Summary of Benefits 2026

UHC Dual Complete GA-S3 (HMO-POS D-SNP)
H5322-049-001

Look inside to learn more about the plan and the health and drug services it covers. Contact us for more information about the plan.

UHC.com/CommunityPlan

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

United Healthcare®
Dual Complete

Y0066_SB_H5322_049_001_2026_M

Summary of Benefits

January 1, 2026 - December 31, 2026

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 **myUHCAdvantage.com** 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 GA-S3 (HMO-POS D-SNP)

Medical premium, deductible and limits		
	In-network	**Out-of-network**
Monthly plan premium	$11.10	
Annual medical deductible	Your medical deductible is $283 combined in and out-of-network 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 or any Medicaid cost-shares)	$9,250 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 or any applicable Medicaid cost-shares are not included in this amount.	Unlimited out-of-network
Medicare cost-sharing	If you have full Medicaid benefits, you will pay $0 for your Medicare-covered services unless a separate Medicaid cost-share applies, as noted by the cost-sharing in this chart.	If you have full Medicaid benefits and your provider accepts Medicaid, you will pay $0 for your Medicare-covered services unless a separate Medicaid cost-share applies. 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. Depending on your Medicaid eligibility, Medicaid may have a separate $12.50 copay for non-emergency inpatient hospital admissions.		$0 copay per stay, or $1,675 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 Depending on your Medicaid eligibility, Medicaid may have a separate copay of up to $3 for certain services.	Primary care provider	$0 copay or 20% coinsurance	Not covered
	Specialists[1,2]	$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	

Medical benefits			
		In-network	**Out-of-network**
		• Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screening • Cervical and vaginal cancer screening • 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 $115 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	
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

Medical benefits			
		In-network	**Out-of-network**
	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 or 20% coinsurance	Not covered
	Routine hearing exam	$0 copay for a routine hearing exam to help support hearing health	Not covered
	Hearing aids[2]	$2,500 allowance for 2 hearing aids every 2 years • A broad selection of over-the-counter (OTC), high-value and brand-name prescription hearing aids • Access to one of the largest national networks of hearing professionals with more than 6,500 locations • 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period • Hearing aids purchased outside of UnitedHealthcare Hearing are not covered	
Routine dental benefits	Preventive and comprehensive services[2]	$3,500 allowance for all covered dental services* $0 copay for covered preventive and comprehensive services like cleanings, fillings, crowns, bridges and dentures • No annual deductible • Access to one of the largest national dental networks • Freedom to see any dentist	
Vision services	Exam to diagnose and treat diseases and conditions of the eye[2]	$0 copay	Not covered

Medical benefits			
		In-network	**Out-of-network**
Depending on your Medicaid eligibility, Medicaid may have a separate copay of up to $3 for each visit with an ophthalmologist, optometrist or certain exams.	Eyewear after cataract surgery	$0 copay	Not covered
	Routine eye exam	$0 copay for a routine eye exam each year to help protect your eyesight and health	Not covered
	Routine eyewear	$400 allowance every year for 1 pair of frames or contacts • Free standard prescription lenses including single vision, bifocals, trifocals and Tier I (standard) progressives — all with scratch-resistant coating • Access to one of Medicare Advantage's largest national networks of vision providers and retail providers • Eyewear available from many online providers, including Warby Parker and GlassesUSA • You are responsible for all eyewear costs from providers outside of the UnitedHealthcare Vision network	
Mental health	Inpatient visit[2] Our plan covers 90 days for an inpatient hospital stay	$0 copay per stay, or $1,675 copay per stay	$1,675 copay per stay
	Outpatient group therapy visit[2]	$0 copay or 20% coinsurance	30% coinsurance
	Outpatient individual therapy visit[2]	$0 copay or 20% coinsurance	30% 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 $217 copay per day: days 21-100	Not covered

Medical benefits			
		In-network	**Out-of-network**
Outpatient rehabilitation services	Physical therapy and speech and language therapy visit[1,2]	$0 copay or 20% coinsurance	Not covered
	Occupational Therapy Visit[1,2]	$0 copay or 20% coinsurance	Not covered
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	Not covered (except for emergencies)
Routine transportation		$0 copay for 36 one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies	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. Depending on your Medicaid eligibility, Medicaid may have a separate copay of up to $3 for each Medicare Part B drug.	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 for allergy antigens $0 copay or 20% coinsurance for all others	Not covered

Prescription drugs*	
If you don't qualify for Low-Income Subsidy (LIS), you pay the Medicare Part D cost-share outlined in the Evidence of Coverage. If you do qualify for Low-Income Subsidy (LIS) you pay:	
Deductible	Your deductible amount is $0
Initial Coverage	In this stage, you'll pay your plan copays or coinsurance. The plan pays the rest. Once you, and others on your behalf, have paid a combined total of $2,100, which includes the amount you paid towards your deductible, you move to the Catastrophic Coverage stage.
Drug Coverage	**30-day^ or 100-day supply from a retail network pharmacy**
Generic (including brand drugs treated as generic)	$0, $1.60, or $5.10 copay Drugs that are in Tier 1 are always $0 copay. (Some covered drugs are limited to a 30-day supply)
All other drugs[3]	$0, $4.90, or $12.65 copay Drugs that are in Tier 1 are always $0 copay. (Some covered drugs are limited to a 30-day supply)
Catastrophic Coverage	Once you're in this stage, you won't pay anything for your Medicare-covered Part D drugs for the rest of the plan year.

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

[3] You pay no more than 25% of the total drug cost or a $35 copay, whichever is lower, for each 1-month supply of Part D covered insulin drugs, even if you haven't paid your deductible, until you reach the Catastrophic Coverage stage where you pay $0.

*Depending on your Medicaid eligibility, Medicaid may have a separate copay of up to $3 for each Medicare Part D drug.

Additional benefits			
		In-network	**Out-of-network**
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)[2]	$0 copay or 20% coinsurance	Not covered
Diabetes management	Diabetes monitoring supplies[2]	$0 copay	Not covered

Additional benefits			
		In-network	**Out-of-network**
		We only cover Contour® and Accu-Chek® brands. Other brands are not covered by your plan. Covered glucose monitors include: Contour Plus Blue, Contour Next EZ, Contour Next Gen, Contour Next One, Accu-Chek Guide Me and Accu-Chek Guide. Test strips: Contour, Contour Plus, Contour Next, Accu-Chek Guide and Accu-Chek Aviva Plus.	
	Diabetes self-management training	$0 copay	Not covered
	Therapeutic shoes or inserts[2]	$0 copay or 20% coinsurance	Not covered
Durable medical equipment (DME) and related supplies Depending on your Medicaid eligibility, Medicaid may have a separate copay of up to $3.	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

Additional benefits			
		In-network	**Out-of-network**
Fitness program		$0 copay Your fitness program helps you stay active and connected at the gym, from home or in your community. It's available to you at no cost and includes: • Free gym membership at core locations • Access to a large national network of gyms and fitness locations • On-demand workout videos and live streaming fitness classes • Online memory fitness activities	
Foot care (podiatry services) Depending on your Medicaid eligibility, Medicaid may have a separate copay of up to $3 for certain services.	Foot exams and treatment[2]	$0 copay or 20% coinsurance	Not covered
	Routine foot care	$0 copay, 4 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] Depending on your Medicaid eligibility, Medicaid may have a separate copay of up to $3 per visit.		$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.	
Opioid treatment program services[2]		$0 copay	Not covered
Outpatient substance use disorder services	Outpatient group therapy visit[2]	$0 copay or 20% coinsurance	30% coinsurance
	Outpatient individual therapy visit[2]	$0 copay or 20% coinsurance	30% coinsurance

Additional benefits		
	In-network	**Out-of-network**
OTC, healthy food, utilities + wellness support	$240 credit every month for over-the-counter (OTC) products and wellness support, plus healthy food and utilities for qualifying members •Choose from thousands of OTC products, like first aid supplies, pain relievers and more •Buy healthy foods like fruits, vegetables, meat, seafood, dairy products and water •Shop at thousands of participating stores, including Walmart, Walgreens and Dollar General, or at neighborhood stores near you •Pay home utilities like electricity, heat, water and internet •Get wellness support including in-home services, weight management coaching, respite care, select fitness items and more	
Renal dialysis[2]	$0 copay or 20% coinsurance	Not covered out-of-network (except in emergency situations).

[1] Requires a referral from your doctor.

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

*Benefits are combined in and out-of-network

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 $283 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 (All Non-emergency)	
Outpatient substance use disorder services • Outpatient group therapy visit • Outpatient individual therapy visit	**Outpatient substance use disorder services** • 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 and in-home vascular screening
- 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 services
- 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 Georgia Department of Community Health 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 Georgia Department of Community Health, 1-877-423-4746.

Benefits	Medicaid	UHC Dual Complete GA-S3 (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 with limitations	Covered
Hearing Services	Covered with limitations	Covered
Dental Services	Covered with limitations	Covered
Vision Services	Covered with limitations	Covered
Inpatient Mental Health Care	Covered with limitations	Covered
Mental Health Care	Covered with limitations	Covered
Skilled Nursing Facility (SNF)	Covered	Covered
Ambulance	Covered	Covered
Transportation (Routine)	Covered	Covered
Prescription Drug Benefits	Covered	Covered
Chiropractic Care	Not covered	Covered with limitations
Diabetes Supplies and Services	Covered	Covered
Durable Medical Equipment	Covered with limitations	Covered
Foot Care	Covered with limitations	Covered
Home Health Care	Covered	Covered
Hospice	Covered	Covered

Benefits	Medicaid	UHC Dual Complete GA-S3 (HMO-POS D-SNP)
Outpatient Hospital Services	Covered	Covered
Renal Dialysis	Covered	Covered
Prosthetic Devices	Covered	Covered

About this plan

UHC Dual Complete GA-S3 (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.
- **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:

Georgia: Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Rockdale.

Use network providers and pharmacies

UHC Dual Complete GA-S3 (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. This health plan requires you to select a primary care provider (PCP) from the network. Your PCP can handle most routine health care needs and will be responsible to coordinate your care. If you need to see a network specialist or other network provider, you may need to get a referral from your PCP. We encourage you to find out which specialists and hospitals your PCP would recommend for you and would refer you to for care, prior to selecting them as your plan's PCP. 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 **UHC.com/CommunityPlan** 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 GA-S3 (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 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.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.
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 1-855-245-5196 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 1-855-245-5196, 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 2025.

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 $100-450 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 fitness benefit and gym network varies by plan/area and participating locations may change. The fitness benefit includes a standard fitness membership at participating locations. Not all plans offer access to premium locations. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine.

OTC, healthy food, utilities + wellness support

OTC, food and utility benefits have expiration timeframes. Review your Evidence of Coverage (EOC) for more information. The healthy food and utilities benefit is a special supplemental benefit only available to chronically ill enrollees with a qualifying condition, such as diabetes, cardiovascular disorders, chronic heart

failure, chronic high blood pressure and/or chronic high cholesterol, and who also meet all applicable plan coverage criteria. There may be other qualified conditions not listed. Certain wellness support services are provided by third parties not affiliated with UnitedHealthcare and participation may be subject to your acceptance of the third parties' respective terms and policies. UnitedHealthcare is not responsible for the services provided by third parties.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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

Rewards Program

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