



Town of Ware Nonstop Wellness Member Guide

Everything You Need to Know About the Nonstop Wellness Program

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Welcome Letter

Welcome to Nonstop Wellness! We are thrilled to have you and Town of Ware on board with us. Nonstop's mission is to support the growth and sustainability of nonprofit 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 Cross Blue Shield (BCBS). 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 \$4000.00 for employee plans and \$8000.00 for employee + dependent plans.

As you'll see in this guide, the Nonstop Wellness 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@nonstopwellness.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 Wellness program to you and your family to ensure that you stay happy and healthy all year long.

Best,



Graham Edwards
Chief Operating Officer
Nonstop Administration and Insurance Services Inc.

What is Nonstop Wellness?

Nonstop Wellness is a type of healthcare program that allows nonprofits 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 Wellness 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 \$4000.00 for employee plans and \$8000.00 for employee + dependent plans.

With Nonstop Wellness, you will receive two cards in the mail after you enroll: your carrier identification card from BCBS and your Nonstop Visa card from Nonstop Administration and Insurance Services, Inc. (Nonstop). Cards should be received within 14-21 business days after enrollment. During heavy enrollment periods, cards may take up to 4 weeks to be processed and delivered.

What Should I Do With Each Card?

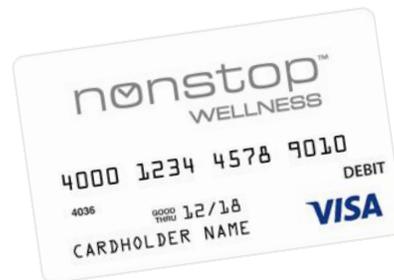
CARRIER CARD



The carrier card comes from BCBS, and includes information relevant to the HDHP.

You must present the carrier ID card from BCBS during every doctor visit and for prescription purchases. This is important to ensure that BCBS is apprised of the charge and properly credits your services towards your in-network deductible/out-of-pocket maximum.

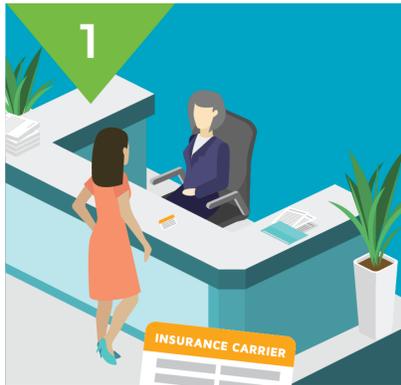
NONSTOP VISA CARD



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 Wellness at My Provider or Pharmacy?



1
Present your **CARRIER CARD** to the front desk so they can apply service costs to your deductible



2
Pay for in-network doctor / facility visits and covered services / prescriptions with your **NONSTOP WELLNESS VISA CARD**



3
When you receive a bill with a remaining balance, pay for those expenses with your **NONSTOP WELLNESS 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 un-approved charges on the card.

Please note!

- Nonstop Wellness 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 un-approved 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 \$150 Nonstop Wellness copay for all Emergency Room visits (which is waived if admitted) and this copay is NOT covered under the Nonstop Wellness program. It will be your responsibility to pay out of pocket.



YES
IN-NETWORK
facilities and doctors



YES
COVERED services
and prescriptions



NO
Vision



NO
Dental



NO
Out-of-network

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 Wellness. 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 pre-pay for a service, **please do not pay more than \$1,000**; if the provider requires a larger pre-payment, 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 are having surgery or a procedure that involves multiple providers, **please confirm with your doctor and/or insurance carrier that everyone on the team is an in-network provider**. If anyone is out-of-network, please require your provider to find an in-network alternative before proceeding with the surgery/procedure.



If you require **medically-necessary ophthalmology 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. Please call Nonstop before your procedure and we will help pay the provider directly.

Healthcare Terms

- **Deductible:** The amount that must be paid out-of-pocket towards covered healthcare expenses before health insurance kicks in. Once a deductible is met, the employee covers copays and/or coinsurance costs for qualifying services and insurance pays the remainder until the out-of-pocket maximum is reached.
- **Out-of-Pocket Maximum (OOPM):** The maximum amount an enrollee will pay for covered medical services in a year, including deductible, copay, and coinsurance expenses.
- **Coinsurance:** Coinsurance is a percentage of the cost of covered services that is paid (20% for example) at each provider visit after the deductible is met.
- **Copayment (copay):** A copay is a fixed amount that is paid at each provider visit for covered services; copay amounts under an insurance plan can vary for different services.

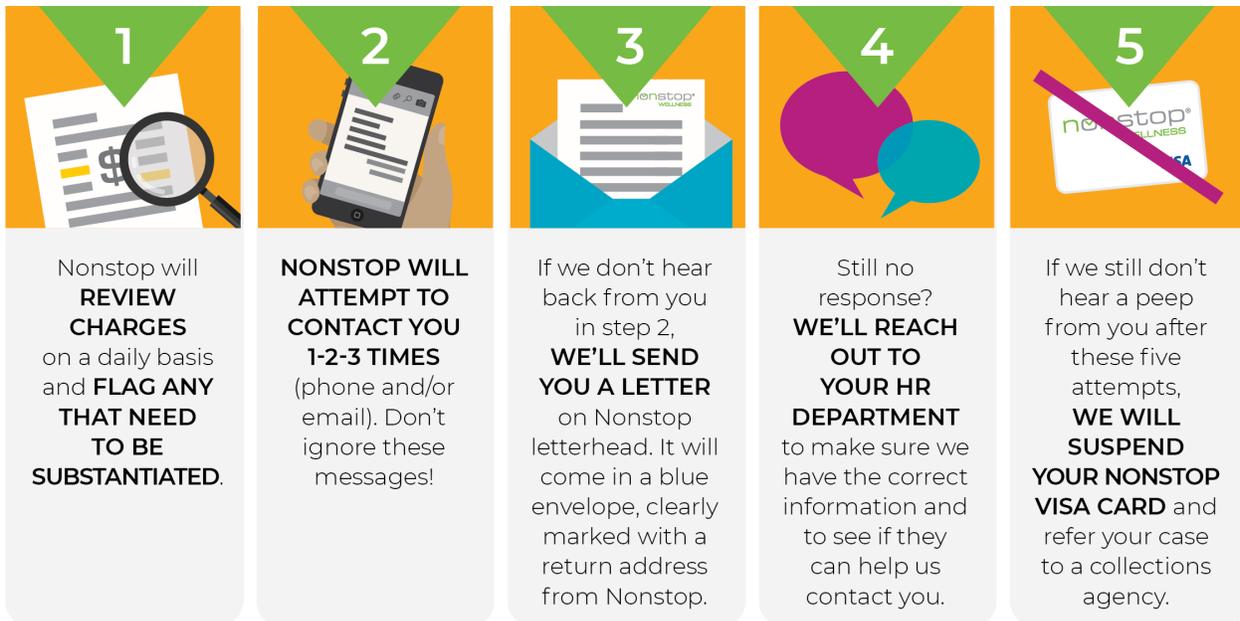
Nonstop Visa Card Substantiation Policy

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 Wellness 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).

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 Wellness 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:



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.

Key Dates and Deadlines

When using the Nonstop Wellness 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.nonstopwellness.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 Wellness program. In other words, if you first enrolled in the Nonstop Wellness plan on July 1, 2021 you cannot use the card to pay for claims with dates-of-service prior to this date (e.g. May 14, 2021).



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, services received between July 1, 2021 and June 30, 2022 must be paid for using the Nonstop Visa card within that time period; once the date turns to July 1, 2022, you cannot pay for 2021-2022 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 Wellness:

All Nonstop Wellness claims must be submitted no later than 90 days after the end of the plan year. As such, all 2021-2022 claims are due by or **before September 30, 2022**.



July 1 resets for deductibles and OOP maximums:

All carrier plan deductible and OOP maximum calculations are based on a plan year and reset to \$0 every July 1. The Nonstop Visa card also resets on July 1.



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 Wellness 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 Wellness, you will be able to access your plan information via the Nonstop Exchange member portal (members.nonstopwellness.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 Wellness 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.

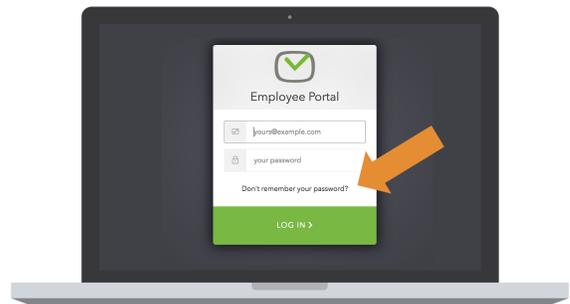
As a reminder, please refer to the Employee Documents tab in the Nonstop Exchange (NSE) member portal to access and view all complete plan summaries from each of your benefits carriers. All legal and compliance-related notices will also be located under the Employee Docs tab in NSE.



Logging into the NSE for the First Time

Once you navigate to the Nonstop Exchange site at members.nonstopwellness.com, you will need to login by entering your user name and password.

Your user name is your email address. 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.



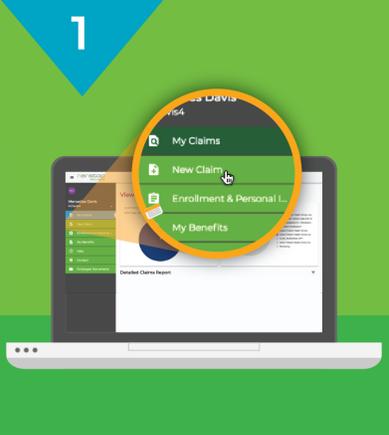
To reset your password:

- 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.

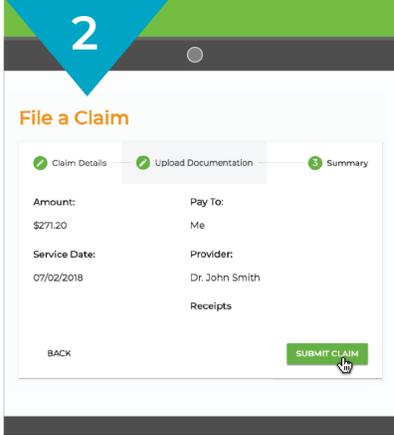
Submitting a Claim to Nonstop

While the Nonstop Wellness 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.

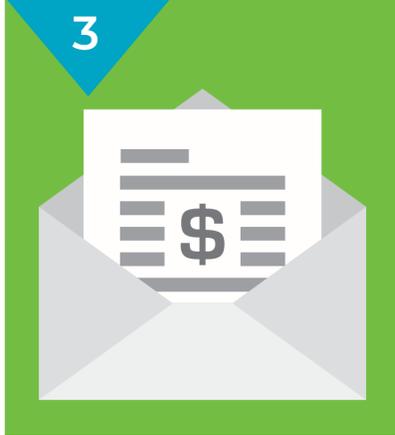
SUBMITTING A CLAIM AT-A-GLANCE



1



2



3

Visit the Nonstop Exchange at members.nonstopwellness.com and click on "**NEW CLAIM**"

Follow the instructions in NSE (or click on the "help" tab for more details) to **SUBMIT YOUR CLAIM**

Expect a **REIMBURSEMENT OR PROVIDER PAYMENT** to be mailed out after a 7–10 day processing period

Alternatively, you can submit a claim manually by filling out a claims form and emailing it or faxing it to Nonstop.

Please visit www.nonstopwellness.com/claims for a claims form or ask your HR manager.

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 help.nonstopwellness.com 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 Wellness at 877-626-6057 or via email at claims@nonstopwellness.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 Wellness, it is recommended that you follow up with the Nonstop Wellness team directly. The bill has likely been paid, but has not been credited to your account with your provider yet.

Nonstop Wellness Contact Information

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