

NONSTOP HEALTH PROGRAM

Frequently asked questions

Plan Includes ER Copay



Nonstop Health Program Basics

Q: I don't understand what the Nonstop Health program is. Can you explain?

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 pay for in-network, carried-approved medical expenses.

Q: What's a high-deductible plan?

A deductible is the amount an employee must pay annually before their insurance carrier will provide access to benefits (see next question for more details on deductibles). A high-deductible plan is a medical plan with a higher deductible for the member – but lower monthly premiums (the higher the deductible, the lower the monthly premium will be).



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

There are two documents under the Employee Documents tab that you will need to look at to determine what services are covered by your plan. The first is your insurance carrier's summary plan description, which will show what services the plan covers. Please note that this is just a summary; for more in-depth details on what your plan covers, please contact your insurance carrier. The second document is the Nonstop Health summary plan document which describes what services/costs Nonstop Health will cover on your behalf above and beyond what the insurance provider covers. Both documents can be found on the Nonstop Exchange (NSE).

Q: What are the hours for Nonstop Health customer service?

You can reach Nonstop Health customer support at 877.626.6057 from 6am-5pm PT, Monday-Friday. Alternatively you can send us an email at clientsupport@nonstophealth.com and we will get back to you within one business day.

Nonstop Health Program Basics (cont.)

Q: What's my copay for Emergency Room visits?

If you visit the emergency room, Nonstop does charge a set copay separate from the costs associated with your medical plan. This copay is payable to Nonstop Health and will be deposited into your employer's reserve account with us, to help offset the costs of the ER visit. If you are admitted to the hospital as part of your ER visit, this copay is waived. Please refer to your Nonstop Health member guide or contact Nonstop Health to find out the copay amount for your organization.



Q: How long is my newborn child covered on my plan before they have to be enrolled separately?

Newborn coverage varies by carrier. For some, coverage may be needed on the day of birth while for others, coverage may begin the first day of the month after the birth. Typically, enrollment must happen within 30-60 days of the birth; however we strongly recommend that you speak with your HR representative or call your carrier for the specific details around newborn coverage for your plan.

Q: My child just turned 26. How long can they stay on my coverage?

Dependents can receive coverage through their guardian's insurance plan until the date of their 26th birthday, depending on carrier policies. Some carriers do allow dependents to stay on their guardian's plan until the end of the month following their birthday. We strongly recommend that you speak with your HR representative or call your carrier for the specific details around dependent coverage for your plan.

Q: Are my visits to the dentist, eye doctor, chiropractor, and acupuncture covered under the Nonstop Health program?

Annual vision exams (as part of preventive care) are covered under many, but not all, plans; please note this only includes the exam and not glasses/contact prescriptions. We recommend that you speak with your HR representative or call your carrier for the specific details around vision care for your plan. Pediatric dental exams are the only dentist-related services covered through the ACA (not Nonstop Health). And while some plans have chiropractic and/or acupuncture coverage, not all do. Contact your carrier or Nonstop Health customer support at 877.626.6057 or clientsupport@nonstophealth.com to find out if your plan covers chiropractic care and acupuncture.

Using the two medical cards

Q: I haven't received my carrier ID card or my Nonstop Health Visa card. Can I still visit the doctor?

Absolutely! However, you will need to know your group number and your social security number. If you need to get a prescription filled, you will need additional information about your plan, which can be obtained by contacting your carrier.



Q: Do dependents need a Nonstop Visa card of their own?

No. Dependents do not need their own Nonstop Visa card. Either parent can use their card for their dependent. However, if your child spends time away from home frequently (i.e. college, boarding school, shared parental custody), you may want to consider obtaining a Nonstop Visa card for them. To do so, please contact Nonstop Health customer support at 877.626.6057 or clientsupport@nonstophealth.com, and we will fulfill that request. Please note that all Nonstop Visa cards come in a set of two, and will always be in your name.

Q: What pharmacies will accept the Nonstop Visa card?

Pharmacies that are part of the SIGIS network should accept the Nonstop Visa card. If you have difficulty with your local pharmacy accepting the Nonstop Visa card, please contact Nonstop Health customer support at 877.626.6057 from 6am-5pm PT Monday-Friday. You can also email clientsupport@nonstophealth.com.

Q: I regularly buy over-the-counter medication (e.g. Aleve, Tylenol). Can I use my Nonstop Visa card to pay for these items?

No. Only doctor-written prescriptions can be paid for using your Nonstop Visa card. All over-the-counter medications must be paid out-of-pocket, and they are not reimbursable. If you are purchasing both over-the-counter and prescription medication at the same time, you may need to pay in separate payments as the Nonstop Nonstop Visa card may be declined due to the over-the-counter items.

Using the two medical cards (cont.)

Q: I received a prescription from my dentist and/or ophthalmologist. Can I use my Nonstop Visa card to pay for these prescriptions?

That depends on the type of medication. If the medication is covered by your carrier, they will pay the cost of the medication regardless of which doctor wrote the prescription. If your dentist, ophthalmologist, or any other doctor writes you a prescription for a medication not covered by your carrier, you will need to pay for it out-of-pocket and the cost cannot be reimbursed by Nonstop.

Q: Can I use my Nonstop Visa card to pay for online / mail order pharmacies?

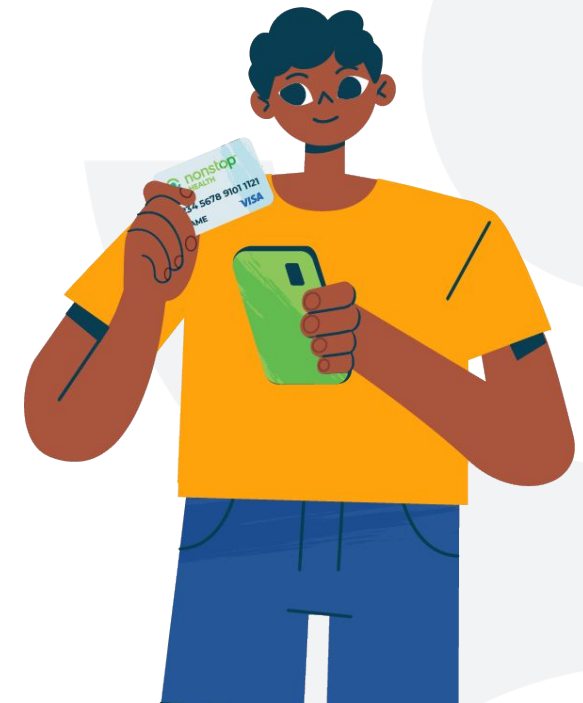
Yes, you can use your Nonstop Visa card to order your prescriptions over the phone, and have them mailed directly to your home. However, the card does not work for all mail order pharmacies so please check with your carrier to get the correct pharmacy information.

Q: What if I lose my Nonstop Visa card?

Please call us at 877.626.6057 or e-mail us at clientsupport@nonstophealth.com to request a new card. It could take up to 10 business days to get a new card. During this time, if you need a prescription filled, you will have to pay out-of-pocket and file a claim to be reimbursed.

Q: What if Nonstop Health Member Support is closed and I need support at a pharmacy?

In this instance, you will need to pay for your prescriptions out-of-pocket and submit the receipt to Nonstop Health for reimbursement.



Reimbursements

Q: How do I check on status of my 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.

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 if the claim was received or has been paid.

Q: How long will it take to get my reimbursement processed?

The Nonstop Health claims submission process is quick and easy with reimbursement checks typically processed within 7 to 10 business days of submission (assuming no processing delays). If you do not receive your check in a reasonable amount of time after 10 business days, please contact Nonstop Health customer support at 877.626.6057 or clientsupport@nonstophealth.com to check on the status of your reimbursement.

NOTE: We do have a peak season that runs Nov 1st through March 31st of each year where it could take up to 20 business days to process your claim.



Q: How do I find/download an Explanation of Benefits?

For bill payment (or reimbursement), you must submit both the provider bill and the Explanation of Benefits (EOB). However, often times you will receive the bill before the EOB is processed by the carrier and sent out, which can delay the claims submission. You can speed the process along by printing the EOB from the carrier's site directly. This requires you to create an online account with your carrier. While the process for signing up for an online account may vary by carrier, typically it's a quick and simple registration that requires you to provide your name, date of birth, and member identification number (or social security number).

Substantiation policy and procedure

Q: Why does Nonstop have to substantiate payments?

You may use the Nonstop Visa card for carrier-approved, in-network services and prescriptions. However, the card may not be used for out-of-network or elective procedures, or anything that your medical carrier would not apply towards your 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.

As such, charges on your card may need to be substantiated when there are questions about their validity. When needed, Nonstop reserves the right to ask you for documentation to confirm that the charges on the card were allowed and approved by your carrier, and counted towards your deductible and out-of-pocket tracking.

Q: What happens if the charges on my card can't be substantiated?

If the charges cannot be substantiated and/or have not been approved by your carrier, we will request that you repay the amount that does not qualify for the Nonstop Health program back to Nonstop. This repayment should come via personal check, sent to our address at 1800 Sutter St, Suite 730, Concord CA 94520. If we do not receive documentation (after three attempts) and/or the outstanding repayment amount, your card will be suspended until one of two things happen: 1) repayment is made; or 2) you can substantiate the claim.



Q: How will I know if I have to submit documentation?

If Nonstop needs to substantiate any payments made to your Nonstop Visa card, we will contact you via email or phone. The message will specify what payments/amounts need to be substantiated and what documents we need to do this. Documentation includes an Explanation of Benefits (EOB) (or your carrier's equivalent of an EOB). You will receive three emails and/or phone calls requesting documentation before a letter is mailed (USPS) to your home. If we do not receive the necessary documentation after all of our attempts to contact you, your card will be suspended.

if you receive a substantiation notice, please do not ignore it, even if you think it is incorrect or doesn't apply to your circumstance. No response to this notice could result in your card being suspended. We recommend that you send in any requested documentation within 5 days of receiving the first letter, although we request that it be sent sooner if possible.

Knowing When To Call Nonstop Health and When to Call Your Carrier

The Nonstop Health customer support team is here to help with 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 Health and when to call your carrier.

Call Nonstop Health:

- 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?

Call Your Carrier*:

- 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

*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.



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

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

Nonstop Administration and Insurance Services, Inc.'s mission is to provide reduced barriers in access to healthcare. Nonstop's core product, Nonstop Health, uses an innovative first-dollar approach to plan design that provides cost certainty for employers and reduces or eliminates upfront medical expenses for employees and their families enrolled on the plan. Nonstop Health uses a Section 105 plan called a Medical Expense Reimbursement Plan, which allows employers to pay for their employees' qualified medical expenses on a pre-tax basis. It's important to note that although similar to an HRA, the biggest difference between an HRA and a MERP is that with a MERP, both employers and employees can contribute. MERPs are proven to lower costs for employers and employees while enabling the elimination of upfront co-pays and deductibles. If you are considering this arrangement, be aware that certain plan design features must be in place to maximize the efficiency of this solution. **Please visit us at nonstophealth.com to learn more and reach out to schedule a brief introduction and compare your current plan design to Nonstop Health or connect Nonstop with your broker.**