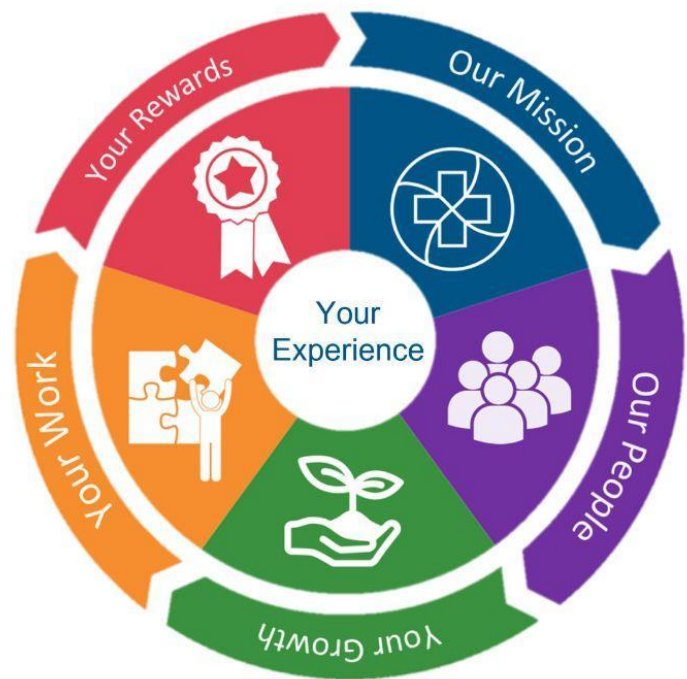


SYHealth Medical Benefits Information Miniguide

May 1, 2024-April 30, 2025



Your Experience, Your Rewards

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Eligibility

Benefit Eligible Employees

Employees working **20** hours or more per week are eligible to participate in the benefit program.

Eligible Dependents

Your eligible dependents include:

- Your spouse (unless you are legally separated)
- Your registered domestic partner
- Your dependent children, up to age 26 regardless of their student or marital status
- Adopted, foster or domestic partner's children
- Your dependent children, if they are incapable of self-support due to physical or mental disability

Coverage may be available for a mentally or physically disabled child who is age 26 or older. Requirements for such coverage and documentation of disability depend on the insurance carrier. Please contact benefits@syhealth.org if you believe this applies to your family.

When You Can Enroll

New Hires/Newly Eligible for Benefits

You are eligible for benefits on the first day of the month after 30 days worked. **You have 30 days from the date of your hire to enroll in benefits.** After your initial enrollment, you will have the opportunity to re-enroll in the benefits program each year during the Annual Open Enrollment period, unless you have a Qualifying Life Event. Be prepared to show documentation for qualifying event, such as marriage license, birth certificate or divorce decree.

Qualifying Life Event Change

During the annual open enrollment period, you will have the opportunity to make any changes in your coverage(s) for the next plan year.

Please keep in mind that you will have 30 days from the event date to make any changes and notify the Benefits Team of any changes.

Plan year begins May 1, 2024 and is in effect through April 30, 2025.

After the annual enrollment period, you will only be able to change your coverage if you have a qualifying life event. Qualifying life events include, but are not limited to:

- Change in your employment status (commencement, termination, reduction in hours from full-time of 20 hours/week to part-time 19 hours or less or vice versa) or change to per diem employment
- Change in marital status (marriage, death of spouse, divorce, legal separation)
- Change in dependents (birth, death, adoption, and child support order)
- Special enrollment rights under Health Insurance Portability Accountability Act ("HIPAA")
- Medicare or Medicaid entitlement for you, your spouse, or dependent (60 days)

When Coverage Ends

If your employment at San Ysidro Health ends, your medical, dental, and vision coverage will end on the last day of the month of your termination date. Other circumstances which may result in termination of coverage for you and/or your dependents include: reduction in regular hours, divorce/legal separation, and dependent children who reach age 26. Your FSA will terminate on the date of termination.



Your Medical Plan Options

San Ysidro Health recognizes that you have different needs when it comes to your medical coverage. Each plan provides a different level of affordability and flexibility, allowing you the opportunity to select the one that best fits your lifestyle and provides the protection you need. We offer the following medical plans services:

- Sharp HDHP HMO Plan with Nonstop Health (*Nonstop Health only works with the Sharp HDHP HMO Plan*)
- SIMNSA Cross Border HMO

Using the Sharp HDHP HMO Plan with Nonstop Health

Sharp is a medical carrier that coordinates all of your care as far as doctor visits, prescriptions, surgeries and emergency services. San Ysidro Health is proud to offer the Sharp plan + Nonstop Health as an option for your healthcare coverage. Nonstop Health is a type of high deductible healthcare program that allows San Ysidro Health to fund a portion of our employees' healthcare premiums and out-of-pocket expenses while also saving on premium expenses annually. The Nonstop Health program provides you, the member, with a pre-loaded Visa card to pay for in-network, carrier-approved medical expenses through Sharp only. **If you are referred out of the Sharp network, please contact Nonstop Health at 877-626-6057.**

Please note that Nonstop Health only works with the Sharp HDHP HMO Plan. It does not work with the SIMNSA Health Plan and cannot coordinate with any other health plans.

Using the SIMNSA HMO Plan

For those who prefer to receive their quality health care services and coverage in Mexico, SIMNSA's plan may be best for you. SIMNSA requires that only Mexican Nationals (a person born in Mexico, a person born in another country with a Mexican father or a Mexican mother, or both, a foreign woman or man who marries a Mexican man or woman and lives in Mexico, or a foreigner who

becomes a naturalized citizen in Mexico) enroll in the Plans. When you select the SIMNSA Health Maintenance Organization (HMO) plan, you must receive all of your care in Mexico by SIMNSA providers. Generally, the SIMNSA HMO will function as follows:

- A Primary Care Physician (PCP) will direct the majority of your health care needs, and is responsible for referring you to Specialists
- Services may require a fixed-dollar payment up front, referred to as a copayment
- You do not have to submit claim forms to your insurance company
- The only services that may be covered in the U.S. are true medical emergencies and urgent care, as described in your plan documents

A summary of covered services under the SIMNSA HMO plan is listed on page 22. For a complete listing of covered services for the plan, please refer to your Evidence of Coverage (EOC) document in the Member Documents section of the Nonstop Exchange.

Plan Guidelines and Summary of Benefits

The benefit summaries listed on the following pages are brief summaries only. They do not fully describe the benefits coverage for your health and welfare plans. For details on the benefits coverage, including your Summary of Benefits Coverage (SBC) and Summary Plan Description (SPD), please refer to the [HR Intranet](#). The Summary Plan Description (SPD) is the binding document between the elected health plan and the member.

Sharp Provider Network

To best serve your unique needs, we'd like to explain two of the most commonly chosen Sharp medical group options you have available. **You are free to change this selection at any point in the future.**

Here's a handy overview of the two most common medical networks:

Sharp Rees-Steely

- Operates under a clinic model
- Physicians are employees of Sharp Rees-Steely
- Most specialists, clinics, prescriptions, and labs are located in a single building

Sharp Community Medical Group

- Operates under a medical group model
- Physicians are independently employed
- Labs, prescriptions, specialists, and medical offices are often in different locations

Remember: If you choose to utilize the Sharp Rees-Steely provider group, you will not have access to the Sharp Community Medical Group and vice versa.

How To Select Your Medical Network

When you first enroll, if you choose a Primary Care Provider (PCP), you will need to list their National Provider Identifier (NPI) number in Dayforce. You can find the NPI through the [Sharp website](#). As a San Ysidro Health employee, you are on the Sharp "Performance" network. If you do not select a PCP at the time of enrollment one will be assigned to you based on your home address. You can change this PCP choice anytime by contacting Sharp.

No matter which provider group you choose, using the Nonstop Health program is simple and straightforward! Just remember our three golden rules:

- Stay in-network and in your provider group for all services and prescriptions
- Use your Nonstop Visa card to help pay for in-network, carrier-approved expenses
- Give us a call if you have any questions or run into any issues

To learn more about the networks available to you, please visit www.sharphealthplan.com.

Sharp + Nonstop Health Summary

The Sharp HDHP HMO Plan is your underlying medical plan. The table below is an overview of services covered by the Nonstop Health (NSH) Visa card; please see full Summary of Benefits Coverage (SBC) from Sharp on the [HR Intranet](#). Preauthorization is required for some services. **As a reminder, use your Nonstop Visa card to pay for in-network, carrier approved medical services and prescriptions.** There is a \$100 Nonstop Health copay for all Emergency Room visits (which is waived if admitted) and this copay is NOT covered under the Nonstop Health program. It will be your responsibility to pay.

Plan Highlights	In-Network	Out-of-Network
Calendar Year Annual Deductible		
Individual / Family	Covered by Nonstop Visa card (\$4,500 / \$9,000)	Not covered
Calendar Year Out-of-Pocket Maximum		
Individual / Family	Covered by Nonstop Visa card (\$6,350 / \$12,700)	Not covered
Lifetime Maximum		
Individual	None	None
Professional Services	You Pay	
Primary Care Physician (PCP)	Covered by Nonstop Visa card	Not covered
Specialist	Covered by Nonstop Visa card	Not covered
Preventive Care Exam	Covered by Nonstop Visa card	Not covered
Maternity Services	Covered by Nonstop Visa card	Not covered
Diagnostic X-ray and Lab	Covered by Nonstop Visa card	Not covered
Complex Diagnostics (MRI / CT Scan)	Covered by Nonstop Visa card	Not covered
Therapy, including Physical, Occupational & Speech	Covered by Nonstop Visa card	Not covered
Hospital Services		Not covered
Inpatient*	Covered by Nonstop Visa card	Not covered
Outpatient Surgery	Covered by Nonstop Visa card	Not covered
Emergency Room (if not admitted to hospital)	\$100 copay by member	\$100 copay
Urgent Care	Covered by Nonstop Visa card	Not covered
Mental Health & Substance Abuse		
Inpatient	Covered by Nonstop Visa card	Not covered
Outpatient – Individual	Covered by Nonstop Visa card	Not covered
Outpatient – Group	Covered by Nonstop Visa card	Not covered
Prescription Drugs		
Preferred generic	Covered by Nonstop Visa card	Not covered
Preferred brand	Covered by Nonstop Visa card	Not covered
Non-preferred brand	Covered by Nonstop Visa card	Not covered

Information about Nonstop Health

With Nonstop Health, you will receive two cards in the mail after you enroll: your carrier identification card from Sharp Health Plan and your Nonstop Visa card from Nonstop Administration and Insurance Services, Inc. (Nonstop). Cards should be received within 7–10 business days after enrollment. During heavy enrollment periods, cards may take up to 4 weeks to be processed and delivered.

How to Use Your Health Plan Card vs. the Nonstop Visa Card

Sharp Health Plan ID Card



The carrier card comes from Sharp Health Plan, and includes information relevant to the HDHP.

You must present the carrier ID card from Sharp Health Plan during every doctor visit and for prescription purchases. This is important to ensure that Sharp Health Plan 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 Health at My Provider or Pharmacy?



1 Present your **SHARP 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/when you receive a bill for in-network services, please pay that bill with your Nonstop Visa card.

Please note!

- 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. So even if you forget your card at home, you don't need to worry! You can simply tap your phone or mobile device and be on your way.
- 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 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 \$100 Nonstop Health copay for all Emergency Room visits (which is waived if admitted) and this copay is NOT covered under the Nonstop Health program. It will be your responsibility to pay out of pocket. To make a payment to Nonstop Health please contact us at clientsupport@nonstophealth.com or by phone (877)626-6057

 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 Sharp Health Plan 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 Health. If this happens, you will be responsible for covering those costs. We recommend checking in with Sharp Health Plan before accessing a discount/coupon program.



If you have to prepay for a service, **please do not pay more than \$1,000**; if the provider requires a larger prepayment, call Nonstop and we will pay the provider directly.



Cosmetic surgery is not covered unless Sharp Health Plan deems it medically necessary.



If you are having surgery or a procedure that involves multiple providers, **please confirm with your doctor and/or Sharp Health Plan 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 or dental procedures** and Sharp Health Plan 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 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 carriers 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.

Coverage Under the Nonstop Health Plan

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 Sharp Health Plan, and have set up a pre-negotiated rate for different services. As such, the provider can only charge Sharp Health Plan – 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 Sharp Health Plan 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 your carrier first. Sharp Health Plan may have a cost or visit limit for specified services, or other limitations.



Covered prescriptions: Your carrier 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 Sharp Health Plan! So before paying for a new prescription, be sure to call Sharp Health Plan or ask your pharmacist if it's covered.



Carrier-approved: A carrier-approved service or prescription is one that Sharp Health Plan has agreed to cover as part of your underlying medical plan. This includes covered services and prescriptions. However, it also can indicate that Sharp Health Plan 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 Sharp Health Plan 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 Sharp Health Plan 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 Sharp Health Plan 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 Sharp Health Plan.

- Amazon.com or FSA/HSA store
- BetterHelp
- Weight Loss Programs
- FullScripts
- FreeSpira
- Massage Envy
- Carex
- HSASore.com
- PeopleCare
- TalkSpace
- 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
- Vision services
- Services and medications not approved by Sharp Health Plan
- Durable Medical Equipment (DME) that is not approved by Sharp Health Plan
- Alternative care that is not approved by Sharp Health Plan
- Mental health services not approved by Sharp Health Plan
- Feminine hygiene products



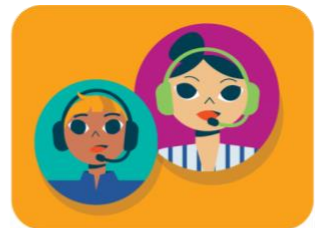

Nonstop Visa Card Substantiation Policy

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 Sharp Health Plan 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 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 Sharp Health Plan, and counted towards your deductible and out-of-pocket tracking.** Documentation typically includes an Explanation of Benefits (EOB). For a detailed breakdown of how to read your Sharp Explanation of Benefits (EOB), please [click here](#).

If charges on your Nonstop Visa card cannot be substantiated and/or have not been approved by Sharp Health Plan, 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>1 Nonstop will REVIEW CHARGES on a daily basis and FLAG ANY THAT NEED TO BE SUBSTANTIATED.</p>	<p>2 NONSTOP WILL REACH OUT TO YOU THREE TIMES VIA EMAIL. Please respond right away if we contact you!</p>	<p>3 Still no response? WE MAY REACH OUT TO YOUR HR DEPARTMENT to make sure we have the correct information and to see if they can help us contact you.</p>	<p>4 If we still do not hear from you after these attempts, WE WILL SUSPEND YOUR NONSTOP VISA CARD and may refer you to a collections agency.</p>

Please note: in our message, 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 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, please visit www.nonstophealth.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 Health program. In other words, if you first enrolled in the Nonstop Health plan on May 1, 2024, you cannot use the card to pay for claims with dates-of-service prior to this date (e.g., April 14, 2024).



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

The Nonstop Visa card should not be used to pay for outstanding claims from the prior calendar year, as the Nonstop Visa card can only be used in the same year as the services were rendered. For example, 2024 medical services must be paid for using the Nonstop Visa card in 2024; once the date turns to January 1, 2025, you cannot pay for 2024 expenses with the Nonstop Visa card. Instead, any outstanding claims/costs from the prior calendar 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 calendar year. As such, all 2024 claims are due by or **before March 31, 2025**.



January 1 resets out-of-pocket maximums (OOPM) and deductibles amounts:

All carrier plan deductible and OOPM maximum calculations are based on a calendar year and reset to \$0 every January 1. So, if your renewal date is May 1, your deductible still runs January to December. The Nonstop Visa card also resets on January 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 Health 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

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). 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 Employee 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 Employee Docs tab in NSE.



Logging into the NSE for the first time

1. Using the Chrome internet browser, go to 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 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!



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 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 LOG IN TO THE NONSTOP EXCHANGE PORTAL**
(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 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. 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 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 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.

Chiropractic/Acupuncture Benefits – LANDMARK HEALTHPLANSM

Landmark Healthplan

San Ysidro Health has contracted with Landmark Healthplan of California, Inc. (Landmark) to provide you with a combined chiropractic and acupuncture benefit that requires the use of participating Chiropractors and Acupuncturists. As such, you must use a Landmark contracted provider to access this benefit. Landmark will not pay for services accessed through an out of network provider and you would be responsible to pay the amount due.

TO FIND A LANDMARK CONTRACTED PROVIDER:

1. Visit www.LHP-CA.com and select “Find a Provider” (plan name is Landmark Healthplan) or call Landmark Customer Service at 1-800-298-4875
2. **Let the provider know you are enrolled in Landmark Expanded benefits** and provide them with your name, date of birth, and your group number so they can verify eligibility with Landmark
3. **If the provider asks you for a copay, please have them contact Landmark directly** as you do not have a copay for these services; we recommend you clarify this with the provider before your appointment

Summary of Chiropractic and Acupuncture Benefits

Please note that you can only use your Nonstop Visa card to pay for x-ray, DME, and herbal therapy costs that are covered under the Sharp Health Plan and received at in-network providers and facilities.

Coverage Type	Benefits snapshot (in-network coverage)
Office Visit	\$0 copay
Maximum Annual Visits	30 visits per enrollee
X-ray Services*	\$75 annual maximum benefit
Emergency Care**	Same copayment as office visit
Durable Medical Equipment (DME) Purchase or Rental***	\$50 annual maximum benefit
Acupuncture Herbal Therapies****	\$5 copayment per bottle / \$500 annual max benefit

* X-ray Services must be prescribed by a Participating Chiropractor

** Services provided by Non-Participating Practitioners are covered for Emergency Services only

*** Durable Medical Equipment must be prescribed by a Participating Chiropractor

**** Herbal therapies must be prescribed by a Participating Acupuncturist

SYHealth Chiropractor and Acupuncture

As an additional company paid benefit, SYHealth employees with the Sharp Medical Plan may receive a total of up to 30 (combined) Chiropractic and Acupuncture visits from SYHealth providers, at a \$0 co-pay, per plan year, which is May 1, 2024, through April 30, 2025. This benefit applies to the employee only and does not extend to covered dependents and is **completely separate** from the Landmark Health Plan benefit.

Employees should contact the SYHealth Call Center at (619) 662-4100 to schedule appointments.

Summary of Chiropractic and Acupuncture Benefits

Coverage Type	Benefits snapshot (in-network coverage)
Office Visit	\$0 copay
Maximum Annual Visits	30 visits per SYHealth employee enrolled with Sharp

SIMNSA HMO Plan

Please note that this plan is not covered by Nonstop Health. Below is an overview of services covered; please see full Summary of Benefits Coverage (SBC) from [SIMNSA](#) on the [HR Intranet](#).

Plan Highlights	SIMNSA HMO In-Network Only
Annual Calendar Year Deductible	
Individual / Family	None
Maximum Calendar Year Out-of-pocket ⁽¹⁾	
Individual	\$6,350 / \$12,700
Lifetime Maximum	
Individual	Unlimited
Professional Services	
Primary Care Physician (PCP)	\$5 Copay
Specialist	\$5 Copay
Preventive Care Exam	No Charge
Well-baby Care	No Charge
Diagnostic X-ray and Lab	No Charge
Complex Diagnostics (MRI / CT Scan)	No Charge
Therapy, including Physical, Occupational and Speech	\$10 Copay
Hospital Services	
Inpatient	No Charge
Outpatient Surgery	No Charge
Emergency Room	\$250 Copay
Urgent Care	USA: \$50 Copay; Mexico: \$25 Copay
Maternity Care	
Physician Services (prenatal or postnatal)	\$5 Copay
Hospital Services	No Charge
Mental Health & Substance Abuse	
Inpatient	No Charge
Outpatient	\$5 Copay
Retail Prescription Drugs (30-day supply)	
Medically Necessary, obtained at participating pharmacy	\$10 Copay
Mail Order Prescription Drugs (90-day supply)	
Medically Necessary, obtained at participating pharmacy	Not Covered

⁽¹⁾ Out-of-pocket maximum is based on the maximum allowable charge the carrier allows. This does not include any balance billing that may occur when using an out-of-network provider. The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations and exclusions.

The Cost of Coverage for Employees Working 20+ Hours per Week

The rates below are effective May 1, 2024 – April 30, 2025.

Coverage	Total Monthly Cost	San Ysidro Health Monthly Contribution	Employee Monthly Cost	Payroll Deductions (24 pay periods/yr)
Sharp HDHP NG5L HMO + Nonstop Health Plan				
Employee Only	\$676.00	\$653.47	\$22.21	\$11.11
Employee and Spouse / DP	\$1,481.00	\$1,183.74	\$297.40	\$148.70
Employee and Child(ren)	\$1,052.00	\$900.86	\$150.77	\$75.39
Employee and Family	\$1,993.00	\$1,520.47	\$472.58	\$236.29
SIMNSA HMO (Cross Border)				
Employee Only	\$178.97	\$178.97	\$0	\$0
Employee and Spouse / DP	\$365.90	\$365.90	\$0	\$0
Employee and Child(ren)	\$414.59	\$414.59	\$0	\$0
Employee and Family	\$526.04	\$526.04	\$0	\$0

Medical Benefits Directory and Resources

CARRIER	PHONE/FAX/EMAIL	WEBSITE
Nonstop Administration & Insurance Services, Inc. (Member Support/Concierge Services)	General Phone: 877.626.6057 Email: clientsupport@nonstophealth.com Verification Fax: 719.270.9845 Verification Email: eob@nonstophealth.com Claims Fax: 877.463.1175 Claims Email: claims@nonstophealth.com	www.nonstophealth.com Information: help.nonstophealth.com Nonstop Exchange: members.nonstophealth.com
Sharp Health Plan (Medical) <i>Group #: 1001876</i>	800.359.2002	customer.service@sharp.com
Landmark Healthplan <i>Group #: NS0025E-000</i>	800.298.4875	www.LHP-CA.com
San Ysidro Health Chiropractors & Acupuncture	619-662-4100	www.syhealth.org
SIMNSA (Medical) <i>Group #: 324</i>	619.407.4082	www.simnsa.com
San Ysidro Health HR Contact: Benefit Team	P: 619.662.4100 Email: benefits@syhealth.org	HR Intranet