Summary of Benefits 2024

UHC Dual Complete KS-S002 (HMO-POS D-SNP)
H5322-029-000

Look inside to learn more about the plan and the health and drug services it covers.
Call Customer Service or go online for more information about the plan.

Toll-free **1-844-560-4944**, TTY **711**
8 a.m.-8 p.m. local time, 7 days a week

UHCCommunityPlan.com

United Healthcare®
Dual Complete

Y0066_SB_H5322_029_000_2024_M

Summary of Benefits

January 1, 2024 - December 31, 2024

This is a summary of what we cover and what you pay. For a complete list of covered services, limitations and exclusions, review the Evidence of Coverage (EOC) at **myuhc.com/communityplan** or call Customer Service for help. After you enroll in the plan, you will get more information on how to view your plan details online.

UHC Dual Complete KS-S002 (HMO-POS D-SNP)

Medical premium, deductible and limits		
	In-network	**Out-of-network**
Monthly plan premium	$43.30	
Annual medical deductible	Your medical deductible is $240 combined in and out-of-network for covered medical services you receive from providers as described in the Plan Deductible chart later in this document. Until you have paid the deductible amount, you must pay the full cost of your covered medical services.	
Maximum out-of-pocket amount (does not include prescription drugs)	$8,850 This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from network providers. If you reach this amount, you will still need to pay your monthly premiums. Out-of-pocket costs paid for your Part D prescription drugs are not included in this amount.	Unlimited out-of-network
Medicare cost-sharing	If you have full Medicaid benefits or are a Qualified Medicare Beneficiary (QMB), you will pay $0 for your Medicare-covered services as noted by the cost-sharing in this chart.	If you are a QMB or you have full Medicaid benefits and your provider accepts Medicaid, you will pay $0 for your Medicare-covered services. Otherwise, you will pay the cost-sharing amount as noted in this chart.

Medical benefits			
		In-network	**Out-of-network**
Inpatient hospital care[2] Our plan covers an unlimited number of days for an inpatient hospital stay.		$0 copay per stay, or; $1,850 copay per stay	Not covered
Outpatient hospital Cost-sharing for additional plan covered services will apply.	Ambulatory surgical center (ASC)[2]	$0 copay for a colonoscopy $0 copay or 20% coinsurance otherwise	Not covered
	Outpatient hospital, including surgery[2]	$0 copay for a colonoscopy $0 copay or 20% coinsurance otherwise	Not covered
	Outpatient hospital observation services[2]	$0 copay or 20% coinsurance	Not covered
Doctor visits	Primary care provider	$0 copay or 20% coinsurance	Not covered
	Specialists[2]	$0 copay or 20% coinsurance	Not covered
	Virtual medical visits	$0 copay to talk with a network telehealth provider online through live audio and video	
Preventive services	Routine physical	$0 copay, 1 per year	Not covered
	Medicare-covered	$0 copay	Flu, pneumonia, or COVID-19 vaccines: $0 copay All other services: Not covered

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Annual wellness visit
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screening
- Cervical and vaginal cancer screening

Medical benefits		
	In-network	**Out-of-network**
	- Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) - Depression screening - Diabetes screenings and monitoring - Hepatitis C screening - HIV screening - Lung cancer with low dose computed tomography (LDCT) screening - Medical nutrition therapy services - Medicare Diabetes Prevention Program (MDPP)	- Obesity screenings and counseling - Prostate cancer screenings (PSA) - Sexually transmitted infections screenings and counseling - Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) - Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19 - "Welcome to Medicare" preventive visit (one-time)
	Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.	
Emergency care	$0 copay or $100 copay ($0 copay for emergency care outside the United States) per visit. If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency Care copay. See the "Inpatient Hospital Care" section of this booklet for other costs.	
Urgently needed services	$0 copay or $40 copay ($0 copay for urgently needed services outside the United States) per visit	

Medical benefits			
		In-network	**Out-of-network**
Diagnostic tests, lab and radiology services, and X-rays	Diagnostic radiology services (e.g. MRI, CT scan)[2]	$0 copay for each diagnostic mammogram $0 copay or 20% coinsurance otherwise	Not covered
	Lab services[2]	$0 copay	Not covered
	Diagnostic tests and procedures[2]	$0 copay or 20% coinsurance	Not covered
	Therapeutic radiology[2]	$0 copay or 20% coinsurance	Not covered
	Outpatient X-rays[2]	$0 copay or 20% coinsurance	Not covered
Hearing services	Exam to diagnose and treat hearing and balance issues[2]	$0 copay	Not covered
	Routine hearing exam	$0 copay, 1 per year	Not covered
	Hearing aids[2]	$2,500 allowance for a broad selection of OTC and brand-name prescription hearing aids • Access to one of the largest national networks of hearing professionals with more than 7,000 locations • Broad range of popular hearing aids including Beltone™, Phonak, ReSound, Signia, Starkey®, Unitron™ and Widex® • 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period	

Medical benefits			
		In-network	**Out-of-network**
Routine dental benefits	Preventive and comprehensive[2]	$4,000 allowance for all covered dental services* $0 copay for covered preventive and comprehensive services like cleanings, fillings and crowns ☐ No annual deductible ☐ Medicare Advantage's largest national dental network ☐ Freedom to see any dentist ☐ If you choose to see an out-of-network dentist you might be billed more, even for services listed as $0 copay	
Vision services	Exam to diagnose and treat diseases and conditions of the eye[2]	$0 copay	Not covered
	Eyewear after cataract surgery	$0 copay	Not covered
	Routine eye exam	$0 copay, 1 per year	Not covered
	Routine eyewear	$400 allowance for frames or contacts • Access to one of Medicare Advantage's largest national networks of vision provider and retail network • Free standard prescription lenses including single vision, bifocals, trifocals and Tier I (standard) progressives—all with scratch-resistant coating • Savings when upgrading lenses including tinting, UV/anti-reflective coating and polycarbonate lenses • Eyewear available from many online providers, including Warby Parker, GlassesUSA and more	

Medical benefits			
		In-network	**Out-of-network**
Mental health	Inpatient visit[2] Our plan covers 90 days for an inpatient hospital stay	$0 copay per stay, or; $1,850 copay per stay	40% coinsurance per stay
	Outpatient group therapy visit[2]	$0 copay or 20% coinsurance	40% coinsurance
	Outpatient individual therapy visit[2]	$0 copay or 20% coinsurance	40% coinsurance
	Virtual mental health visits	$0 copay to talk with a network telehealth provider online through live audio and video	
Skilled nursing facility (SNF)[2] (Stay must meet Medicare coverage criteria) Our plan covers up to 100 days in a SNF.		$0 copay per day: days 1-100, or; $0 copay per day: days 1-20 $204 copay per day: days 21-100	Not covered
Outpatient rehabilitation services	Physical therapy and speech and language therapy visit[2]	$0 copay or 20% coinsurance	Not covered
	Occupational Therapy Visit[2]	$0 copay or 20% coinsurance	Not covered
	Virtual medical visits	$0 copay to talk with a network telehealth provider online through live audio and video	
Ambulance[2] Your provider must obtain prior authorization for non-emergency transportation.		$0 copay or 20% coinsurance for ground $0 copay or 20% coinsurance for air	20% coinsurance for ground 20% coinsurance for air

Medical benefits			
		In-network	**Out-of-network**
Routine transportation		$0 copay for 48 one-way trips to or from approved locations, such as medically related appointments, gyms, pharmacies, community centers and places of worship.	Not covered
Medicare Part B prescription drugs In-network cost sharing shown is the maximum you will pay for Part B prescription drugs. You may pay less for certain drugs.	Chemotherapy drugs[2]	$0 copay or 20% coinsurance	Not covered
	Part B covered insulin[2]	$0 copay or 20% coinsurance, up to $35	Not covered
	Other Part B drugs[2] Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	$0 copay or 20% coinsurance	Not covered

Prescription drugs	
Annual Prescription Deductible	$0
30-day^ or 100-day supply from a retail or mail order network pharmacy	
All covered drugs	$0 copay (Some covered drugs are limited to a 30-day supply)

^Members living in long-term care facilities pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.

Additional benefits			
		In-network	**Out-of-network**
Chiropractic care	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)[2]	$0 copay or 20% coinsurance	Not covered
	Routine chiropractic care	$0 copay, 20 visits per year	Not covered
Diabetes management	Diabetes monitoring supplies[2]	$0 copay We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch® Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView. Other brands are not covered by your plan.	Not covered
	Diabetes self-management training	$0 copay	Not covered
	Therapeutic shoes or inserts[2]	$0 copay or 20% coinsurance	Not covered

Additional benefits			
		In-network	**Out-of-network**
Durable medical equipment (DME) and related supplies	DME (e.g., wheelchairs, oxygen)[2]	$0 copay or 20% coinsurance	Not covered
	Prosthetics (e.g., braces, artificial limbs)[2]	$0 copay or 20% coinsurance	Not covered
 **Fitness program**		$0 copay for Renew Active® • A free gym membership at a gym near you • Access to the largest national network of gyms and fitness locations • Access to many premium gyms and fitness locations • An annual personalized fitness plan • Members who need help can bring a workout assistant to the gym • Access to thousands of on-demand workout videos and live streaming fitness classes • Social activities at local health and wellness classes, clubs and events • Online Fitbit® Community for Renew Active — no Fitbit device needed • Access to the AARP® Staying Sharp® App • Free Fitbit® to help you reach your health and fitness goals	
Foot care (podiatry services)	Foot exams and treatment[2]	$0 copay or 20% coinsurance	Not covered
	Routine foot care	$0 copay, 6 visits per year	Not covered
Meal benefit[2]		$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.	
Home health care[2]		$0 copay	Not covered
Hospice		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.	
Nurse Hotline		Speak with a registered nurse (RN) 24 hours a day, 7 days a week	
Opioid treatment program services[2]		$0 copay	Not covered

Additional benefits			
		In-network	**Out-of-network**
Outpatient substance abuse	Outpatient group therapy visit[2]	$0 copay or 20% coinsurance	40% coinsurance
	Outpatient individual therapy visit[2]	$0 copay or 20% coinsurance	40% coinsurance
Food, Over-the-Counter (OTC) and Utility Bill Credit		$244 credit every month to pay for healthy food, OTC products and utility bills □Buy healthy foods like fruits and vegetables, meat, seafood, dairy products and water □Choose from thousands of OTC products, like toothpaste, first aid, bladder control pads and more □Pay home utility bills like electricity, heat, water and internet □Shop at thousands of participating stores, including Walmart, Walgreens, Kroger and CVS, or at neighborhood stores near you	
Personal emergency response system		$0 copay for a personal emergency response system (PERS). Help is only a button press away. A PERS device can quickly connect you to the help you need, 24 hours a day in any situation.	
Renal Dialysis[2]		$0 copay or 20% coinsurance	Not covered out-of-network (except in emergency situations).

[2] May require your provider to get prior authorization from the plan for in-network benefits.

Plan deductible

Your plan has a deductible for certain services. The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover.

The deductible applies to the following Medicare-covered benefit categories, unless otherwise specified.

Annual medical deductible

Your deductible is $240 per year for covered medical services you receive from providers as described below. Until you have paid the deductible amount, you must pay the full cost of your covered medical services.

Here's how it works:

1. You pay your plan's deductible in full; then,
2. You pay your copay or coinsurance; finally,
3. Your plan pays the rest.

The deductible applies in and out-of-network to the following Medicare-covered benefit categories, unless otherwise specified:

In-network List of applicable services	**Out-of-network** List of applicable services
Mental health ☐ Outpatient group therapy visit ☐ Outpatient individual therapy visit	**Mental health** ☐ Outpatient group therapy visit ☐ Outpatient individual therapy visit
Ambulance	**Ambulance**
Outpatient substance abuse ☐ Outpatient group therapy visit ☐ Outpatient individual therapy visit	**Outpatient substance abuse** ☐ Outpatient group therapy visit ☐ Outpatient individual therapy visit
Outpatient hospital ☐ Ambulatory surgical center (ASC), excluding diagnostic colonoscopy ☐ Outpatient hospital, including surgery, excluding diagnostic colonoscopy ☐ Outpatient hospital observation services	
Doctor visits ☐ Primary ☐ Specialists	
Diagnostic tests, lab and radiology services, and X-rays ☐ Diagnostic radiology services (e.g. MRI), excluding diagnostic mammogram ☐ Lab services	

- ☐ Diagnostic tests and procedures
- ☐ Therapeutic radiology
- ☐ Outpatient X-rays

Hearing services

- ☐ Exam to diagnose and treat hearing and balance issues

Vision services

- ☐ Exam to diagnose and treat diseases and conditions of the eye
- ☐ Eyewear after cataract surgery

Physical therapy and speech and language therapy visit

Medicare Part B drugs

- ☐ Chemotherapy drugs
- ☐ Other Part B drugs

Chiropractic care

- ☐ Manual manipulation of the spine to correct subluxation

Diabetes management

- ☐ Diabetes monitoring supplies
- ☐ Therapeutic shoes or inserts

Durable medical equipment (DME) and related supplies

- ☐ Durable medical equipment (e.g. wheelchairs, oxygen)
- ☐ Prosthetics (e.g., braces, artificial limbs)

Foot care

- ☐ Foot exams and treatment

Occupational therapy visit

Opioid treatment program services

Renal dialysis

Medicaid Benefits

Information for people with Medicare and Medicaid. Your services are paid first by Medicare and then by Medicaid.

The benefits described below are covered by Medicaid. You can see what Kansas Dept. of Health and Environment covers and what our plan covers.

Coverage of the benefits depends on your level of Medicaid eligibility. If Medicare doesn't cover a service or a benefit has run out, Medicaid may help, but you may have to pay a cost share. In some situations, Medicaid may pay your Medicare cost sharing amount. See your Medicaid Member Handbook for more details. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call KanCare (Kansas Department of Health and Environment), 1-800-792-4884.

Benefits		
	Medicaid	**UHC Dual Complete KS-S002 (HMO-POS D-SNP)**
Inpatient Hospital Care	Covered	Covered
Doctor Office Visits	Covered	Covered
Preventive Care	Covered	Covered
Emergency Care	Covered	Covered
Urgently Needed Services	Covered	Covered
Diagnostic Tests Lab and Radiology Services and X-Rays	Covered	Covered
Hearing Services	Covered	Covered
Dental Services	Covered	Covered
Vision Services	Covered	Covered
Inpatient Mental Health Care	Covered	Covered
Mental Health Care	Covered	Covered
Skilled Nursing Facility (SNF)	Covered	Covered
Ambulance	Covered	Covered
Transportation (Routine)	Covered	Covered
Prescription Drug Benefits	Covered	Covered
Chiropractic Care	Covered	Covered
Diabetes Supplies and Services	Covered	Covered
Durable Medical Equipment	Covered	Covered
Foot Care	Covered	Covered
Home Health Care	Covered	Covered

Benefits		
	Medicaid	**UHC Dual Complete KS-S002 (HMO-POS D-SNP)**
Hospice	Covered	Covered
Outpatient Hospital Services	Covered	Covered
Renal Dialysis	Covered	Covered
Prosthetic Devices	Covered	Covered

About this plan

UHC Dual Complete KS-S002 (HMO-POS D-SNP) is a Medicare Advantage HMOPOS plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live within our service area listed below, and be a United States citizen or lawfully present in the United States.

This plan is a Dual Eligible Special Needs Plan (D-SNP) for people who have both Medicare and Medicaid. How much Medicaid covers depends on your income, resources, and other factors.

You can enroll in this plan if you are in one of these Medicaid categories:

- **Qualified Medicare Beneficiary Plus (QMB+):** You get Medicaid coverage of Medicare cost-share and are also eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance, and copayment amounts for Medicare covered services. You pay nothing, except for Part D prescription drug copays (if applicable).
- **Specified Low-Income Medicare Beneficiary (SLMB+):** Medicaid pays your Part B premium and provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from your state Medicaid agency in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.
- **Full Benefits Dual Eligible (FBDE)**: Medicaid may provide limited assistance with Medicare cost-sharing. Medicaid also provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from the State Medicaid Office in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.

If your category of Medicaid eligibility changes, your cost share may also increase or decrease. You must recertify your Medicaid enrollment to continue to receive your Medicare coverage.

Our service area includes these counties in:

Kansas: Allen, Anderson, Atchison, Barber, Bourbon, Brown, Butler, Chase, Chautauqua, Cherokee, Clay, Cloud, Cowley, Crawford, Dickinson, Doniphan, Douglas, Edwards, Elk, Ellsworth, Franklin, Geary, Greenwood, Harper, Harvey, Jackson, Jefferson, Jewell, Johnson, Kingman, Kiowa, Labette, Leavenworth, Lincoln, Linn, Lyon, Marion, Marshall, McPherson, Miami, Mitchell, Montgomery, Morris, Nemaha, Neosho, Osage, Osborne, Ottawa, Pawnee, Phillips, Pratt, Reno, Republic, Rice, Rooks, Rush, Russell, Saline, Sedgwick, Shawnee, Smith, Stafford, Sumner, Wabaunsee, Washington, Wilson, Woodson, Wyandotte.

Use network providers and pharmacies

UHC Dual Complete KS-S002 (HMO-POS D-SNP) has a network of doctors, hospitals, pharmacies and other providers. For some services you can use providers that are not in our network. With this plan, you have the freedom to see any provider nationwide that accepts Medicare. Plus, you have the flexibility to access a network of local providers. You may pay a higher copay or coinsurance

when you see an out-of-network provider. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at a network pharmacy.

You can go to **UHCCommunityPlan.com** to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions.

Required Information

UHC Dual Complete KS-S002 (HMO-POS D-SNP) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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UnitedHealthcare provides free services to help you communicate with us such as documents in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-866-262-9947 for additional information (TTY users should call 711). Hours are 8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, documentos en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-866-262-9947, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 8 a.m. a 8 p.m.: los 7 días de la semana, de octubre a marzo; de lunes a viernes, de abril a septiembre.

Benefits, features, and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply.

Hearing aids

Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Provider network size may vary by local market. OTC hearing aid warranties, if available, will vary by device and are handled through the manufacturer. One-time professional fee may apply for prescription hearing aids.

Routine dental benefits

If your plan offers out-of-network dental coverage and you see an out-of-network dentist, you might be billed more. Provider network may vary in local market. Dental network size based on Zelis Network360, May 2023.

Routine eyewear

Additional charges may apply for out-of-network items and services. Provider and retail network may vary in local market. Vision network size based on Zelis Network360, March 2023. Annual routine eye exam and $100-400 allowance for contacts or designer frames, with standard (single, bi-focal, tri-focal or standard progressive) lenses covered in full either annually or every two years. Savings based on comparison to retail. Other vision providers are available in our network.

Fitness program

The Renew Active® Program varies by plan/area and may not be available on all plans. Participation in the Renew Active program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership and other offerings. Fitness membership equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, discounts, classes, events, and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services are subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor.

Gym network may vary in local market and plan. Gym network size is based on comparison of competitor's website data as of May 2023.

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used as a substitute for, medical advice, diagnosis, or treatment. Features including the Cognitive Assessment and Lifestyle Check-Ins, Additional Tests, exercises, and challenges assess performance at a particular moment in time on certain discrete cognitive tasks. Staying Sharp games are intended for entertainment and recreational purposes only. Various factors may affect performance, including sleep, tiredness, focus, and other social, environmental, or emotional factors. Performance is not indicative of cognitive health and not predictive of future performance or medical conditions.

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Food, Over-the-Counter (OTC) and Utility Bill Credit

Food, OTC and utility benefits have expiration timeframes. Call your plan or review your Evidence of Coverage (EOC) for more information.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 100 day supply of your maintenance medication.

If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within five business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-266-4832, TTY 711.

The Nurse Hotline service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

Rewards Program

Reward offerings may vary by plan and are not available in all plans. Reward program terms of service apply.