



QUALITY AND SERVICE

EnvisionMail customer service representatives and licensed pharmacists are here for you 24 hours a day, 365 days a year. We are focused on patient satisfaction, clinical outcomes, quality of care, accuracy and patient safety.

EnvisionMail is committed to a high level of excellence which places us at the forefront of patient safety and disease state management. We are dedicated to helping members control medication costs and to helping patients attain a greater quality of life.

EnvisionMail is a fully accredited mail order pharmacy focused on one thing — patient care and service.



GET YOUR PRESCRIPTION THROUGH THE MAIL

You can contact us directly at our offices:

EnvisionMail
7835 Freedom Ave NW
North Canton, OH 44720

CALL TO SAVE POSTAGE AND TIME

Have your physician e-prescribe, call or fax your next 90-day prescription:

844-293-4761 Call Center
711 TTY
866-909-5171 Fax

EASY-TO-USE WEBSITE

Manage your prescriptions in a few simple steps.

- Go to envisionpharmacies.com.
- Click Register Now.
- Create your Member Profile.
- Once registered you can:
 - Select your shipping preferences
 - Add a credit card to your account
 - Change your personal information
 - Order and track refills in your account
 - View your order history.

The website also provides access to various health care forms and information. Log on today!

ENVISIONMAIL

— AN ENVISION PHARMACY —



PRESCRIPTION MAIL SERVICES

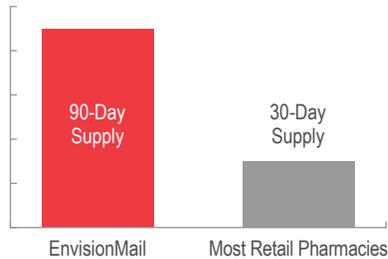
AFFORDABLE PRICE. GREAT SERVICE.

envisionpharmacies.com

WHAT IS A MAIL ORDER PHARMACY?

EnvisionMail is a fully licensed pharmacy staffed with licensed pharmacists and certified pharmacy technicians. EnvisionMail offers convenient and affordable mail delivery of prescription medications directly to your home, office or location of your choice. There are no shipping and handling fees.

Amount of Medication Dispensed per Order



Using a mail order pharmacy may reduce or eliminate your monthly pharmacy visits for maintenance medications taken on an ongoing basis.

WHAT ARE MAINTENANCE MEDICATIONS?

Maintenance medications are used to treat long-lasting or chronic conditions and are taken for extended periods of time. They include medications for blood pressure, arthritis, heart conditions, birth control, cholesterol, asthma and others. EnvisionMail is a convenient, dependable and less expensive way to obtain your maintenance medications.



ENVISIONMAIL BENEFITS

- Highest level of service
- Affordable prices
- Easy & convenient
- Home or office delivery



HOW CAN MAIL ORDER HELP ME COMPLY WITH MY DOCTOR'S PRESCRIPTIONS?

Our Adherence Program will ease the burden of marking your calendar when your next refill is due and eliminate extra trips to the pharmacy. Once you are enrolled, our program automatically refills your prescriptions and charges your account when 70% of your current order has been consumed. This way you will never run out of your medication. Controlled substance and refrigerated medication prescriptions are excluded.

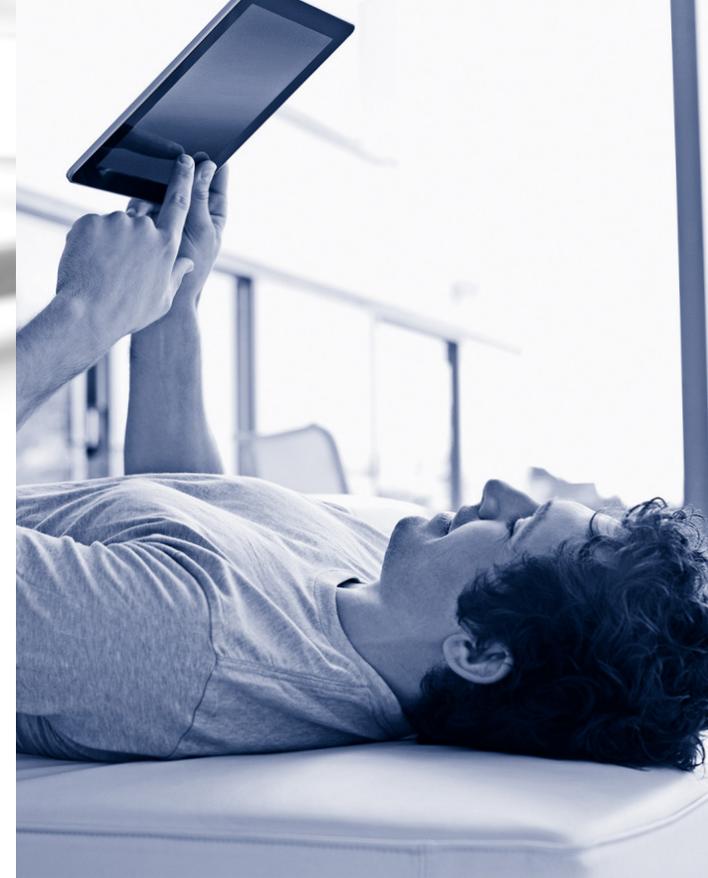
HOW DO I START USING THE MAIL ORDER PRESCRIPTION DELIVERY PROGRAM?

To obtain your mail order prescriptions from EnvisionMail, you will need to set up an account before ordering. Options for creating an account:

- Register online at envisionpharmacies.com
- Complete an enrollment form available from EnvisionMail or your benefit administrator and return in the self-addressed envelope.

HOW DO I ORDER NEW PRESCRIPTIONS?

Mail original new 90-day prescriptions to EnvisionMail or have your physician fax them directly to our office. EnvisionMail also accepts e-prescribing direct from your physician's office.



CONTACT US

- Call us toll-free at 844-293-4761 or 711 TTY to use our Interactive Voice Response (IVR) system 24 hours a day, seven days a week (select option "1" to access the automated refill center). During normal business hours, you can speak to an EnvisionMail Customer Service Representative, and request to be enrolled in the automatic refill option.
- Email us at refill@envisionpharmacies.com (please include your member name and ID number).
- Go online to envisionpharmacies.com.
- Fax us at 866-909-5171.
- Write to us at our physical address:

EnvisionMail
7835 Freedom Ave NW
North Canton, OH 44720

Mail your original prescriptions with this Enrollment Form or have your doctor fax them directly to **1-866-909-5171**.

Once we begin to fill your prescriptions you may order refills 24 hours a day, seven days a week by calling **1-866-909-5170** or **TTY 711** (Monday–Friday 8:00am–10:00pm and Saturday 8:30am–4:30pm) to speak with a representative or our automated system. You may also order refills online at **envisionpharmacies.com**.

SPECIAL HANDLING

_____ Please initial this line if you do **not** want child-proof caps mailed to your household. Snap caps or easy-off lids will be sent with your medications if this line is initialed.

Generics: EnvisionMail will automatically dispense the generic drug unless your prescriber writes “D A W” (dispense as written) on the prescription and the brand name drug is medically necessary. Brand name drugs typically require you to pay a higher co-payment.

USE & DISCLOSURE OF PROTECTED HEALTH INFORMATION

The Health Insurance Portability and Accountability Act of 1996 states that you have the right to have one or more persons act as your representative to make decisions about the uses and sharing of your protected health information. You can limit the amount of protected health information that the authorized personal representative(s) can decide about, and you can cancel this at any time.

DESIGNATION OF PERSONAL REPRESENTATIVE

I, (Name) _____ (Date of Birth) ___/___/_____ hereby name the following person to act as my authorized personal representative with respect to decisions involving the use and/or sharing of protected health information that pertains to me.

_____ (Print Name of Personal Representative)

_____ (Relationship of Personal Representative to Member)

_____ (Phone Number of Personal Representative)

PLEASE CHECK ONLY ONE BELOW:

The person named above is to be given all of the privileges that would be given to me with respect to my protected health information.

OR

The person named above is acting as my designated personal representative **only** for the following functions:

I understand that I may cancel this designation at any time by contacting EnvisionMail at **1-866-909-5170** or **TTY 711** (Monday–Friday 8:00am–10:00pm and Saturday 8:30am–4:30pm). I understand any cancellation can only apply to future disclosures or actions regarding my protected health information and cannot cancel actions taken or disclosures made while the designation was in effect.

Signature _____ Date _____