives a bill from the provider. Suzy pays this bill using her NSH Visa card. Her doctor orders additional tests, labs, x-rays, and complex radiology scans. Suzy continues to receive bills for these services and continues to pay them using her \$5,500 NSH MERP funds. Her condition led to an inpatient hospital stay. She continues paying medical bills until she uses the remaining balance of her \$5,500 NSH MERP funds.



Suzy still had a few outstanding bills that need to be paid. Since she no longer has NSH MERP funds to use, Suzy now had to pay using her own money to pay these bills. Once she reaches paying \$1,500 out of her own pocket, any remaining medical expenses would be paid for by Kaiser 100%. These balances will reset on January 1, when she will have access to a new balance of \$5,500 in NSH MERP dollars.

Scan the QR code to view the sample fee schedule of Kaiser services.



When deciding between UHC Harmony HMO + NSH (MERP) or Kaiser HMO + NSH (MERP), consider the net out-of-pocket amounts (member's calendar year responsibility after NSH Visa funds have been depleted). The UHC Harmony HMO + NSH plan has a \$500 individual net out-of-pocket maximum, and Kaiser HMO + NSH plan has a \$1,500 individual net out-of-pocket maximum. Consider electing Health Care FSA to cover medical, dental and vision out-of-pocket expenses.

NONSTOP IN ACTION



Employees enrolled in the UHC Harmony Ded. HMO or Kaiser Ded. HMO Medical plan will be enrolled with a Nonstop MERP.

While the Nonstop program is set up to help you pay for medical expenses, there may be times when you'll need to pay up front and be reimbursed later. Nonstop makes every effort to help you avoid these situations, but if needed, the claims submission process is quick and easy with reimbursement checks typically processed within 7 to 10 days of submission (assuming no processing delays).

HOW DO I SUBMIT A CLAIM TO NONSTOP?



1 LOG IN TO THE NONSTOP EXCHANGE PORTAL
(members.nonstophealth.com)



2 CLICK ON THE SUBMIT NEW CLAIM BUTTON and fill in all of the required information.



3 UPLOAD THE PROPER DOCUMENTATION. For a provider visit, this is an Explanation of Benefits and provider bills. For prescriptions, upload the pharmacy paper bag receipt.*



4 REVIEW YOUR CLAIM AND SUBMIT! A ticket number will be provided that you can use as a reference when checking on the status of your claim.



5 Expect a REIMBURSEMENT OR PROVIDER PAYMENT to be mailed out after a 7-10 day processing period.**

* For a claim to be processed, the service date you enter on the first page must match the date stated on the uploaded documentation.
** During the peak claims season of December 1-April 1, it may take 14-20 days for Nonstop to process your claim.

Sign in on the Nonstop Exchange
www.members.nonstophealth.com and click
"New Claim"

Follow the steps on the portal to
Submit Your Claim

NONSTOP IN ACTION



Employees enrolled in the UHC Harmony Ded. HMO or Kaiser Ded. HMO Medical plan will be enrolled with a Nonstop MERP.

NONSTOP VISA CARD SUBSTANTIATION POLICY



1 Nonstop will **REVIEW CHARGES** on a daily basis and **FLAG ANY THAT NEED TO BE SUBSTANTIATED.**



2 **NONSTOP WILL REACH OUT TO YOU THREE TIMES** (phone and/or email). Please do not ignore these messages!



3 Still no response? **WE MAY REACH OUT TO YOUR HR DEPARTMENT** to make sure we have the correct information and to see if they can help us contact you.



4 If we still do not hear from you after these five attempts, **WE WILL SUSPEND YOUR NONSTOP VISA CARD** and may refer you to a collections agency.

You may use the Nonstop Visa card for covered, in-network services and prescriptions, up to the allowed amount for your plan. The card may not be used for out-of-network or elective procedures or anything that UnitedHealthcare or Kaiser would not apply towards your in-network deductible and out-of-pocket tracking. In addition, the Nonstop Health program does not cover dental or vision costs so you cannot use your Nonstop Visa card to pay for these services.

Charges on your card may need to be substantiated to ensure they are in-network and covered. Substantiation simply means that we are confirming acceptable use of your Nonstop Visa card. **Nonstop reserves the right to ask you for documentation to confirm that the charges on the card were allowed and approved by UnitedHealthcare or Kaiser and counted towards your deductible and out-of-pocket tracking.** Documentation typically includes an Explanation of Benefits (EOB).

If charges on your Nonstop Visa card cannot be substantiated and/or have not been approved by UnitedHealthcare or Kaiser we may request that you repay the amount that does not qualify for the Nonstop Health program back into your employer's healthcare plan. If we do not receive documentation or repayment, your card may be suspended and you may be referred to a collections agency. However, before this happens we want to work directly with you to investigate the charge and determine what, if any, errors may have occurred.

NONSTOP IN ACTION



Employees enrolled in the UHC Harmony Ded. HMO or Kaiser Ded. HMO Medical plan will be enrolled with a Nonstop MERP.

The Nonstop customer support team is here to help with all of your needs, but some questions can be better answered by your insurance carrier. Below is a quick snapshot of when we recommend calling Nonstop and when to call your carrier.



CALL NONSTOP*:

- If your Nonstop Visa card has been declined
- If you have lost your Nonstop Visa card, it has been stolen, or you need additional cards
- For basic program questions
- For all claims questions such as:
 - Did Nonstop receive my claim?
 - Has my claim been processed?
 - How do I process a claim?
 - Why wasn't my claim processed?

General Phone: **1-877-626-6057**
clientsupport@nonstophealth.com



CALL KAISER OR UNITEDHEALTHCARE*:

- For a new insurance carrier card
- To determine if a specific surgery or test is covered by your insurance plan
- To determine if a medication is covered by your insurance plan
- To determine if a provider is in-network

Kaiser Customer Service: **800-464-4000**
www.kp.org

UnitedHealthcare Customer Service: **866-801-4409**
www.uhc.com



Unsure of who to call? Reach out to the Employee Support Center ESC for questions about any of your health plans!

Mon-Fri | 8am-4pm (PST)

Toll Free: **855.670.2222**

Local: **818.539.8804**

LosAngeles.ESC@ajg.com



* If you call Nonstop with questions meant for your insurance carrier, Nonstop will need to call the carrier to get that information; this could result in delays in getting you a response. As such we suggest you call the carrier directly for the above queries. In addition, HIPAA regulations can restrict Nonstop from obtaining information from the carrier on your behalf. While you can sign a HIPAA form allowing Nonstop to receive this information, it could take 2-4 weeks for processing on the carrier's end.