



# **2026 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. 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.

Nonstop's mission is to support the growth and sustainability of organizations by providing high-quality, affordable and accessible employee health care.

As you'll see in this Member Guide, the Nonstop Health program — including the Nonstop Visa card — is relatively easy to use to help pay for **eligible and covered** expenses. Learn more about what those are on the next page!

We're here to help you get the most from the Nonstop Health program. If you have questions, email us at [clientsupport@nonstophealth.com](mailto:clientsupport@nonstophealth.com) or call 877.626.6057.

Again, welcome to the Nonstop family!

Best,  
Your Nonstop Health Team

## GOOD TO KNOW



Kaiser or Blue Shield is the company that provides your health insurance plan and coverage. Throughout this guide, we may refer to them by their proper name, or by "health insurance plan" or "plan."

# What is Nonstop Health (NSH)?

The Nonstop Health program allows organizations to reduce the cost of healthcare while providing employees with funds to pay for out-of-pocket expenses such as deductibles, copays, and coinsurance. This is done by combining an ACA-compliant health plan with an Internal Revenue Code Section 105 Medical Expense Reimbursement Plan (MERP), which gives you tax-free funds to pay for in-network and covered eligible expenses.

**What are covered eligible expenses?** "Covered" means the expense is applied toward your medical plan's in-network deductible and out-of-pocket maximum.

- + **Covered medical services** are those approved by your health insurance plan and listed on your medical plan documents (e.g., the Summary of Benefits and Coverage).
- + **Covered prescriptions** are those approved by your health insurance plan and listed on your plan's formulary (list of covered drugs).

The Nonstop Health program allows you to pay for or receive reimbursement for such expenses up to the maximum allowed for the plan year.

## What is the maximum allowed for the plan year?

The maximum allowed under your organization's plan is **\$5,500** for an employee-only plan and **\$11,000** for an employee + dependent(s) plan. You will have that amount to pay for in-network and covered eligible expenses for you and your family. The maximum amount will reset on **January 1**.

## Emergency Room (ER) copay

In addition to your health insurance plan copay(s) or coinsurance, you have a **\$100** Nonstop ER copay. The Nonstop ER copay is your responsibility; you cannot use your Nonstop Visa card to pay it or submit a claim for reimbursement. If you are admitted to the hospital as part of that ER visit, the Nonstop ER copay is waived.

## What's in this guide?

The rest of this guide explains what is and isn't covered under the Nonstop Health program, and how to access or pay for medical services and prescriptions using Nonstop Health.

But first, let's talk about the two sets of cards you'll receive in the mail:

- + Your health insurance identification (ID) card from Kaiser or Blue Shield
- + Your Nonstop Visa card



**Kaiser or Blue Shield identification (ID) card:** This card includes information relevant to your high-deductible health plan (HDHP). Present this card for every doctor's visit and prescription purchase to ensure your health insurance plan properly processes the service/prescription and credits amounts paid toward your in-network deductible and out-of-pocket maximum.



**Nonstop Visa card:** You'll receive two Nonstop Visa cards, both in the employee/enrollee's name. (If you need additional cards, contact Nonstop.) Use the card to pay for in-network and covered eligible expenses. Be sure to activate your card by calling 866.898.9795, or it won't work when you need it!



# Know what's covered by your carrier and NSH

The Nonstop Health program only works with in-network providers/facilities and for covered eligible expenses. What exactly does this mean? Here are some **key terms** you need to know:



**In-network providers** are those who have a contract with Kaiser or Blue Shield, and have set negotiated rates for services. As such, a provider may only charge a set price for the services you receive. This results in lower costs, as in-network providers almost always charge less than out-of-network providers.



**Covered service:** A covered service is a service that is covered under the terms of your health insurance plan. Not all services are covered by every plan, or by your Nonstop Health plan. Before receiving a new service, refer to your health insurance plan documents or contact your health insurance plan. They may have a cost or visit limit for specified services or other limitations.



**Covered prescriptions:** At the beginning of each plan year, your health insurance plan sets a formulary (also called a covered drug list), which tells you what prescriptions are covered under your health insurance plan. Just because a doctor prescribes you a medication doesn't mean it's automatically covered! So before paying for a new prescription, ask your health insurance plan or pharmacist if it's covered.



**Kaiser or Blue Shield-approved:** These are services or providers not typically covered under your health insurance plan, but an exception has been made by your carrier to cover them and/or consider an out-of-network provider as in-network. For these services and/or providers to be covered by Nonstop Health, you must have explicit/written authorization by your health insurance plan to receive the service or see the out-of-network provider, and their agreement that those costs will be considered covered and/or in-network under your health insurance plan. If you receive a service that's not approved by your health insurance plan, you cannot get reimbursed by Nonstop Health.

## COVERED EXPENSES

**Nonstop Health may be used to pay for all services and prescriptions that are covered under your health insurance plan.**

If your health insurance plan does **not** cover a service or prescription, then you are responsible for 100% of those costs.

If you're not sure if something is covered, check your health insurance plan's Summary of Benefits and Coverage (SBC) or contact your health insurance plan **before** receiving care.

## NON-COVERED EXPENSES

Because health insurance plans cover services and prescriptions differently, Nonstop is unable to provide an exhaustive list of what is and is not covered. However, we share some examples below.

**Vendors that are not covered by carriers, and therefore are not covered by Nonstop Health, include:**

- FSA/HSA stores
- FullScripts
- FreeSpira
- Massage Envy
- Carex
- PeopleCare
- Warby Parker
- Hero Health
- Noom

**Products and services that are generally not covered by carriers, and therefore generally are not covered by Nonstop Health, include:**

- Dental and vision services, unless covered under your health insurance plan
- Durable Medical Equipment (DME), unless covered under your health insurance plan
- Alternative care, unless covered under your health insurance plan
- Mental health services, unless covered under your health insurance plan

**Products and services that are not covered by carriers, and therefore are not covered by Nonstop Health, include:**

- Over-the-counter medications, vitamins or supplements
- Feminine hygiene products
- If a medical facility/provider requires a membership fee to receive services, the membership fee does not qualify for Nonstop Health
- Medication delivery fees/tips
- Credit card fees

# How do I use the Nonstop Health program?

There are two ways to use your Nonstop Health benefits:

1. The first and most convenient way is to use the Nonstop Visa card.
2. The second is to submit a claim for reimbursement.

Read on for more information about how to use your benefits!

## Using the Nonstop Visa Card to pay for medical expenses and prescriptions



### 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!

## Using the Nonstop Visa card: Substantiation

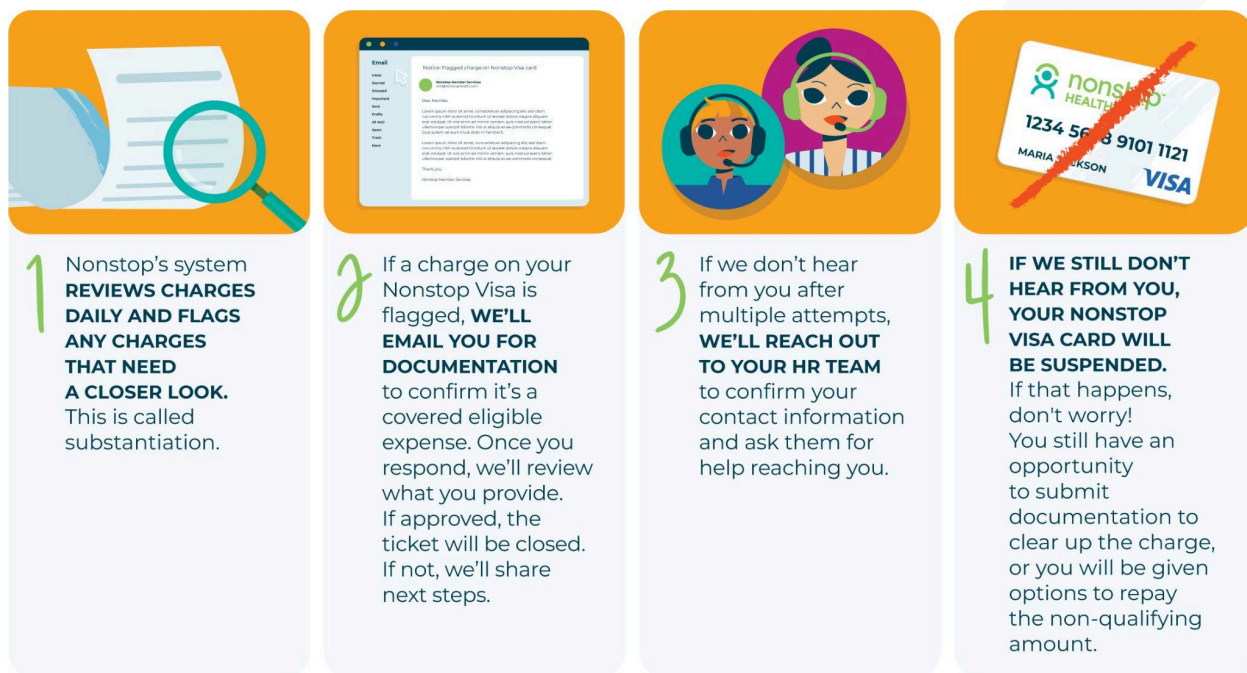
As the administrator of Nonstop Health for your organization, Nonstop is bound by both IRS guidelines and our contract with your employer to ensure that all charges made with the Nonstop Visa card qualify for our program. As such, Nonstop regularly reviews purchases made with the Nonstop Visa card to confirm acceptable use. This process of reviewing whether charges made with the Nonstop Visa card qualify for the Nonstop Health program is called **substantiation**.

Nonstop reserves the right to ask you for documentation to confirm that the charges on the card were allowed and approved by Kaiser or Blue Shield and applied toward your in-network deductible and out-of-pocket maximum. Documentation includes:

- + **For medical expenses:**
  - All pages of the Explanation of Benefits (EOB) from your health insurance carrier (See “How to find and read your EOB” on p. 11.)
  - or a Remittance Advice Report
- + **For prescriptions:**
  - Detailed pharmacy bag receipt (not just the cash register receipt), showing your name, the medication name, and whether it was processed through/covered by your health insurance carrier/plan.

If charges on your Nonstop Visa card cannot be substantiated and/or have not been approved by your health insurance plan, you must reimburse your employer’s Nonstop account for that amount.

### THE SUBSTANTIATION PROCESS:



## Using the Nonstop Visa card: How to handle card declines

Your Nonstop Visa card may decline due to circumstances outside of Nonstop's control. One of the most common reasons is that there's an issue with the vendor's payment system that prevents it from reading our card. Unfortunately, we cannot fix this problem. It's something the vendor needs to address.

Let's troubleshoot some other reasons for a declined card:



**Did you activate your Nonstop Visa card?** When you received your card, did you call 866.898.9795? If not, the card won't work. Call as soon as possible!



**Are you trying to use your card at a small, local pharmacy?** Their system may not be set up properly to accept the Nonstop Visa card. Try a larger national pharmacy.



**Are you trying to purchase ineligible items,** such as over-the-counter medications, vitamins or supplements? The Nonstop Visa card may **not** be used for those expenses.



**Are you trying to use the card to pay for dental or vision?** The Nonstop Visa card is coded for medical services and prescriptions, only, and will **not** work for services that are coded as dental or vision.



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



### If your card declines at a medical provider, you can do one of the following:

- + Pay out of pocket and submit a claim to Nonstop for reimbursement. For details, visit [www.nonstophealth.com/claims](https://www.nonstophealth.com/claims), or see pp. 8-9 in this document.
- + 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.



### If your card declines and you need a prescription urgently:

Your option is to pay for that prescription out of pocket and then be reimbursed by Nonstop via our claims process. Visit [www.nonstophealth.com/claims](https://www.nonstophealth.com/claims), or see pp. 8-9 in this document.



### 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](mailto:clientsupport@nonstophealth.com)

**3. Log in** to the Nonstop Exchange (NSE) member portal at [members.nonstophealth.com](https://members.nonstophealth.com). (See "Using the Nonstop Exchange (NSE) member portal" section in this guide for all the details.)



## Submitting a claim if your Nonstop Visa card isn't available

While Nonstop Health provides you with a Visa card to help pay for your eligible expenses, there may be times when you don't have your Nonstop Visa card with you. Don't worry, you can still use Nonstop Health!


You'll just need to pay up front and be reimbursed via Nonstop's claims process. (See the "Submitting a claim" sections starting below.) Or, if you need to pay a copay or coinsurance, ask your provider if they will bill you for the service. **Remember:** If you use your Nonstop Visa card to pay for an in-network and covered eligible expense, you do **not** need to submit a claim. Only submit a claim if you paid out-of-pocket and need to be reimbursed, or if, for some reason, you were not able to use your Nonstop Visa card.

There are four ways to submit a claim:


- + Online via the Nonstop Exchange (NSE) member portal at [members.nonstophealth.com](https://members.nonstophealth.com)
- + Email
- + Fax
- + US Postal Service

Let's explain each method:


### SUBMITTING A CLAIM ONLINE




- LOG IN TO THE NONSTOP EXCHANGE PORTAL**  
([members.nonstophealth.com](https://members.nonstophealth.com))




- Click on the **SUBMIT A CLAIM** button, and fill in all required information.



- UPLOAD THE PROPER DOCUMENTATION**, which may include an Explanation of Benefits (EOB), Remittance Advice Report, proof of payment, and/or provider bill. NSE will provide prompts for what documentation is needed.



- REVIEW YOUR CLAIM AND SUBMIT!**  
A claim number will be provided that you can use to track the status of your claim.



- Expect a **REIMBURSEMENT OR PROVIDER PAYMENT** to be mailed once your claim is processed.

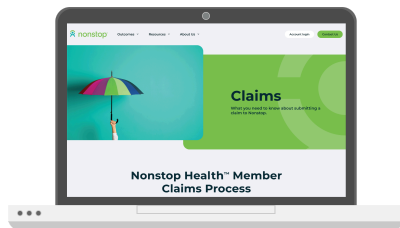
**Quick Tip!** For both medical services and prescriptions, make sure you provide your health insurance plan information to the provider or pharmacy so all costs are applied to your in-network deductible and out-of-pocket maximum! This is an important step in the process.



## SUBMITTING A CLAIM VIA EMAIL, FAX OR REGULAR MAIL

1. **Download a claim form.** You can do that in one of two ways:

A. Visit [nonstophealth.com/claims](https://nonstophealth.com/claims)



B. Log in to the Nonstop Exchange (NSE) member portal ([members.nonstophealth.com](https://members.nonstophealth.com)) and click “Download our claim form here.”



2. We need [a completed Nonstop claim](#) form AND all required documentation as follows:

- + If you want Nonstop to pay a medical provider directly on your behalf:
  - Explanation of Benefits (EOB) or Remittance Advice Report
  - All pages of provider bill (showing the account number and where payment should be sent)
- + If you want to be reimbursed for payment(s) you made to a medical provider or for a medical service:
  - EOB or Remittance Advice Report
  - Proof of payment
- + To be reimbursed for payment for a prescription:
  - Detailed pharmacy bag receipt or pharmacy printout (showing your name, the medication name, and whether it was processed through/covered by your carrier)
  - Proof of payment (e.g. cash register receipt)

3. Submit all information:



**FAX** 877.463.1175



**EMAIL** [claims@nonstophealth.com](mailto:claims@nonstophealth.com)



**US POSTAL SERVICE**  
Nonstop Health  
1800 Sutter St. Suite 730  
Concord CA 94520

## Submitting a claim: How to track a claim or reimbursement

- + If the claim was submitted via **NSE**, it will appear on your NSE dashboard immediately as a pending claim.
- + When you submit a claim via **email**, you receive an immediate email confirmation with the claim number. That claim will appear on your NSE dashboard shortly thereafter as a pending claim.
- + If the claim was submitted via **fax or USPS**, it takes several days for your info to be uploaded manually into our system. When that's done, the claim will appear on your NSE dashboard as a pending claim.

## Submitting a claim: Reimbursement check processing time

If the check was to reimburse you and the check has not been received after 30 days, contact us. If payment is being sent directly to the provider, allow 30 days for the provider to receive the payment (60 days for Kaiser Permanente). In the rare instance that a payment or reimbursement check is lost, Nonstop will re-issue a check after we receive confirmation from the service provider that they have not received payment.

# Key dates and deadlines

Here are some key dates and deadlines that apply to the Nonstop Visa card as well as to the Nonstop claims process. Read this information carefully so you don't miss any critical deadlines!



## The Nonstop Health program is available as of *your* effective date

Like other employer benefits, Nonstop Health may not be used to pay for any services or prescriptions **before** your effective date, **regardless** of when your employer started the Nonstop Health plan. If you're not sure about **your** effective date, check with your HR team or contact Nonstop.



## Only use the Nonstop Visa card within the current plan year

The Nonstop Visa card may only be used to pay for services/prescriptions in the plan year when they were incurred. If you use it to pay for expenses from the prior plan year, it will pull from your current plan year's funds, which can result in you having less money available for the current plan year than you would otherwise. For example, medical services received in **2026** must be paid for using the Nonstop Visa card in that timeframe.

As of **January 1, 2027**, you cannot pay for those expenses with the Nonstop Visa card. Instead, submit a claim for reimbursement for those expenses. (See the "Submitting a claim" sections starting on p. 8.)



## Claims submission deadlines:

All Nonstop Health claims are due **90 days** after the end of the plan year. **The last day to submit claims is March 31, 2027.**



## Resets for deductible and out-of-pocket maximum:

Your health insurance plan deductible, out-of-pocket maximum, and Nonstop Visa card all reset on **January 1**.



## Claims deadlines when benefits and/or employment terminate:

If you leave your employer or are no longer eligible for benefits, your Nonstop Visa card will be canceled on your last day of coverage. If you have bills for covered services/prescriptions not paid for before your card was canceled, you must submit those claims to Nonstop. You have 90 days after your benefits end date to submit any past claims to Nonstop for reimbursement or provider payment.


# Additional helpful information

## How to find and read your EOB

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

Most health insurance plans provide you with an EOB for each medical service that you receive under your insurance plan. Plans have different approaches to EOB delivery, so if you're not sure where to find your EOBs, or if you have specific questions, contact your health insurance plan.

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

**ABC Health Insurance, Inc.**

**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

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

- 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.

### HELPFUL TIP

It's a good idea to have an online account with your health insurance plan 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 health insurance plan.

### What information Nonstop needs from the EOB:

Nonstop needs the information/dollar amounts under "your responsibility." This includes in-network deductible, copays, and coinsurance. Before sending us an EOB, make sure this information is accurate and matches your provider bill. We also look at the "remarks" or "comments" section to confirm that the service was covered under your health insurance plan and received at an in-network provider.

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

## Using the Nonstop Exchange (NSE) member portal

Once you're enrolled with Nonstop Health, you can access your plan information via the Nonstop Exchange (NSE) member portal ([members.nonstophealth.com](https://members.nonstophealth.com)). When you log in, you can:

- + Check the available balance on your Nonstop Visa card
- + Submit claims
- + Set your preferred email address under "Member Preferences"
- + View claims and substantiation tickets
- + See a history of your Nonstop Visa card transactions
- + View demographic information
- + Access plan documents, e.g., Summary of Benefits and Coverage (SBC)
- + Click "Educational Resources" from the tools/resources menu on the home page to access our self-serve member help site. You'll find videos, one-pagers, miniguides, and FAQ about our program.
- + And more!



Use the "Member Documents" tab to access and view complete plan summaries for your health insurance plan benefits, as well as legal and compliance-related notices.



## Logging in for the first time

1. Go to [members.nonstophealth.com](https://members.nonstophealth.com). Click on "Don't Remember Your Password?" on the login page and enter your email address. (If you don't know which 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](https://members.nonstophealth.com) and re-enter your email, then your new password.
3. When you log in for the first time, you must go through our two-factor authentication process.
  - a. 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 in. If you don't have a mobile phone number, contact us!
  - b. A second "backup" code will be provided when you log in. We recommend writing it down or taking a picture of it.
  - c. If you're using a trusted computer/browser, you can click "Remember This Browser" to bypass two-factor authentication for 30 days.



# Helpful tips and tricks



Make sure all providers/facilities you visit are in-network for your medical plan, and any prescription or service you receive is covered under your medical plan. It's best to check **before** receiving services or filling a prescription.



Don't go out-of-network for services or prescriptions unless you have authorization from your health insurance plan that those expenses will be counted toward your in-network deductible.



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/facility. Just because your Nonstop 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 health insurance plan or if a provider is in-network, contact Kaiser or Blue Shield.



Medical discount or coupon programs (e.g., GoodRx and Single Care) may not qualify for Nonstop Health because those programs generally do not apply what you pay for the prescription toward your plan's in-network deductible. Check with your health insurance plan before using a discount/coupon program because the amount you pay may not count towards your deductible or out-of-pocket maximum.



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 possible. That's important for two reasons:

- + If you use all the money on your Nonstop Visa card to prepay for surgery, you won't have any money left for other 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/elective surgery is **not** a covered eligible expense unless deemed medically necessary by your health insurance plan.



If you receive a reimbursement check from your health insurance plan or a provider for an expense you paid for with your Nonstop Visa card, that money must be re-deposited back into your employer's account with Nonstop. Endorse the check to Nonstop Health and mail it to: Nonstop Health 1800 Sutter St. Suite 730 Concord CA 94520.

# Chiropractic/acupuncture benefits: Landmark Healthplan



Golden Gate University has elected to offer Landmark Healthplan of California, Inc. (Landmark). Landmark provides a combined chiropractic and acupuncture benefit that requires the use of participating chiropractors and acupuncturists. To use the services, you must use a Landmark-contracted provider. Landmark will not pay for services accessed through an out-of-network provider. If you use an out-of-network provider, you will be responsible for those costs. Any purchases made as part of your treatment, such as the herbal therapies, are not covered and are your responsibility to pay for.

## TO FIND A LANDMARK CONTRACTED PROVIDER:

1. Visit [www.LHP-CA.com](http://www.LHP-CA.com) and select "Find a Provider" (plan name is Landmark Healthplan) or call Landmark: 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, have them contact Landmark directly**, because you do not have a copay for these services. We recommend you confirm with the provider that there are no copays before your appointment.

## Summary of chiropractic and acupuncture benefits

Coverage Type	Benefits snapshot (when using Landmark providers)
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 maximum 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

# Contact information

	When to contact	Contact info
<b>Nonstop Administration &amp; Insurance Services, Inc.</b> (Member Support)  <a href="http://www.nonstophealth.com">www.nonstophealth.com</a>	<b>When should I contact Nonstop?</b> <ul style="list-style-type: none"> <li>+ When will I receive my Nonstop Visa card?</li> <li>+ How do I order a new card?</li> <li>+ Why did my Nonstop Visa card decline?</li> <li>+ Why was my claim not paid?</li> </ul>	<b>General Phone:</b> 877.626.6057 Monday-Friday, 6am-5pm PT/9am-8pm ET (except major holidays)  <b>Member Support Email:</b> <a href="mailto:clientsupport@nonstophealth.com">clientsupport@nonstophealth.com</a>  <b>Nonstop Exchange (NSE) member portal:</b> <a href="http://members.nonstophealth.com">members.nonstophealth.com</a>  <b>Substantiation Fax:</b> 719.270.9845 <b>Substantiation Email:</b> <a href="mailto:eob@nonstophealth.com">eob@nonstophealth.com</a>  <b>Claims Fax:</b> 877.463.1175 <b>Claims Email:</b> <a href="mailto:claims@nonstophealth.com">claims@nonstophealth.com</a>
<b>Kaiser or Blue Shield</b> (Health insurance plan)  <a href="http://BCBS.com">BCBS.com</a> <a href="http://Kaiser.org">Kaiser.org</a>	<b>When should I contact my health insurance plan?</b> <ul style="list-style-type: none"> <li>+ How much is my deductible?</li> <li>+ Is my doctor in the network?</li> <li>+ Is my medication on the formulary (i.e., is it covered)?</li> <li>+ I need a copy of my Explanation of Benefits (EOB)</li> </ul>	Check the back of your health insurance plan member ID card