nonstop HEALTH

Frequently asked questions



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Table of Contents

Helpful definitions & information	3
What is the Nonstop Health program?	4
How do I use the Nonstop Visa card?	4
How do I know what services are covered?	5
How do I check if a provider is in-network*?	6
What if I visit an emergency room (ER)?	6
Why did my Nonstop Visa card decline?	6
What is substantiation?	7
Can you explain the substantiation email notices?	7
When would I need to submit a claim?	8
How do I submit a claim?	8
What can I use the Nonstop Exchange (NSE) for?	9
Important contact information	10



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Helpful definitions & information



“Health insurance carrier” or “carrier” is the company that provides your health insurance plan and coverage. Nonstop is **not** affiliated with any carrier. We **cannot** obtain any information from your carrier on your behalf.



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

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



Covered service is a treatment, procedure, or service that your carrier agrees to pay for either fully or in part by the terms of your health plan or through a prior authorization. Not all services are covered by every plan, so before receiving a new service, refer to your health insurance plan documents or contact your health insurance carrier. They may have a cost or visit limit for specified services, or other limitations.



Covered prescriptions: At the beginning of each plan year, your carrier sets a formulary (also called a covered drug list), which tells you what prescriptions are covered under your health insurance plan. In addition, for that medication to be covered by Nonstop Health, it must be processed through your carrier. Even if a doctor prescribes a medication, it does not automatically mean it will be covered by insurance! So before paying for a new prescription, ask your carrier or pharmacist if it’s covered.

Good to know

If you’re offered a discount program or manufacturer’s coupon for prescriptions, check with your carrier **before** you use it. Unless the costs are applied to your health insurance plan’s deductible and/or out-of-pocket maximum (OOPM), the discount program may **not** be used with Nonstop Health.



Carrier-approved: These are services or providers not typically covered under your health insurance plan, but an exception has been made by your health insurance 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 carrier 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.

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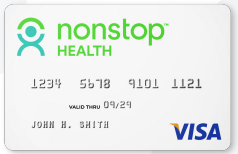
What is the Nonstop Health program?

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* covered eligible** expenses. Remember, Nonstop Health may **only** be used for covered, eligible medical expenses/prescriptions received at in-network* providers/facilities.



How do I use the Nonstop Visa card?

There are two ways to use your Nonstop Health benefits:



- **The first and most convenient way** is to use the 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* covered eligible** expenses. Be sure to activate your card by calling **866.898.9795**, or it won't work when you need it!
  - When you go to the doctor or pharmacy, before paying for anything, always give them your health insurance ID card, or make sure that the insurance information they have for you is correct. This ensures that they process any payments through your carrier before they bill you. Then when asked for payment, or when you get a bill from a provider, use your Nonstop Visa card!
  - The Nonstop Visa card 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, contact your health insurance carrier.
- **The second way** to use Nonstop Health is to submit a claim for reimbursement. Learn more about that on p. 8!

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How do I know what services are ‘covered’?



Nonstop Health may be used to pay for **covered eligible** medical services and prescriptions received at **in-network*** providers/facilities.

Nonstop Health follows your **carrier’s** lead in determining what is and isn’t covered. If they don’t cover a service or prescription, 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 carrier directly and ask.

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 a few examples below:



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

- ✖ FSA/HSA stores
- ✖ Fullscript
- ✖ Massage Envy
- ✖ Carex
- ✖ PeopleCare
- ✖ Warby Parker
- ✖ Hero Health
- ✖ BetterHelp
- ✖ Noom
- ✖ NutriSystem



Products/services that are **generally not** covered by carriers, and therefore generally not covered by NSH, include:

- ✖ Dental services, unless covered under your health plan
- ✖ Vision services, unless covered under your health insurance plan
- ✖ Elective procedures
- ✖ Durable Medical Equipment (DME), unless covered under your health insurance plan
- ✖ Alternative care, unless covered under your health plan
- ✖ Mental health services, unless covered under your health plan



Products/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 or provider requires a membership fee to receive services, the membership fee does not qualify for Nonstop Health
- ✖ Medication delivery fees/tips
- ✖ Credit card fees

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How do I check is a provider is in-network?

The only way to know for sure if a particular provider in your carrier's network is to ask your carrier. **FYI:** In-network providers are those who have a contract with your carrier, and have set negotiated rates for services. This results in lower costs, as in-network providers almost always charge less than out-of-network providers.



What if I visit an emergency room (ER)?

In addition to your health insurance plan copay(s) or coinsurance, you have a Nonstop emergency room (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.



Why did my Nonstop Visa card decline?

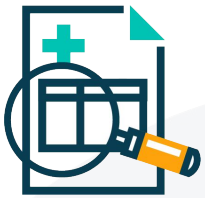
Your Nonstop Visa card may decline due to circumstances outside of Nonstop's control.

- 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. The vendor needs to address it.
- Did you activate your card by calling 866.898.9795? If not, the card won't work.
- 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.
- 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. Or, email us at clientsupport@nonstophealth.com, or call us at 877.626.6057.



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What is 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 is called **substantiation**.

If a charge on your Nonstop Visa card is flagged, you will receive our email notices (see article below), asking for additional documentation:

- **For a medical expense:** Explanation of Benefits (EOB) or Remittance Advice Report from your carrier or provider group
- **For a prescription:** Receipt showing proof of payment, AND either 1 or 2:
    1. Detailed pharmacy bag receipt – not just the cash register receipt
    2. Prescription summary report from the pharmacy showing your name, the medication name, and whether it was processed through/covered by your 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 that amount.

Can you explain the substantiation email notices?



1. If a charge on your Nonstop Visa card is flagged, Nonstop will email you (from nsetickets@nonstophealth.com) within 1-3 days asking for more information (see above article).
2. If you don't substantiate the charge, Notice 2 is sent about two weeks later.
3. If you don't substantiate the charge, the third and final notice is sent about two weeks after that, asking for backup documentation to verify the charge.
4. If the charge remains unsubstantiated and we haven't heard from you requesting more time, your Nonstop Visa card will be suspended.
    a. However, if you receive Notice 3 but still don't have the required documentation, simply reply to the email to request more time.

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When would I need to submit a claim?



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 the claims process. 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 **don't** need to submit a claim. Only submit a claim if you paid out-of-pocket and need to be reimbursed, or you want Nonstop to pay a provider/facility on your behalf.

How do I submit a claim?



There are four ways to submit a claim:

- The quickest way is to use the Nonstop Exchange (NSE) member portal at members.nonstophealth.com

You can also submit via:

- Email
- Fax
- US Postal Service

Submit a completed Nonstop claim form (see note) AND all required documentation:

- **If you want Nonstop to pay a medical provider directly on your behalf:**
  - Explanation of Benefits (EOB) or Remittance Advice Report
  - All pages of the 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
- **If you want 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)

Note: If you submit via email, fax, or USPS, you need a claim form. Download it from the Nonstop claims website. If you submit your claim via NSE, a claim form is built into the submission process.

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What can I use the Nonstop Exchange (NSE) for?



As referenced throughout this guide, the Nonstop Exchange (NSE) member portal is a valuable tool for Nonstop Health members.

NSE makes it easy for members to:

- Check the available balance on your Nonstop Visa card
- File claims
- View claims and substantiation tickets
- Set your Member Preferences: On your NSE dashboard, click the link in the left-hand menu. It will lead you to a screen where you can update your Nonstop contact information and customize how you receive communications from us. Plus, enter your mobile phone number to receive text messages from us when that feature becomes available.
- Access plan documents, e.g., Summary of Benefits and Coverage (SBC) via the “Member Documents” tab
- Click "Educational Resources" from the tools/resources menu on the home page to access our self-serve member help site for videos, one-pagers, miniguides, and FAQ
- And more!

Logging in for the first time

1. Go to 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. Come back to members.nonstophealth.com and re-enter your email and new password.
3. Complete 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 in. If you don’t have a mobile phone number, you will not be able to complete the login process.
    - A second “backup” code will be provided when you log in. We recommend writing it down or taking a picture of it.
    - If you’re using a trusted computer/browser, you can click “Remember This Browser” to bypass two-factor authentication for 30 days.

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Important contact information

	Examples of when to contact either Nonstop or your carrier	Contact information
Nonstop Health	+ When will I receive my Nonstop Visa card? + How do I order a new card? + Why did my Nonstop Visa card decline? + Why was my Nonstop claim not paid? + I received an email asking for substantiation.What do I need to do? + How do I log in to the Nonstop Exchange (NSE) member portal?	**General phone: 877.626.6057** Monday-Friday, 6am-5pm PT/9am-8pm ET (except major holidays) **Member Support email:** clientsupport@nonstophealth.com **Substantiation fax: 719.270.9845** **Substantiation email:** eob@nonstophealth.com **Claims fax: 877.463.1175** **Claims email:** claims@nonstophealth.com
Carrier (health insurance plan) 	+ How much is my deductible? + Is my doctor in the network? + Is my medication on the formulary (i.e., is it covered)? + I need a copy of my Explanation of Benefits (EOB) + How much have I spent so far toward my out-of-pocket maximum (OOPM)?	Check the back of your health insurance plan member ID card

** 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.*

*** "Admitted" means you are moved from the ER to an actual hospital room for a day or more.*

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