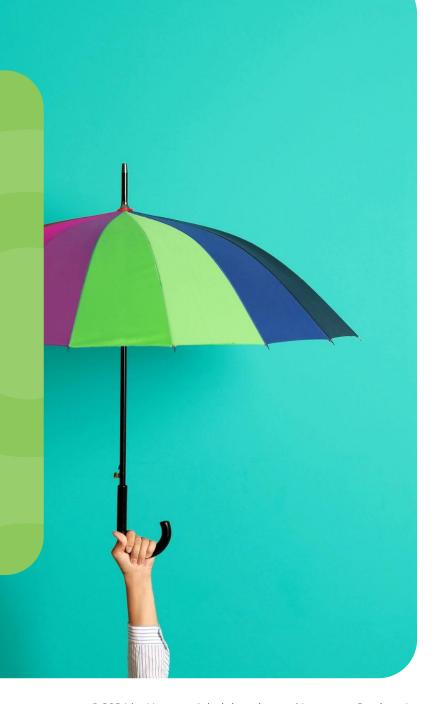


MINIGUIDE

Learn the basics of Nonstop Health®



Welcome to Nonstop Health! We are excited to provide you and your family with a high-quality, affordable healthcare program that significantly reduces your out-of-pocket expenses. This miniguide explains the program and the important role our members play in ensuring a successful member experience. An educated Nonstop Health member is a successful Nonstop Health member!

How does it work?

Nonstop Health is a Medical Expense Reimbursement Plan (MERP) that wraps around your health insurance plan, helping you and your covered dependents pay for medical expenses covered and approved by your health insurance plan, and received at in-network* providers and facilities

As a Nonstop Health member, your No. 1 responsibility is to educate yourself about what your health insurance plan covers and what providers are in your plan's network* before you pay for anything with your Nonstop Visa card. Your medical plan documents (e.g. Summary of Benefits and Coverage) will help, and you can always check with your health insurance carrier!



First:

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

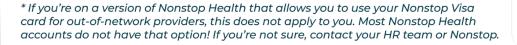
("Covered" means that the expenses for that service or prescription are applied toward your in-network deductible and/or out-of-pocket maximum. Not sure if something is covered? Check with your health insurance carrier.)



Next:

When you visit a provider or pharmacy, present your **HEALTH INSURANCE ID CARD** before paying for any services or prescriptions, to make sure

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!



What Nonstop Health does and doesn't cover

Qualifying costs for Nonstop Health include:

- Visits to in-network* providers, facilities and pharmacies
- Carrier-approved, covered** medical services
- Medications/prescriptions that are covered** under your medical plan/by your health insurance carrier

Non-qualifying costs typically include:

- ★ Dental services, unless covered** under your medical plan
- ★ Vision services, unless covered** under your medical plan
- Cosmetic/plastic surgery
- Over-the-counter medication, vitamins or supplements
- Mental health services not approved by your carrier
- Charges incurred at non-qualifying vendors, such as Amazon, Betterhelp, Plushcare, Fullscript, FSA/HSA stores
- ★ Sales tax or medication delivery fees/tips
- Weight loss medications/programs
- Membership fees for services at a medical facility/provider



HOW TO CHECK IF IT'S COVERED**

- + Contact your health insurance carrier (e.g. Kaiser, Aetna, Blue Cross, Blue Shield)
- Refer to your Summary of Benefits and Coverage (SBC), available from the benefits contact person at your organization or via the Nonstop Exchange (NSE) member portal



The Nonstop Visa card

Nonstop Health members receive two Nonstop Visa cards via the U.S. Postal Service, both in your name. If you need additional cards, call Nonstop to order them free of charge. Feel free to give the second card to a dependent, and have them sign their name on the back of that card.

The first thing you need to do is activate your card! You can do this in one of two ways:

- + Call the phone number (866.898.9795) on the sticker affixed to the front of your card
- + Call Nonstop at 877.626.6057 and we can activate the card for you

Please note: Whether you activate the card yourself or you call us to do it for you, you must wait 12-24 hours for the activation process to finish before you can use the card.

The Nonstop Visa card is coded for medical services and prescriptions, but like other cards of this nature, it cannot tell the difference between a covered or non-covered service OR if a provider is in-network* or out-of-network.

You won't receive a new card every year. Instead, your card will reset at the beginning of each new plan year. If your card expires, however, you will be sent a new one automatically.



^{*} 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! Not sure? Contact your HR team or Nonstop.

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

Nonstop's substantiation process, and the most important member document: Explanation of Benefits (EOB)

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! We simply need more information.

Why? When you swipe your Nonstop Visa card, Nonstop only sees the merchant name, date, and amount. Sometimes that's not enough information for us to determine if the charge qualifies for our program or not. That's why we ask for more information, such as:

- + For medical services: Explanation of Benefits (EOB)
- + For prescriptions: Detailed pharmacy bag receipt (not just the cash register receipt) or detailed pharmacy printout showing the patient's name, the type of medication dispensed, and the cost.

Once we receive all the needed documentation, we conduct a review. If the charge does not qualify, you must reimburse your employer's Nonstop account that amount.

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.



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

Patient Name: Patricia Doe Place of Service: Outpatient Date Received: 01/01/2023 Claim Number: 01122334455Z Type of Service: Medical Date Processed: 02/01/2023 Provider: ER & Hospital Payment to: ER & Hospital

Claim Detail			What your provider can charge you		Your responsibility			Total Claim Cost		
Date of Service	Service Description	Claim Status	Provider Charges	Allowed Charges	Copay	Deductible	Co-Insurance	Paid by Insurer	What You Owe	Remark Code
01/01/2023	Office Visit	Paid	\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	A12
01/01/2023	Lab	Paid	\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	B23
Claim Total			\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	

Above is a hypothetical example of an **EOB** — a statement generated by your health insurance carrier summarizing how it processed a claim from a doctor, hospital, or other medical provider. Your carrier is required to provide you with an EOB for each service that you receive.

The EOB breaks down:

- + What the provider charged for a treatment or service
- What the insurance company paid
- What you must pay

Several EOB examples are available on our website (https://offers.nonstophealth.com/eob) and on the member help section of the Nonstop Exchange (NSE) member portal at members.nonstophealth.com.



More tips for Nonstop success

- * Know your plan! Make sure all providers, pharmacies or medical facilities you visit are in your health insurance carrier/plan's network*, and that all medical services and prescriptions you receive are covered** under your plan.
- + Email is the primary way we communicate! As such, please make sure you read all emails from us (and check your spam folder) to stay compliant with our program. If you don't know which email Nonstop has on file for you, contact us.
- + Read all Nonstop Health materials including your member guide and all emails we send you and share that information with your dependents! As the main cardholder, you are responsible for any misuse of the Nonstop Visa card.
- + Use larger pharmacies, if needed: The Nonstop Visa card may decline if a pharmacy's point-of-sale (POS) system is not set up correctly. This is an issue with the pharmacy and not something Nonstop can fix. If this is an issue, Nonstop recommends using a larger stand-alone pharmacy, a pharmacy chain, or a mail-order service to fill prescriptions.



HELPFUL MEMBER RESOURCES

Nonstop publishes various educational materials to help members learn about the program. Some are listed below; all are available on the member help site (see NSE article below) or by contacting the Member Support Team (see last page).

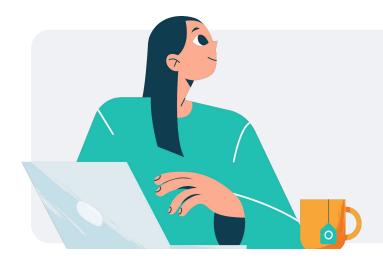
Miniquides

- "Navigating the Nonstop claims process"
- + "Substantiation: What you should know"
- * "How to find and read your Explanation of Benefits (EOB)"

One-pagers

- + "What is/isn't covered by Nonstop Health"
- + "The Nonstop VIsa card"
- + "Claims dates and deadlines"

Videos are also available on YouTube!



NONSTOP EXCHANGE (NSE) MEMBER PORTAL

The **Nonstop Exchange (NSE) member portal (members.nonstophealth.com)** is a valuable online resource that allows you to:

- + Submit new claims and check on existing claims
- + View the balance on your account
- + View demographic information and plan data for you and your dependents
- Browse all documentation related to your Nonstop Health plan
- + Access a wealth of information through our self-serve help site

^{** &}quot;Covered" means the expense is applied toward your medical plans in-network deductible and out-of-pocket maximum.



^{*} 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! Not sure? Contact your HR team or Nonstop.

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	 + 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	 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? 	Phone: 877.626.6057 Monday-Friday, 6am-5pm PT/9am-8pm ET Except major holidays Email: clientsupport@nonstophealth.com Nonstop Exchange portal: members.nonstophealth.com		



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

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