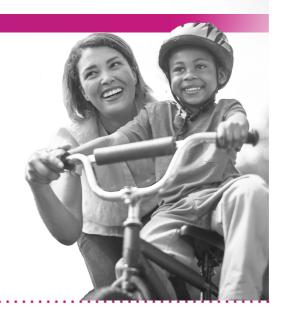




You can earn My healthpays™ REWARDS from Absolute Total Care when you complete healthy activities!



START EARNING TODAY!

- \$25 Flu Vaccine.September-April. One per flu season. Ages 6 months and up.
- **\$15** Well Care Visit With Primary Care Doctor. Once per year. Age 21-64.

Diabetes Care. Age 18-64. One per calendar year.

- **\$25** HbA1c test
- \$25 Retinopathy screening (dilated eye exam)
- **\$25** Cervical Cancer Screening.

 Age 21-64. One per calendar year.
- **\$25** Breast Cancer Screening.

 Age 50-64. One per calendar year.
- **\$25** Annual Chlamydia Screening.
 Once per calendar year.
- **\$25** HPV Vaccine.

 Ages 9-13. Two rewards per lifetime.

- **\$50** Prenatal Doctor Visit.

 One per pregnancy. Must be completed during first trimester or within 42 days of enrollment.
- \$50 Postpartum Doctor Visit.One per pregnancy and within 7-84 days after delivery. Must have delivery claim.
- **\$25** Meningococcal Vaccine. One time reward. Age 11-13.
- **\$25** TDAP Vaccine.

 One time reward. Age 10-13.
- \$25 Infant Well Visit.

 Ages 0-24 months. These visits are recommended at 3-5 days old, before 30 days old and at 2, 4, 6, 9, 12, 15, and 24 months old.
- **\$15** Well Child Visit.

 Age 3-21. Once per calendar year.

IT PAYS TO STAY HEALTHY.

You will receive your My Health Pays Visa® Prepaid Card when you earn your first reward from Absolute Total Care. Each time you complete a qualifying healthy activity, we are notified, and your reward dollars will be added to your existing card. It's that simple!



DON'T FORGET TO KEEP YOUR CARD!

Learn more at absolutetotalcare.com or call 1-866-433-6041 (TTY: 711)

This card is issued by The Bancorp Bank, N.A., Member FDIC, pursuant to a license from Visa U.S.A. Inc. Card cannot be used everywhere Visa debit cards are accepted. See Cardholder Agreement for complete usage restrictions.

Notice of Non-Discrimination

Absolute Total Care (ATC) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

ATC provides free aids and services to people with disabilities, such as qualified sign language interpreters and written information in other formats (large print, braille, audio, accessible electronic formats, other formats). We provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact our Manager of Member Services, by mail at: 100 Center Point Circle, Columbia, SC 29210; by phone at: 1-866-433-6041 (TTY: 711); or by email at: ATC.MBRSVC@centene.com.

If you believe that ATC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance using the contact information provided above. You can file a grievance in person or by mail or email. If you need help filing a grievance, we are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hs.gov/ocr/portal/lobby.jsf or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201 or by phone at: 800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Language Services

If your primary language is not English, language assistance services are available to you, free of charge. Call: 1-866-433-6041 (TTY: 711).

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-433-6041 (TTY: 711).

أذا كانت لغتك الاساسية غير اللغة الانكليزية فان خدمات المساعدات اللغوية متوفرة لك مجانا اتصل على الرقم: 433-6041 (رقم هاتف الصم والبكم 711)

Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-433-6041 (TTY: 711).

Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-433-6041 (телетайп: 711).

Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-433-6041 (TTY: 711).

Se você fala português do Brasil, os serviços de assistência em sua lingua estão disponíveis para você de forma gratuita. Chame 1-866-433-6041 (TTY: 711)

如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電1-866-433-6041 (TTY: 711)

Falam tawng thiam tu na si le tawng let nak asi mi 1-866-433-6041 (TTY: 711) ah tang ka pek tul lo in na ko thei.

ध्यदआप हदी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह । 1-866-433-6041 (TTY: 711) पर कॉल कर । 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-433-6041 (TTY: 711)번으로 전화해 주십시오.

Haka tawng thiam tu na si le tawng let asi mi 1-866-433-6041 (TTY: 711) ah tang ka pek tul lo in ko thei.

Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-433-6041 (ATS: 711).

နမ့်ာကတိုး ကညီ ကျိဉ်အယိ, နမၤန့ာ် ကျိဉ်အတာ်မၤစားလ၊ တလဉ်ဘူဉ်လာဉ်စ္စ္ နီတမံးဘဉ်သံ့နှဉ်လီး. ကိုး 866-433-6041 (TTY: 711)

ማስታወሻ: የሚናንሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘ*ጋ*ጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ i-866-433-604i (*መ*ስማት ለተሳናቸው: ⁊ii).

အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့် င့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-866-433-6041 (TTY: 711) သို့ ခေါ် ဆိုပါ။