



WorldTrips

WorldTrips

4 Carter Green, Suite 400, Carmel, IN 46032 USA
Tel: 317-262-2132 Fax: 317-262-2140 Toll Free: 800-605-2282
<https://www.worldtrips.com>

Luiz Villarinho
Avenida José Silva De Azevedo, 850, Sala 803, Bl-2
Barra da Tijuca
Rio de Janeiro, 22775-057
Brazil

YOUR SALES CONTACT:

WorldTrips (9800270)
http://
1-800-605-2282
sales@worldtrips.com

The Atlas Series

THANK YOU!

Thank you for purchasing a The Atlas Series travel medical insurance plan. Please read the Description of Coverage for a full explanation of your benefits and exclusions using the link at the bottom of the following page.

In this fulfillment:

Link to the Description of Coverage • YourCoverageDetails • Instructional Information • ID Card(s) • YourReceipt • Visa Letter

IMPORTANT

This insurance coverage, offered by WorldTrips, is not subject to and **does not meet the minimum standards** required by the Affordable Care Act (PPACA). The policy contains the plan benefits you have selected, including a lifetime maximum. Please review your choices to ensure you have sufficient coverage to meet your medical needs.



Getting Medical Treatment:

- Show your ID card to the medical attendant
- Pay the deductible or copay (if applicable)
- The medical office may submit bills directly
- After the visit, you will need to submit a Claimant's Statement and Authorization form



Filing a Medical Claim:

- Submit original, itemized bills, and any payment receipts, and claim form
- Claims must be filed within 60 days of the termination date of your policy.

https://www.worldtrips.com/downloads/worldtrips_claimants_statement.pdf



Member Portal:

<https://worldtrips.my.site.com/MemberPortal>

- Print a Visa Letter
- Reprint an ID Card
- Update your info



Contact Us:

- **Phone:** 1-800-605-2282 (within the U.S.)
1-317-262-2132 (outside the U.S.)
Collect calls accepted
- **Email:** service@worldtrips.com



Notable Exclusions:

- Coverage for pre-existing conditions is excluded from coverage
- Coverage for acute onset of a pre-existing condition is excluded when the pre-existing condition is a congenital or chronic condition
- Expenses related to cancer of any form are excluded
- Read the Description of Coverage for a full list of policy exclusions



Cancellation

- Cancellations will receive a prorated refund on future unused days where no claims on file
- Cancellations prior to an individual's effective date may be eligible for a full refund

WorldTrips

Lloyd's

WorldTrips is a member of the Tokio Marine HCC group of companies. WorldTrips has authority to enter into contracts of insurance on behalf of the Lloyd's underwriting members of Lloyd's Syndicate 4141, which is managed by HCC Underwriting Agency Ltd. Lloyd's is authorized as an insurer in Spain by the Spanish insurance regulatory authority under reference UD017.

KHE2FFYH6SP-152-657

Atlas Group® Travel

Sponsoring Organization and Contact Person:

IE Sports
Luiz Villarinho

Group Contact Mailing Address:

Avenida José Silva De Azevedo, 850, Sala
803, Bl-2
Barra da Tijuca
Rio de Janeiro, 22775-057
Brazil

See Attachment A for Member names, ID numbers, and individual costs.

First Effective Date

June 30, 2023

Termination Date

May vary, see Attachment A

Length of Coverage

May vary, see Attachment A

Actual effective date and period may vary based on the provisions of this coverage.

Coverage

Atlas America

Overall Maximum Limit

\$100,000.00

Maximum per Injury/Illness

\$100,000.00

Deductible

\$0.00

Online Fulfillment

Yes

Purchase Date

June 14, 2023

Paid By

VISA

Plan Administrator

WorldTrips
4 Carter Green, Suite 400
Carmel, IN 46032

This Declaration Page is evidence of your insurance under the Atlas/International Citizen Group Insurance Trust, Hamilton, Bermuda. For a complete copy of the Master Policy, contact WorldTrips.

A summary of the coverage available under this plan is available at:

<https://www.worldtrips.com/docs/1501150223.pdf>

Attachment A

Member Name (Last Name, First Name)	ID Number	Effective Date	Termination Date
SAAD DESTRO, GUILHERME	500009121	Jun 30, 2023	Jul 11, 2023
LABRE DA SILVA FONSECA, JOAO GUILHERME	500009122	Jun 30, 2023	Jul 11, 2023
Lopes Tripeno, Julia	500009123	Jun 30, 2023	Jul 11, 2023
Liporace Catramby, Juliana	500009124	Jun 30, 2023	Jul 11, 2023
Barros e Silva, Lucas	500009125	Jun 30, 2023	Jul 11, 2023
ARRUDA RIBEIRO ADRIANO, MARIA EDUARDA	500009126	Jun 30, 2023	Jul 11, 2023
Brito Tatagiba Garcia, Mateus	500009127	Jun 30, 2023	Jul 11, 2023
Davila Afonso, Paulo	500009128	Jun 30, 2023	Jul 11, 2023
Mandarino Dangelo, Rafael	500009129	Jun 30, 2023	Jul 11, 2023
RAMOS CALDEIRA, VICTOR	500009130	Jun 30, 2023	Jul 11, 2023
Villarinho, Luiz	500009131	Jun 30, 2023	Jul 11, 2023
Moraes, Pedro	500009132	Jun 30, 2023	Jul 11, 2023
Ferreira, Luma	500009133	Jun 30, 2023	Jul 11, 2023
Naline de Souza Pinto, Ana Carolina	500009134	Jun 30, 2023	Jul 11, 2023
Martin Ferraz, Lucca	500009135	Jun 30, 2023	Jul 11, 2023
Ferrezeze Soares, Bernardo	500009136	Jun 30, 2023	Jul 11, 2023

**Member**

Member Name (Surname, Given Name):
SAAD DESTRO, GUILHERME

WorldTrips Certificate #:
500009121

Effective Date:
June 30, 2023

Insurance

Payer ID:
USN01

Health Plan (80840):
911-87601-04

Group Name:
WorldTrips

UnitedHealthcare Group Number
76-570032

UnitedHealthcare Member ID
603500009121

Plan Name:
UnitedHealthcare Options PPO

Provider Claim Submission

Provider UnitedHealthcare Member ID: **603500009121**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

Member Claim Submission

Member WorldTrips Certificate #: **500009121**

- Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>
- Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>
- For additional information call: 800-605-2282 or 317-262-2132
- US provider network search: <https://www.whyyhc.com/worldtrips>
- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Member**

Member Name (Surname, Given Name):
LABRE DA SILVA FONSECA, JO?O
GUILHERME

WorldTrips Certificate #:
500009122

Effective Date:
June 30, 2023

Insurance

Payer ID:
USN01

Health Plan (80840):
911-87601-04

Group Name:
WorldTrips

UnitedHealthcare Group Number
76-570032

UnitedHealthcare Member ID
603500009122

Plan Name:
UnitedHealthcare Options PPO

Provider Claim Submission

Provider UnitedHealthcare Member ID: **603500009122**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

Member Claim Submission

Member WorldTrips Certificate #: **500009122**

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POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Member**

Member Name (Surname, Given Name):
Lopes Tripeno, J?lia

WorldTrips Certificate #:
500009123

Effective Date:
June 30, 2023

Insurance

Payer ID:
USN01

Health Plan (80840):
911-87601-04

Group Name:
WorldTrips

UnitedHealthcare Group Number
76-570032

UnitedHealthcare Member ID
603500009123

Plan Name:
UnitedHealthcare Options PPO

Provider Claim Submission

Provider UnitedHealthcare Member ID: **603500009123**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

Member Claim Submission

Member WorldTrips Certificate #: **500009123**

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**Member**

Member Name (Surname, Given Name):
Liporace Catramby, Juliana

WorldTrips Certificate #:
500009124

Effective Date:
June 30, 2023

Insurance

Payer ID:
USN01

Health Plan (80840):
911-87601-04

Group Name:
WorldTrips

UnitedHealthcare Group Number
76-570032

UnitedHealthcare Member ID
603500009124

Plan Name:
UnitedHealthcare Options PPO

Provider Claim Submission

Provider UnitedHealthcare Member ID: **603500009124**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

Member Claim Submission

Member WorldTrips Certificate #: **500009124**

- Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>
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**Member**

Member Name (Surname, Given Name):
Barros e Silva, Lucas

WorldTrips Certificate #:
500009125

Effective Date:
June 30, 2023

Insurance

Payer ID:
USN01

Health Plan (80840):
911-87601-04

Group Name:
WorldTrips

UnitedHealthcare Group Number
76-570032

UnitedHealthcare Member ID
603500009125

Plan Name:
UnitedHealthcare Options PPO

Provider Claim Submission

Provider UnitedHealthcare Member ID: **603500009125**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

Member Claim Submission

Member WorldTrips Certificate #: **500009125**

- Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>
- Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>
- For additional information call: 800-605-2282 or 317-262-2132
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- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



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**Member**

Member Name (Surname, Given Name):
ARRUDA RIBEIRO ADRIANO, MARIA
EDUARDA

WorldTrips Certificate #:
500009126

Effective Date:
June 30, 2023

Insurance

Payer ID:
USN01

Health Plan (80840):
911-87601-04

Group Name:
WorldTrips

UnitedHealthcare Group Number
76-570032

UnitedHealthcare Member ID
603500009126

Plan Name:
UnitedHealthcare Options PPO

Provider Claim Submission

Provider UnitedHealthcare Member ID: **603500009126**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:
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Member Claim Submission

Member WorldTrips Certificate #: **500009126**

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POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Member**

Member Name (Surname, Given Name):
Brito Tatagiba Garcia, Mateus

WorldTrips Certificate #:
500009127

Effective Date:
June 30, 2023

Insurance

Payer ID:
USN01

Health Plan (80840):
911-87601-04

Group Name:
WorldTrips

UnitedHealthcare Group Number
76-570032

UnitedHealthcare Member ID
603500009127

Plan Name:
UnitedHealthcare Options PPO

Provider Claim Submission

Provider UnitedHealthcare Member ID: **603500009127**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

Member Claim Submission

Member WorldTrips Certificate #: **500009127**

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- US provider network search: <https://www.whyyhc.com/worldtrips>
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POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Member**

Member Name (Surname, Given Name):
D'vila Afonso, Paulo

WorldTrips Certificate #:
500009128

Effective Date:
June 30, 2023

Insurance

Payer ID:
USN01

Health Plan (80840):
911-87601-04

Group Name:
WorldTrips

UnitedHealthcare Group Number
76-570032

UnitedHealthcare Member ID
603500009128

Plan Name:
UnitedHealthcare Options PPO

Provider Claim Submission

Provider UnitedHealthcare Member ID: **603500009128**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

Member Claim Submission

Member WorldTrips Certificate #: **500009128**

- Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>
- Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>
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POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Member**

Member Name (Surname, Given Name):
Mandarino Dangelo, Rafael

WorldTrips Certificate #:
500009129

Effective Date:
June 30, 2023

Insurance

Payer ID:
USN01

Health Plan (80840):
911-87601-04

Group Name:
WorldTrips

UnitedHealthcare Group Number
76-570032

UnitedHealthcare Member ID
603500009129

Plan Name:
UnitedHealthcare Options PPO

Provider Claim Submission

Provider UnitedHealthcare Member ID: **603500009129**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

Member Claim Submission

Member WorldTrips Certificate #: **500009129**

- Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>
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POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Member**

Member Name (Surname, Given Name):
RAMOS CALDEIRA, VICTOR

WorldTrips Certificate #:
500009130

Effective Date:
June 30, 2023

Insurance

Payer ID:
USN01

Health Plan (80840):
911-87601-04

Group Name:
WorldTrips

UnitedHealthcare Group Number
76-570032

UnitedHealthcare Member ID
603500009130

Plan Name:
UnitedHealthcare Options PPO

Provider Claim Submission

Provider UnitedHealthcare Member ID: **603500009130**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
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UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

Member Claim Submission

Member WorldTrips Certificate #: **500009130**

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POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Member**

Member Name (Surname, Given Name):
Villarinho, Luiz

WorldTrips Certificate #:
500009131

Effective Date:
June 30, 2023

Insurance

Payer ID:
USN01

Health Plan (80840):
911-87601-04

Group Name:
WorldTrips

UnitedHealthcare Group Number
76-570032

UnitedHealthcare Member ID
603500009131

Plan Name:
UnitedHealthcare Options PPO

Provider Claim Submission

Provider UnitedHealthcare Member ID: **603500009131**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:
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Member Claim Submission

Member WorldTrips Certificate #: **500009131**

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POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Member**

Member Name (Surname, Given Name):
Morais, Pedro

WorldTrips Certificate #:
500009132

Effective Date:
June 30, 2023

Insurance

Payer ID:
USN01

Health Plan (80840):
911-87601-04

Group Name:
WorldTrips

UnitedHealthcare Group Number
76-570032

UnitedHealthcare Member ID
603500009132

Plan Name:
UnitedHealthcare Options PPO

Provider Claim Submission

Provider UnitedHealthcare Member ID: **603500009132**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

Member Claim Submission

Member WorldTrips Certificate #: **500009132**

- Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>
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POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Member**

Member Name (Surname, Given Name):
Ferreira, Luma

WorldTrips Certificate #:
500009133

Effective Date:
June 30, 2023

Insurance

Payer ID:
USN01

Health Plan (80840):
911-87601-04

Group Name:
WorldTrips

UnitedHealthcare Group Number
76-570032

UnitedHealthcare Member ID
603500009133

Plan Name:
UnitedHealthcare Options PPO

Provider Claim Submission

Provider UnitedHealthcare Member ID: **603500009133**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
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- Or submit via mail:
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Member Claim Submission

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POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Member**

Member Name (Surname, Given Name):
Naline de Souza Pinto, Ana Carolina

WorldTrips Certificate #:
500009134

Effective Date:
June 30, 2023

Insurance

Payer ID:
USN01

Health Plan (80840):
911-87601-04

Group Name:
WorldTrips

UnitedHealthcare Group Number
76-570032

UnitedHealthcare Member ID
603500009134

Plan Name:
UnitedHealthcare Options PPO

Provider Claim Submission

Provider UnitedHealthcare Member ID: **603500009134**

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Member Claim Submission

Member WorldTrips Certificate #: **500009134**

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POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Member**

Member Name (Surname, Given Name):
Martin Ferraz, Lucca

WorldTrips Certificate #:
500009135

Effective Date:
June 30, 2023

Insurance

Payer ID:
USN01

Health Plan (80840):
911-87601-04

Group Name:
WorldTrips

UnitedHealthcare Group Number
76-570032

UnitedHealthcare Member ID
603500009135

Plan Name:
UnitedHealthcare Options PPO

Provider Claim Submission

Provider UnitedHealthcare Member ID: **603500009135**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
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Member Claim Submission

Member WorldTrips Certificate #: **500009135**

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- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Member**

Member Name (Surname, Given Name):
Ferrareze Soares, Bernardo

WorldTrips Certificate #:
500009136

Effective Date:
June 30, 2023

Insurance

Payer ID:
USN01

Health Plan (80840):
911-87601-04

Group Name:
WorldTrips

UnitedHealthcare Group Number
76-570032

UnitedHealthcare Member ID
603500009136

Plan Name:
UnitedHealthcare Options PPO

Provider Claim Submission

Provider UnitedHealthcare Member ID: **603500009136**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
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- Or submit via mail:
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Member Claim Submission

Member WorldTrips Certificate #: **500009136**

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- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

Discount Pharmacy & Medical Savings Card
ALSO DENTAL & IMAGING DISCOUNTS & MORE!



Save Money with your **FREE** Prescription Discount Card

Includes most prescription drugs

Your nationally recognized VantageAmerica Solutions Discount Pharmacy Card provides discounts on most FDA approved prescription drugs. There are no limited drug lists, no waiting periods and your card is active the moment you present it to the pharmacy.

Significant Savings

Savings average from 5%-15% off the cash price for brand drugs and average 15%-40% off the price of generic drugs. In the event a pharmacy's price is lower than our discounted price, you will always receive the lowest price available.

Use at almost any Pharmacy

Your VantageAmerica Solutions Discount Pharmacy Card is widely accepted at over 54,000 participating pharmacies across the United States, including most national and regional chains, pharmacy associations, and many local community pharmacies. If your community pharmacy is not enrolled, ask them to contact member services at 1-800-974-3454. We always welcome new participation.

Everyone can Save

This program applies to your entire family. Everyone deserves to save. All family members and friends are eligible for this program. Please present your card every time you need to fill a prescription to receive instant savings. There are absolutely no restrictions.

Pharmacy discounts are NOT insurance and are NOT intended as a substitute for insurance. The discount is only available at participating pharmacies.

For your convenience, we have already activated your card and your savings will begin immediately. Please detach card below and present to your local pharmacy.

ADHV8-12-04

R3/2019



Member ID: HCCMIS4575

Group ID: HCCMIS4110

BIN: 610210

RXPCN: PRX

Valid for entire family

Pharmacist Help Desk: 1-800-481-0605

Void where Prohibited by Law Process all transactions electronically

THIS IS NOT INSURANCE... DISCOUNT ONLY

ADHV9-12-04

R3/2019

Easy to Use!

Just present your card at a participating provider and reference the network name found on the back of the card when using the services or making your appointment. You will also realize immediate savings of 25%-80% on MRI and CT scans and 5% to 30% on Diabetic Supplies. Additionally, you can save 10% to 35% on dental care expenses at participating UNI-CARE providers and 15% on Hearing Equipment. Simply call the numbers on your card or visit the websites always referring to the group/promo code provided. Or, if you have questions or need assistance of any kind, call the Member Service Center at 1-800-975-3322 between the hours of 8:00am and 5:00 pm (CST). One of our representatives will be happy to help you get the most from your complimentary VantageAmerica Solutions Discount Pharmacy Card. Present your membership card before getting treatment to assure the proper discount is applied.

**Card NOT Valid in AK, MA, MN, MT, VT, and Canada.
Dental NOT available in WA.**

Disclosures:

- The discount medical card program is NOT health insurance.
- The plan provides discounts at certain health care providers for medical services.
- The plan does not make payments directly to the providers of medical services.
- The range of discounts for medical or ancillary services provided under the plan will vary depending on the type of provider and medical or ancillary services received.
- The plan member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with VantageAmerica Solutions, Inc., a discount medical plan organization.

Managed and Administered by:



VantageAmerica Solutions, Inc.
1275 Milwaukee Avenue
Glenview, IL 60025

www.vantageamericasolutions.com

This discount plan is not a qualified health plan under the Affordable Care Act.

To find a provider, refer below.



<https://paramountrx.com/client/tools2>

Pharmacy
1-800-974-3454



Imaging
1-877-814-2461



Hearing
1-800-235-8663



Dental
1-800-308-0374

**Dental NOT available in WA.

<http://www.adwdiabetes.com>
Group COV10

Diabetic Supply
1-800-210-9222

PAYMENT MUST BE MADE AT SCHEDULING OR TIME OF SERVICE

THIS IS NOT INSURANCE!