





Carefully cut your ID cards from this sheet and retain for future reference.



<p>Prescription Drug Savings Card</p> <p> </p> <p>Member Name: _____</p> <p>RxBin # 017529 Group # AMERITAS Member ID # AMER2233 PCN: AMRX</p> <p>This is not insurance Administered by EnvisionSavings</p> <p>GR 6269 10-17</p>	<p>THIS IS NOT INSURANCE</p> <p>Certain terms and conditions apply. View terms and conditions at ameritas.com/rxterms. Void where prohibited. Discounts available only at participating pharmacies. Process all prescriptions electronically.</p> <p>For prescription discount drug pricing please visit ameritas.com/rxpricing.</p> <p>Discounts available at over 60,000 pharmacies across the nation. To find a pharmacy visit ameritas.com/rxpharmacy.</p> <p>Pharmacy and member help desk 1-877-684-0032</p> <p>This is a FREE card and may not be sold.</p> <p>GR 6269 10-17</p>
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