



Medicare Advantage plan
with prescription drugs

Summary of benefits 2022

UnitedHealthcare Dual Complete® LP1 (HMO D-SNP)
H3794-002-000

Look inside to take advantage of the health services and drug coverages the plan provides.
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



www.UHCCommunityPlan.com

United
Healthcare
Dual Complete

Summary of benefits

January 1st, 2022 - December 31st, 2022

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. You can see it online at www.UHCCommunityPlan.com or you can call Customer Service for help. When you enroll in the plan you will get information that tells you where you can go online to view your Evidence of Coverage.

About this plan.

UnitedHealthcare Dual Complete® LP1 (HMO D-SNP) is a Medicare Advantage HMO 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. Some people get full Medicaid benefits. Some only get help to pay for certain Medicare costs, which may include premiums, deductibles, coinsurance, or copays.

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).
- Qualified Medicare Beneficiary (QMB):** You get Medicaid coverage of Medicare cost-share but are not eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance and copayment amounts only for Medicare covered services. You pay nothing, except for Part D prescription drug copays (if applicable).
- Qualified Disabled and Working Individual (QDWI):** Medicaid pays your Part A premium only. The State Medicaid Office does not pay your cost-share. You do not have full Medicaid benefits. There may be some services that do not have a member cost share amount.
- Qualifying Individual (QI):** Medicaid pays your part B premium only. The State Medicaid Office does not pay your cost-share. You do not have full Medicaid benefits. You pay the cost share amounts listed in the chart below. There may be some services that do not have a member cost share amount.
- 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.

- **Specified Low-Income Medicare Beneficiary (SLMB):** Medicaid pays your Part B premium only. The State Medicaid Office does not pay your cost-share. You do not have full Medicaid benefits. There may be some services that do not have a member cost share amount.
- **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:

Wisconsin: Adams, Ashland, Barron, Bayfield, Brown, Buffalo, Burnett, Calumet, Chippewa, Clark, Columbia, Crawford, Dane, Dodge, Door, Douglas, Dunn, Florence, Fond du Lac, Forest, Grant, Green, Green Lake, Iowa, Iron, Jackson, Jefferson, Juneau, Kenosha, Kewaunee, La Crosse, Lafayette, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Monroe, Oconto, Oneida, Outagamie, Ozaukee, Pepin, Pierce, Polk, Portage, Price, Racine, Richland, Rock, Rusk, Sauk, Sawyer, Shawano, Sheboygan, St. Croix, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood.

Use network providers and pharmacies.

UnitedHealthcare Dual Complete® LP1 (HMO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. If you use providers or pharmacies that are not in our network, the plan may not pay for those services or drugs, or you may pay more than you pay at a network pharmacy.

You can go to www.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.

UnitedHealthcare Dual Complete® LP1 (HMO D-SNP)

Premiums and Benefits

| | In-Network |
|---|--|
| Monthly Plan Premium | \$42.30 |
| Annual Medical Deductible | Your deductible is \$203 per year 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) | <p>\$7,550 annually for Medicare-covered services you receive from in-network providers.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and share of the cost for your Part D prescription drugs.</p> |
| Medicare Cost Sharing | If you have full Medicaid benefits or are a Qualified Medicare Beneficiary, you will pay \$0 for your Medicare-covered services as noted by the cost sharing in this chart. |

UnitedHealthcare Dual Complete® LP1 (HMO D-SNP)

Benefits

| | | In-Network |
|---|---|--|
| Inpatient Hospital Care² | | \$0 copay - \$1,480 copay per stay |
| | | Our plan covers an unlimited number of days for an inpatient hospital stay. |
| Outpatient Hospital Cost sharing for additional plan covered services will apply. | Ambulatory Surgical Center (ASC) ² | \$0 copay for a diagnostic colonoscopy \$0 copay - 20% coinsurance otherwise |
| | Outpatient Hospital, including surgery ² | \$0 copay for a diagnostic colonoscopy \$0 copay - 20% coinsurance otherwise |
| | Outpatient Hospital Observation Services ² | \$0 copay - 20% coinsurance |
| Doctor Visits | Primary Care Provider | \$0 copay - 20% coinsurance |
| | Specialists ² | \$0 copay - 20% coinsurance |
| | Virtual Medical Visits | \$0 copay; Speak to network telehealth providers using your computer or mobile device. |
| Preventive Services | Medicare-covered | \$0 copay |
| | | 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 Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring Hepatitis C screening HIV screening |

Benefits

| | | In-Network |
|---------------------------------|------------------|---|
| | | <p>Lung cancer with low dose computed tomography (LDCT) screening</p> <p>Medical nutrition therapy services</p> <p>Medicare Diabetes Prevention Program (MDPP)</p> <p>Obesity screenings and counseling</p> <p>Prostate cancer screenings (PSA)</p> <p>Sexually transmitted infections screenings and counseling</p> <p>Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</p> <p>Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19</p> <p>“Welcome to Medicare” preventive visit (one-time)</p> |
| | | <p>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.</p> |
| | Routine physical | \$0 copay; 1 per year |
| Emergency Care | | <p>\$0 copay - \$90 copay (\$0 copay for emergency care outside the United States) per visit</p> <p>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” section of this booklet for other costs.</p> |
| Urgently Needed Services | | <p>\$0 copay - \$65 copay</p> <p>(\$0 copay for urgently needed services outside the United States) per visit</p> |

Benefits

| | | In-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 - 20% coinsurance otherwise |
| | Lab services ² | \$0 copay |
| | Diagnostic tests and procedures ² | \$0 copay - 20% coinsurance |
| | Therapeutic Radiology ² | \$0 copay - 20% coinsurance |
| | Outpatient X-rays ² | \$0 copay - 20% coinsurance |
| Hearing Services | Exam to diagnose and treat hearing and balance issues ² | \$0 copay - 20% coinsurance |
| | Routine hearing exam | \$0 copay; 1 per year |
| | Hearing aid ² | \$2,000 allowance for hearing aids, up to 2 hearing aids every year through UnitedHealthcare Hearing. Includes hearing aids delivered directly to you with virtual follow-up care through Right2You (select models), through UnitedHealthcare Hearing. |
| Routine Dental Benefits | Preventive | \$0 copay for exams, cleanings, x-rays, and fluoride |
| | Comprehensive ² | \$0 copay for comprehensive dental services |
| | Benefit limit | \$3,500 limit on all covered dental services |

Benefits

| | | In-Network |
|---|---|--|
| Vision Services | Exam to diagnose and treat diseases and conditions of the eye ² | \$0 copay |
| | Eyewear after cataract surgery | \$0 copay |
| | Routine eye exam | \$0 copay; 1 each year |
| | Routine eyewear | \$0 copay every year; up to \$400 for lenses/frames and contacts |
| Mental Health | Inpatient visit ² | \$0 copay - \$1,480 copay per stay |
| | | Our plan covers 90 days for an inpatient hospital stay. |
| | Outpatient group therapy visit ² | \$0 copay - 20% coinsurance |
| | Outpatient individual therapy visit ² | \$0 copay - 20% coinsurance |
| | Virtual Mental Health Visits | \$0 copay; Speak to network telehealth providers using your computer or mobile device. |
| Skilled Nursing Facility (SNF)² (Stay must meet Medicare coverage criteria) | | \$0 copay per day for days 1-100, or; \$0 copay per day: for days 1-20 and up to \$194.50 copay per day: for days 21-100 |
| | | Our plan covers up to 100 days in a SNF. |
| | Physical therapy and speech and language therapy visit² | \$0 copay - 20% coinsurance |
| | Ambulance² Your provider must obtain prior authorization for non-emergency transportation. | \$0 copay - 20% coinsurance for ground \$0 copay - 20% coinsurance for air |
| | Routine Transportation | \$0 copay for 60 one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies |

Benefits

| | | In-Network |
|---|---------------------------------|-----------------------------|
| Medicare Part B Prescription Drugs | Chemotherapy drugs ² | \$0 copay - 20% coinsurance |
| | Other Part B drugs ² | \$0 copay - 20% coinsurance |

Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.

Prescription Drugs

| | |
|---|--|
| Annual Prescription Deductible | \$0 |
| 30-day or 90-day supply from retail network pharmacy | |
| All Covered Drugs | \$0 copay Some covered drugs limited to a 30-day supply |

Additional Benefits

| | | In-Network |
|---|---|---|
| Acupuncture | Routine acupuncture | \$0 copay; 6 acupuncture visits per year |
| Chiropractic Care | Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ² | \$0 copay - 20% coinsurance |
| | Routine chiropractic care | \$0 copay; 6 chiropractic visits per year |
| Diabetes Management | Diabetes monitoring supplies ² | <p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch®Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan.</p> |
| | Diabetes self-management training | \$0 copay |
| | Therapeutic shoes or inserts ² | \$0 copay - 20% coinsurance |
| Durable Medical Equipment (DME) and Related Supplies | Durable Medical Equipment (e.g., wheelchairs, oxygen) ² | \$0 copay - 20% coinsurance |
| | Prosthetics (e.g., braces, artificial limbs) ² | \$0 copay - 20% coinsurance |

Additional Benefits

| | | In-Network |
|--|--|--|
| Fitness program | | <p>Renew Active provides a standard gym membership to an extensive network of fitness locations nationwide, plus a personalized fitness plan, online fitness classes, and an online brain health program all at no cost to you.</p> <p>With your fitness benefit you also get a Fitbit device at no cost to you.</p> |
| Foot Care (podiatry services) | Foot exams and treatment ² | \$0 copay - 20% coinsurance |
| | Routine foot care | \$0 copay; for each visit up to 2 visits every year |
| Meal Benefit² | | \$0 copay; Meals provided up to 2 times per calendar year immediately after an inpatient hospital or skilled nursing facility stay. |
| Home Health Care² | | \$0 copay |
| 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. |
| NurseLine | | Speak with a registered nurse (RN) 24 hours a day, 7 days a week. |
| Occupational Therapy Visit² | | \$0 copay - 20% coinsurance |
| Opioid Treatment Program Services² | | \$0 copay |
| Outpatient Substance Abuse | Outpatient group therapy visit ² | \$0 copay - 20% coinsurance |
| | Outpatient individual therapy visit ² | \$0 copay - 20% coinsurance |
| Over-the-Counter (OTC) + Healthy Food Card | | \$150 credit every month on a prepaid card to purchase approved health products or healthy groceries from network retail locations. Get home delivery options when you order online, by phone or by mail. Credit is loaded the first of each month and expires the last day of each month. |

Additional Benefits

| | In-Network |
|---|---|
| Personal Emergency Response System | Help is only a button press away. A PERS monitoring device that can help provide you with the confidence of knowing that in any emergency situation you can get help quickly, 24 hours a day at no additional cost. |
| Renal Dialysis² | \$0 copay - 20% coinsurance |

Services with a 2 may require your provider to obtain prior authorization from the plan.

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 \$203 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-network to the following Medicare-covered benefit categories, unless otherwise specified:

In-Network

List of applicable services

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

Mental Health

- Outpatient group therapy visit
-

-
- Outpatient individual therapy visit
-

Physical Therapy and Speech and Language Therapy Visit

Ambulance

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 (podiatry services)

- Foot exams and treatment
-

Occupational Therapy Visit

Opioid Treatment Program Services

Outpatient Substance Abuse

- Outpatient group therapy visit
 - Outpatient individual therapy visit
-

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 Wisconsin Department of Health Services covers and what our plan covers. If a benefit is used up or not covered by Medicare, then Medicaid may provide coverage. This depends on your type of Medicaid coverage.

Coverage of the benefits described below depends upon your level of Medicaid eligibility. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Wisconsin Department of Health Services, 1-800-362-3002.

Medicaid may pay your Medicare cost sharing amount, but it will depend on your Medicaid eligibility level. 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. Please see your Medicaid Member Handbook for details on the cost sharing and additional benefits covered.

Benefits

| | Medicaid | UnitedHealthcare Dual Complete® LP1 (HMO D-SNP) |
|---|----------|---|
| Ambulance | Covered | Covered |
| Case Management | Covered | Covered |
| Chiropractic Care | Covered | Covered |
| Dental Services | Covered | Covered |
| Diabetes Supplies and Services | Covered | Covered |
| Diagnostic Tests Lab and Radiology Services and X-Rays | Covered | Covered |
| Doctor Office Visits | Covered | Covered |
| Durable Medical Equipment | Covered | Covered |
| Emergency Care | Covered | Covered |
| Federally Qualified Health Centers (FQHCs) | Covered | Covered |
| Foot Care | Covered | Covered |
| Hearing Services | Covered | Covered |
| HIV/AIDS Testing & Treatment | Covered | Covered |

Benefits

| | Medicaid | UnitedHealthcare Dual Complete® LP1 (HMO D-SNP) |
|---|----------|---|
| Home Health Care | Covered | Covered |
| Home Physician Visits | Covered | Covered |
| Hospice | Covered | Covered |
| Hysterectomy | Covered | Covered |
| Inpatient Hospital Care | Covered | Covered |
| Inpatient Mental Health Care | Covered | Covered |
| Inpatient Psychiatric Services (Under 21) | Covered | Covered |
| Intermediate Care Facilities | Covered | Not Covered Beyond Original Medicare |
| Mental Health Care | Covered | Covered |
| Methadone Maintenance Treatment Programs (MMTP) | Covered | Covered |
| Midwife Services (Certified Nurse Midwife) | Covered | Covered |
| Neuropsychological Testing | Covered | Covered |
| OB/GYN Exams | Covered | Covered |
| Outpatient Hospital Services | Covered | Covered |
| Over-the-Counter Items | Covered | Covered |
| Personal Care Services | Covered | Not Covered |
| Pre/Post Natal Care | Covered | Covered |
| Pregnancy Testing | Covered | Covered |
| Preventative Care | Covered | Covered |
| Private Duty Nursing | Covered | Covered |
| Prosthetic Devices | Covered | Covered |
| Renal Dialysis | Covered | Covered |
| Second Opinion | Covered | Covered |
| Skilled Nursing Facility (SNF) | Covered | Covered |
| Sleep Study | Covered | Covered |

Benefits

| | Medicaid | UnitedHealthcare Dual Complete® LP1 (HMO D-SNP) |
|---|----------|---|
| Smoking Cessation Programs | Covered | Covered |
| Specialty Physicians Services | Covered | Covered |
| Sterilization Request 21 and over (Tubal Ligation) | Covered | Covered |
| TMJ (Temporomandibular Joint) | Covered | TMJ Surgery Covered; TMJ Splint Therapy Not Covered |
| Transplants | Covered | Covered |
| Transportation (Routine) | Covered | Covered |
| Urgently Needed Services | Covered | Covered |
| Vasectomy (Non-elective) | Covered | Covered |
| Vision Services | Covered | Covered |

Required Information

Plans are 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.

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 letters in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-800-396-1942 for additional information (TTY users should call 711). Hours are 8am-8pm: 7 Days Oct-Mar; M-F Apr-Sept.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, cartas en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-800-396-1942, 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 and exclusions may apply.

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 90 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 ten 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.

Choose one device from approved select models every 2 years. Devices may vary by plan/area. Limitations and exclusions apply. Fitbit, the Fitbit logo, and related marks and logos are trademarks of Google LLC and/or its affiliates.

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, 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. AARP® Staying Sharp is the registered trademark of AARP. 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. The Renew Active program varies by plan/area. Access to gym and fitness location network may vary by location and plan.

The Nurseline 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.