



**2024-2025**

**Operative Plasterers' and Cement Masons'  
International Association Local 526**

**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 Operative Plasterers' and Cement Masons' International Association Local 526 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 Highmark. 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 \$9,100 for employee plans and \$18,200 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](mailto: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 \$9,100 for employee plans and \$18,200 for employee + dependent plans.

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

## What should I do with each card?

### Highmark ID CARD



Your ID card comes from Highmark, and includes information relevant to the HDHP.

You must present your ID card from Highmark during every doctor visit and for prescription purchases. This is important to ensure that Highmark 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, Highmark-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.)*

*\* 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.*



### 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/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 Highmark.
- + 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 Highmark 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](mailto:clientsupport@nonstophealth.com) or log in to the Nonstop Exchange (NSE) member portal at [members.nonstophealth.com](https://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](https://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](https://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 Highmark 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 Highmark 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 Highmark deems it medically necessary.



If you require **medically necessary ophthalmology or dental procedures** and Highmark 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](mailto: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](http://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](http://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 Highmark 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 Highmark first. They may have a cost or visit limit for specified services, or other limitations.



**Covered prescriptions:** Highmark 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 Highmark or ask your pharmacist if it's covered.



**Highmark 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 Highmark 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 Highmark 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 Highmark 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 Highmark!

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




### 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, visit [www.nonstophealth.com/claims](http://www.nonstophealth.com/claims).



### The Nonstop Visa card is available to use as of your start date:

The Nonstop Visa card cannot be used for claims prior to your start date on the Nonstop Health program. For example, if you first started on the Nonstop Health program on October 1, 2024, you cannot use the card to pay for claims with dates of service prior to this date (e.g. September 14, 2024).



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

The Nonstop Visa card should not be used to pay for outstanding claims from the prior plan year, as the Nonstop Visa card can only be used in the same year as the services were rendered. For example, medical services received between **October 1, 2024** and **September 30, 2025**, must be paid for using the Nonstop Health Visa card in that timeframe. Once the date turns to **October 1, 2025**, you cannot pay for 2024-2025 expenses with the Nonstop Visa card. Instead, any outstanding claims/costs from the prior plan 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 plan year. As such, all 2024-2025 claims are due by or **before December 31, 2025**.



### October 1 resets for deductibles and OOP maximums:

All medical plan deductible and OOP maximum calculations are based on a plan year and reset to \$0 every **October 1**. The Nonstop Visa card also resets on **October 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](https://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

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 are also under the **Member Docs** tab.



## Logging into the NSE 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’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](https://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](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 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](https://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](https://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 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](https://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](mailto: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.

# Nonstop Health Contact Information

	Phone / Fax / Email	Website
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