

**PRESENT THIS CARD TO YOUR PHARMACY AND PROVIDER**

Locate a provider: visit [www.wellcardsavings.com](http://www.wellcardsavings.com). This is NOT insurance.



Name: Patricia Rose  
Group ID: DIVHEALTH  
Member ID: 300001001  
Processor: NetCard Systems  
BIN #008878



*An Empowering*  
**Health & Wellness Program**

AOWCID14

**FIRST ACCESS**



**Aetna Dental Access®**

**MEMBER**

To locate a provider call  
877.827.8680 or visit  
[www.WellCardSavings.com](http://www.WellCardSavings.com)

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AND PROVIDER**

To speak to a physician  
24/7 by phone, call  
855.400.1550 You must  
mention WELLCARD

**PHARMACY**

Add 2-digit person code  
to Member ID

01 = Member  
02 = Spouse  
03 = Dependent, etc.

Pharmacist Help Desk:  
888.886.5822

**PROVIDER**

Physician and Dental Provider:  
To verify eligibility and for  
patient responsibility call  
888.767.2469

The patient is responsible for  
the entire discounted cost  
at the time of service.

Vision Provider: To verify  
eligibility call: 888.203.6662

The plan is NOT Insurance. The program is powered through the discount medical plan organization,  
AccessOne Consumer Health, Inc., 84 Villa Rd., Greenville, SC 29615 [www.AccessOneDMPO.com](http://www.AccessOneDMPO.com)