



2024 Golden Gate University 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 Golden Gate University 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 Blue Shield of CA or Kaiser. We then provide you with a Nonstop Visa card to help cover those out-of-pocket costs associated with having a HDHP, up to the allowed amount of \$5,500 for employee plans and \$11,000 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, carrier-approved 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, carrier-approved medical expenses, up to the allowed amount of \$5,500 for employee plans and \$11,000 for employee + dependent plans.

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

What should I do with each card?

CARRIER CARD



The carrier card comes from Blueshield of CA or Kaiser, and includes information relevant to the HDHP.

You must present the carrier ID card from Blueshield of CA or Kaiser during every doctor visit and for prescription purchases. This is important to ensure that Blueshield of CA or Kaiser is apprised of the charge and properly credits your services towards 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, carrier 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 and they will both only be in your name. If you need additional cards, please call us at 1-877-626-6057. 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?



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)

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 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. So even if you forget your card at home, you don't need to worry! You can simply tap your phone or mobile device and be on your way.
- + 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 your carrier 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 (which is waived if admitted) and this copay is NOT covered under the Nonstop Health program. It will be your responsibility to pay out of pocket.



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 is better to call ahead and check on this before receiving services or filling a prescription.



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



Medical discount or coupon programs may not allow prescription/service costs to be applied towards 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 in with your carrier before accessing a discount/coupon program.



If you have to prepay for a service, **please do not pay more than \$1,000**; if the provider requires a larger prepayment, call Nonstop and we will pay the provider directly.



Cosmetic surgery is not covered unless your medical insurance carrier deems it medically necessary.



If you require **medically-necessary ophthalmology or dental procedures** and your carrier 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 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 carriers 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 between 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. Please know that 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 carrier 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, please 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 that are in-network are those that have a contract with your carrier, and have set up a pre-negotiated rate for different services. As such, the provider can only charge the carrier – 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 your carrier 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 your carrier first. Your carrier may have a cost or visit limit for specified services, or other limitations.



Covered prescriptions: Your carrier 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 carrier! So before paying for a new prescription, be sure to call your carrier or ask your pharmacist if it's covered.



Carrier approved: A carrier-approved service or prescription is one that your carrier has agreed to cover as part of your underlying medical plan. This includes covered services and prescriptions. However, it also can indicate that your carrier 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 medical carrier 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 your carrier 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 your carrier 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. **But below are a few examples of services/providers/facilities that are never covered by Nonstop Health.** This is only a sample – if you are not sure if a service or prescription is covered, please check with your carrier!

- 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 carrier
- Durable Medical Equipment (DME) that is not approved by your carrier
- Alternative care that is not approved by your carrier
- Mental health services not approved by your carrier
- Feminine hygiene products

Nonstop Visa card substantiation policy

You may use the Nonstop Visa card for carrier-approved, 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 your medical carrier 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 carrier-approved. 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 your carrier, and counted towards your deductible and out-of-pocket tracking.** Documentation typically includes an Explanation of Benefits (EOB). Please see the next page for how to read your Blue Shield of CA or Kaiser EOB.

If charges on your Nonstop Visa card cannot be substantiated and/or have not been approved by your carrier, 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:



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 If we do not hear back from you in step 2, **WE WILL SEND YOU A LETTER** on Nonstop letterhead. It will come in a green envelope, clearly marked with a return address from Nonstop.



4 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.



5 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.


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

The below example shows what an EOB may look like (*actual format varies by carrier*) 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.

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.

- 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.



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. We can, however, participate in three-way calls with your carrier if you need help requesting an EOB for a particular service.

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 January 1, 2023, you cannot use the card to pay for claims with dates-of-service prior to this date (e.g. December 14, 2022).



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, 2023 medical services must be paid for using the Nonstop Visa card in 2023; once the date turns to January 1, 2024, you cannot pay for 2023 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 2023 claims are due by or **before March 31, 2024**.



January 1st resets for deductibles and OOP maximums:

All carrier plan deductible and OOP maximum calculations are based on a calendar year and reset to \$0 every January 1. which means that the Nonstop Visa card also resets on January 1st.



Claims deadlines when benefits and/or employment is terminated:

If you leave your employer or are no longer benefits eligible, 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 cancelled on your last day of coverage and all services performed before the last day of coverage should be submitted manually.

Using the Nonstop Exchange member portal and app

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

- + View available card balances
- + View documents about your plan (e.g. summary plan description, benefits summary)
- + Navigate to our member help site through the HELP button
- + File and view claims submissions



Download the Nonstop Health mobile app from the [iOS](#) or [Android](#) app stores.

You can find our [mobile guide](#) and [FAQ](#) in the Help section of the Nonstop Exchange.

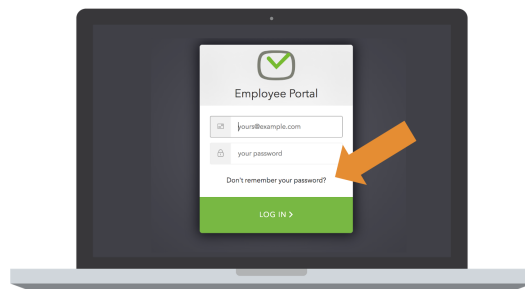
As a reminder, please refer to the Employee Documents tab in the Nonstop Exchange (NSE) member portal to access and view all complete plan summaries from each of your benefits carriers. All legal and compliance-related notices will also be located under the Employee Docs tab in NSE.



Logging into the NSE for the first time

Once you navigate to the Nonstop Exchange site at members.nonstophealth.com, you will need to login by entering your user name and password. *Please know you must set up your password on the website before you can use the mobile app.*

Your user name is your email address. If we don't have this on file, you will not be able to login. When you login for the first time, you will need to put in your 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:

- + Click on "don't remember your password?"
- + You'll receive an email with instructions on how to reset your password.
- + 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., ! # \$ etc), and one capital letter.
- + Once you have reset your password, you can login to the Nonstop Exchange with your username and password.

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 up front and be reimbursed later. If needed, the claims submission process is quick and easy with reimbursement checks typically processed within 7 to 10 days of submission.

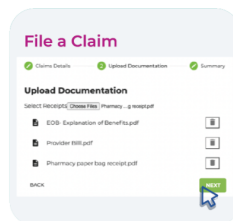
SUBMITTING A CLAIM AT-A-GLANCE



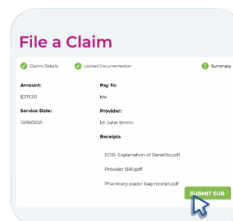
1 LOG IN TO THE NONSTOP EXCHANGE portal (members.nonstophealth.com) or mobile app.



2 CLICK ON THE NEW CLAIM TAB 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 and you will see this appear under the My Tickets tab when you click Submit.



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 if 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



Golden Gate University 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 and 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 NSGGU-000 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

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