

# 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 \$7,000 for employee plans and \$14,000 for employee + dependent plans.

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

## What should I do with each card?

### Baylor Scott & White ID CARD



Your ID card comes from Baylor Scott & White, and includes information relevant to the HDHP.

You must present your ID card from Baylor Scott & White during every doctor visit and for prescription purchases. This is important to ensure that Baylor Scott & White 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, Baylor Scott & White 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 to use Nonstop Health



1 Present your **CARRIER CARD** to the front desk so they can apply service costs to your deductible and/or out-of-pocket maximum.



2 Pay for covered services and prescriptions with your **NONSTOP HEALTH VISA CARD**



3 If/when you receive a bill with a remaining balance, pay for those expenses with your **NONSTOP HEALTH VISA CARD**  
*(note: an Explanation of Benefits (EOB) is not a bill)*

If there's a problem with using your card, contact us immediately at 877.626.6057 or [clientsupport@nonstophealth.com](mailto:clientsupport@nonstophealth.com).

## Go home happy and healthy!

If you are receiving services outside of Nonstop's regular customer service hours (6am-5pm PT) and are having difficulty using your Nonstop Visa card, you may need to pay for services/prescriptions and be reimbursed through our claims process.

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## 5 Things to Remember

- 1  The Nonstop Health program can only be used for qualifying/covered **MEDICAL** expenses.
- 2  Nonstop Health only covers expenses that are incurred **ON or AFTER** your start date with the program.
- 3  The Nonstop Health program **DOES NOT COVER VISION or DENTAL** expenses unless they are covered under your medical plan.
- 4  Use the **NONSTOP EXCHANGE** to file/view claims, view Nonstop Visa card spending, or get help. ([members.nonstophealth.com](http://members.nonstophealth.com)).
- 5  If you leave your employer or are no longer benefits eligible, submit all claims within **90 DAYS** of your last day of coverage. Your card will be cancelled.

**Questions? We're here to help!**

877.626.6057 Monday-Friday, 6am-5pm PST  
[clientsupport@nonstophealth.com](mailto:clientsupport@nonstophealth.com)



# How to access Nonstop Health without a Nonstop 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 Wellness, you can still access all of the benefits of the program - even if you don't have your Nonstop Visa card available.



## Prescriptions

If you need to pick up a prescription and do not have your Nonstop Visa card, 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). If your prescription is urgent and the cost is more than you are comfortable paying out-of-pocket, please reach out to us by calling 877.626.6057.



## Medical Services

If you receive medical services before receiving your Nonstop Visa card in the mail, please request that your provider bill you for those services. Typically bills can take 30-60 days to move through the medical insurance carrier and provider systems. As such, you should have your Nonstop Visa card by the time you receive the bill. If you receive the bill before you receive your Nonstop Visa card, you can use the claims form found at [www.nonstophealth.com/claims](http://www.nonstophealth.com/claims) and request we pay the provider directly.

If you need to pay a copay or coinsurance at the point of service, you will need to pay for those costs out-of-pocket and submit a claim to be reimbursed by Nonstop Health. For information on submitting a claim, please visit [www.nonstophealth.com/claims](http://www.nonstophealth.com/claims).

### QUICK TIP



For both medical services and prescriptions, make sure you provide your medical plan carrier identification card to the pharmacy or provider to ensure all costs are applied to your in-network deductible and out-of-pocket maximum! Make sure your dependents do this as well. This is an essential step in the process as you will be responsible for all charges that are not applied toward your in-network deductible and out-of-pocket maximum.

## What if I have more questions?

Contact us! Nonstop's member support team is here to help. We can be reached at 877.626.6057 or [clientsupport@nonstophealth.com](mailto:clientsupport@nonstophealth.com). We are open Monday-Friday, 6am-5pm PST.

# What is/isn't covered under Nonstop Health

The Nonstop Health program only works with in-network providers/facilities and covered services and prescriptions. But what exactly does this mean?

## Key terms

Let's start by reviewing key terms that you'll read, see or hear about with Nonstop Health.



**In-network:** Providers that are in-network are those that have a contract with your 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 Baylor Scott & White 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 Baylor Scott & White first. They may have a cost or visit limit for specified services, or other limitations.



**Covered prescriptions:** Baylor Scott & White 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 Baylor Scott & White or ask your pharmacist if it's covered.



**Baylor Scott & White 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 Baylor Scott & White 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 Baylor Scott & White 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 Baylor Scott & White before receiving care.

### NON-COVERED EXPENSES

Because medical plans cover services and prescriptions differently, there's not an exhaustive list of where you can/can't use your Nonstop Visa card. **But below are a few examples of services/providers/facilities that are never covered by Nonstop Health.** This is only a sample – if you are not sure if a service or prescription is covered, please check with Baylor Scott & White!

- 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

# 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 BCBS of Texas 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 BCBS of Texas 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

Claim Number: 01122334455Z  
Type of Service: Medical  
Date Processed: 02/01/2022

Provider: ER & Hospital  
Payment to: ER & Hospital

**5** Patient Name: Patricia Doe  
Place of Service: Outpatient  
Date Received: 01/01/2022

ClaimDetail			What your provider can charge you		Your responsibility			Total Claim Cost		
1 Date of Service	2 Service Description	3 Claim Status	4 Provider Charges	5 Covered Charges	6 Copay	7 Deductible	8 Co-Insurance	9 Paid by Insurer	10 What You Owe	11 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>	

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 insurance carrier so you can access EOBs, look up providers, review plan benefits/coverage and more. If you need help setting up your account, logging in or finding your information, contact your carrier.

**What information Nonstop needs from your EOB:**  
 Nonstop needs the information/dollar amounts listed as "your responsibility" on your EOB; this includes: in-network deductible, copays, and coinsurance. Before sending us an EOB, please make sure this information is accurate and matches your provider bill. In addition, we will be looking at the remarks or comments section to confirm that the service was covered under your plan and received at an in-network provider.



Nonstop is not affiliated with your insurance carrier. This, in addition to HIPAA privacy laws, means that we cannot request EOBs or any other documents on your behalf. We can, however, participate in three-way calls with your carrier if you need help requesting an EOB for a particular service.

# Using the Nonstop Exchange member portal

Once you are enrolled with Nonstop Health, you will be able to access your plan information via the Nonstop Exchange member portal ([members.nonstophealth.com](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

**As a reminder, please 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 will also be located under the Member Docs tab in NSE.**



## Logging into the NSE for the first time

1. Using the Chrome internet browser, 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!

