



UnitedHealthcare Options PPO

Health Plan (80840) 911 87726 04

Member ID: 00085011234

Network Effective Date: 01-JUL-2020

Group Number: 0911123

Payer ID: 87123

Washington County School District

Insured: **ALBERT, LEN**

Insured Effective Date: **01-JUL-2020**

IMG Insured ID: **85012123**

IMG Certificate Number: **EPSWN12345678**



Points of Care
Discount

Bin No.: 610000

Rx Group #: IMG123

PCN#: URX000

Pharmacy Help Desk

800.329.0988

Possession of this card does not guarantee coverage.

This plan contains precertification requirements. Failure to comply will result in a reduction of benefits.

MEMBER SERVICES:

Telephone: +1.317.655.4500

Email: customercare@imglobal.com

Website: www.imglobal.com (Live Chat available)

Online Provider Network: www.imglobal.com/provider

PROVIDER SERVICES (all inquiries):

For providers in the USA:

Telephone: 1.888.543.1238

Mail Claims to:

UnitedHealthcare
PO Box 740372
Atlanta, GA 30374-0372

For providers outside the USA:

Telephone: +1.317.655.4500

Fax: +1.317.655.4505

Mail Claims to:

International Medical Group, Inc.
Claims Department
PO Box 9162
Farmington Hills, MI 48333-9162

Confirmation of Coverage

March 17, 2021

RE: Confirmation of Coverage for LEN ALBERT
Certificate Number: EPSWN12345678

To Whom It May Concern:

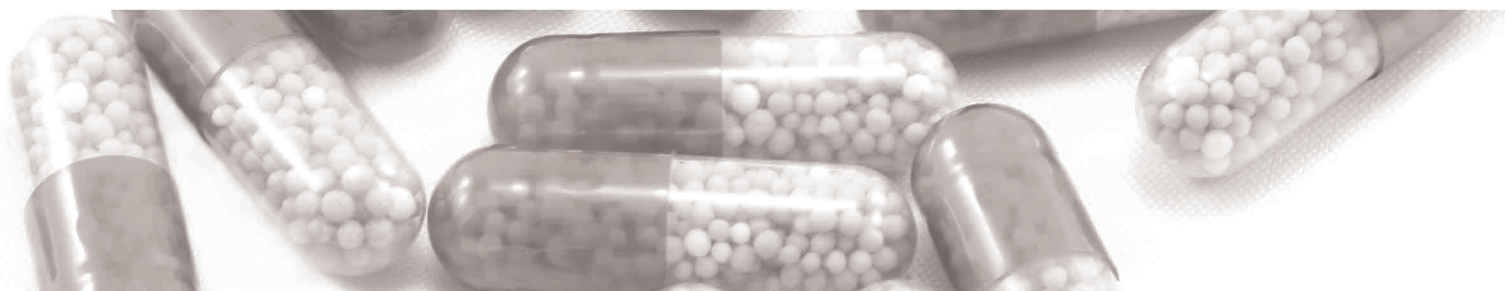
Please be advised that LEN ALBERT has purchased Patriot Group Exchange Program(SM) Standard (Worldwide) certificate number EPSWN12345678 effective 19-March-2021 to 19-May-2021 at 12:01 AM EST. The policy is administered by International Medical Group®, Inc., and underwritten by Sirius Specialty Insurance Corporation, a member of the Sirius International Insurance Group with offices in the EU (Belgium, Germany, Sweden, Switzerland), United Kingdom, Bermuda, Canada, United States, Singapore and China. Sirius has an "A-" (Excellent) rating from A.M. Best.

Medical insurance coverage is provided while traveling worldwide outside of the insured person's Country of Residence, for active members including medically necessary treatment related to COVID-19/SARS-CoV-2, subject to all other terms and conditions of this insurance, per policy provisions. Coverage includes the Schengen states per the policy provisions. Emergency evacuation (also known as Repatriation) is provided up to a maximum benefit of 50,000.00 USD and Return of Mortal Remains benefits up to a maximum of 25,000.00 USD are included when coordinated by IMG. A copy of the Schedule of Benefits, which provides an outline of the plan's coverage, limitations, and maximum benefits, as well as a copy of the Declaration page of the Certificate indicated above may be presented as required. This information will verify that Eligible Expenses, including Hospitalization and certain outpatient expenses, are subject to a 0.00 USD per Illness or Injury deductible after which the plan will pay 100% of Eligible Expenses. The maximum limit of coverage for the lifetime of the coverage is 5,000,000.00 USD. The maximum limit of coverage per Illness or Injury is 100,000.00 USD.

If you need further information, please feel free to contact our office at the number listed below. Thank you.

Sincerely,

Certificate Holder Services



IMG Member Benefits

Savings

Members save an average of 50% off their medications.

Free To Use

No enrollment fee, monthly fee, or fee to use.

No Limit On Usage

There is no termination date or restrictions on usage.

Everyone Qualifies

There are no pre-existing conditions restrictions.

One Card Per Household

One card can be used by your entire family.

Convenience

The card is pre-activated and ready to use.

Over 55,000 Pharmacies Nationwide

Albertson's Pharmacy
Bi-Lo
CVS Corporation
Duane Reade
Eckerd
Fred's Pharmacy
Giant Eagle, Inc.
Kmart Corporation
Kroger Pharmacy
Publix Pharmacy
Rite-Aid Corporation

Safeway Supermarket
Sam's Club Pharmacy
Target Pharmacy
USA Express
Von's Pharmacy
Walgreens
WalMart
Weis Market Pharmacy

Visit IMGPOC.COM to find your preferred pharmacy.

Visit www.IMGPOC.com to learn about the benefits available to you as an IMG member, including:

Prescription Savings | Mail Order Savings (or call 1-800-742-0504) | Diabetes Savings
Hearing Savings (or call 1-800-591-5080) | Drug Pricing Tool | Pharmacy Locator

Cut out the card below and take to the pharmacy. Hand this card to the pharmacist with your prescription.

Name: _____	
ID: _____	Please enter phone number (XXX-XXX-XXXX)
POC Group #: _____	
Coverage: _____	
Member Services: 1-540-777-7179 Pharmacy Help Desk: 1-800-329-0988	
TERMS AND CONDITIONS: Participating pharmacies must transmit prescription claims online to Pharmacy Data Management.	
THIS CARD IS NOT INSURANCE. This card is owned by URx program. URx program may revoke, repossess, modify, or cancel at any time. Use of this card constitutes acceptance thereof. The unauthorized or fraudulent use of this card to obtain prescription drugs is punishable by law. The person named on this card assumes responsibility for the use of the card.	
PHARMACIST INSTRUCTIONS: Process claim through Pharmacy Data Management (PDM). Processor ID/BIN#: _____ Processor Control #: _____ For inquiries on electronic claims submission, pharmacies may call 1-800-329-0988	

