

EXHIBIT A



Receive Program Services
at more than 5,000

Walmart and Sam's Club pharmacy locations

Present this voucher along with your ID at any Walmart or Sam's Club Pharmacy to receive your free service.

Patient Name	Employee + covered dependents
Member ID	MMDDYYYY
BIN	018570
PCN	IMZ
Group ID	WMTV442
Date of Expiration	4/30/2021
Organization Name	US Xpress, Inc
Program Service	Influenza - Quadrivalent, HD, Egg free

Pharmacy Associate

Patient is required to show ID when presenting this voucher

Process the claim using the BIN/PCN/Group:

- Set up a customer profile like processing an insurance card
- Create the Member ID using the patient's date of birth (MMDDYYYY)
- Ensure dependent code is 01 Cardholder
- Provide the patient a vaccination card OR print the patient history from STC
- For assistance with rejections, please call 877-403-4919