

New 2019 Mail Order Service Change:

Dear Oak Harbor Freight Lines Employee,

EnvisionRx manages your prescription drug benefit on behalf of Oak Harbor Freight Lines. Effective January 1, 2019, your mail order prescriptions that had been filled by Costco Mail will now be dispensed by EnvisionPharmacies. We understand there may have been some problems and confusion during this process and for that, we sincerely apologize. It is our hope that this letter provides you some additional information regarding this transition and helps to guide you to find some answers to your questions.

With this change, you now have direct access to highly trained pharmacists and staff who provide customized support and education designed to deliver the customer service you deserve.

If you have not done so already, please follow the steps below to get started (by phone or online):

- Call 866-909-5170 to enroll over the phone
- Or, you can visit envisionpharmacies.com/mail and select “Enroll Now.”
- Complete the registration steps that appear and your account will activate within 24 hours. After this, login to your account and you can:
 - Process your prescription fills and monitor delivery status
 - Once a transfer file is received from Costco Pharmacy, view any prescriptions we have on file for you
 - And more!
- If your prescriptions have remaining refills, and were previously filled by Costco...they will be automatically transferred to EnvisionPharmacies.
 - You should be able to view your prescription on the “My Prescriptions” tab under “Prescription List” in the portal starting January 3, 2019.
- If you do not have any refills left at Costco Mail... you MUST contact your Physician to send a new 90 day prescriptions request to EnvisionPharmacies.
 - They will NOT be transferred from Costco if you do not have any refills left.
 - Controlled substances are unable to be transferred from Costco Mail to EnvisionPharmacies. You must contact your Physician to send a new prescription over to EnvisionPharmacies.

To order medications through the mail, check on the status of a shipment, request a refill, or have questions or problems during this transition; please contact:

EnvisionPharmacies 1-866-909-5170

www.envisionpharmacies.com

To order a new prescription card, verify a copayment, check if a medication is covered or if you have general prescription benefit questions; please contact:

EnvisionRx – 1-833-656-1506

www.envisionrx.com

ENVISIONMAIL

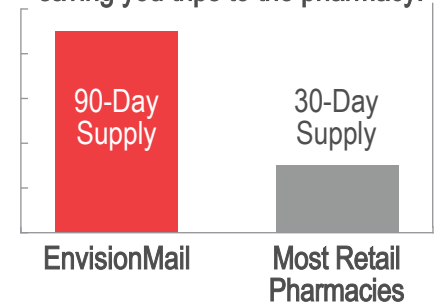
A Division of EnvisionPharmacies

Great service, affordable prescriptions, convenient home delivery – all in one pharmacy.

No more driving to the pharmacy, long lines or delays. With EnvisionMail service, no matter where you are in the U.S., your medications are delivered safely to your door.

To get your mail order prescriptions from EnvisionMail, you will need to set up an account. Simply register online at envisionpharmacies.com, call the number below or complete the EnvisionMail enrollment form and fax or mail to the address below. You may also mail your new 90-day prescriptions to us or have your physician fax or e-prescribe them.*

More medication dispensed per order, saving you trips to the pharmacy.



CONVENIENT AND AFFORDABLE

- The medicine you need, delivered to your door.
- No more driving to the pharmacy and waiting in line for your prescription to be filled.
- Refill reminders ensure your medication arrives when you need it.
- Standard shipping is free and expedited shipping is available.



SAFE AND SECURE

- Licensed pharmacists dispense your medication and are available to answer your questions.
- Medications are mailed in secure, private packaging.
- Pharmacists monitor your medication profile to compare new drugs to previously filled prescriptions.
- Fully accredited mail order pharmacy.

About EnvisionMail

EnvisionMail is a fully accredited mail order pharmacy focused on one thing – patient care and service with customer service and licensed pharmacists available 24 hours a day, 365 days a year. We offer convenient and affordable mail delivery of prescription medications directly to your home, office or location of your choice.

GET
STARTED
TODAY!

Phone



1-866-909-5170
(TTY: 711)

Online



envisionpharmacies.com

Fax



1-866-909-5171

Mail



7835 Freedom Ave NW,
North Canton, OH 44720

*E-prescribing or EDI number: NABP 3677361

EnvisionMail is a mail order pharmacy. We offer home delivery of monthly medications with no shipping or handling fees for standard delivery. You may receive up to a 90-day supply of most medications delivered right to your door.

To obtain your mail order prescriptions from EnvisionMail, you need to create an account using one of the three following methods:

1. Complete this enrollment form and mail it to EnvisionMail at:
7835 Freedom Ave NW, North Canton, OH 44720; Or
2. Enroll online at **envisionpharmacies.com**. You will need your prescription ID to register for an account; Or
3. Enroll via telephone at **866-909-5170** or **TTY 711** (Monday–Friday 8:00 a.m.–10:00 p.m., and Saturday 8:30 a.m.–4:30 p.m.)

Once we begin filling your prescriptions, you may order refills by calling **866-909-5170** (or **711** for TTY users). Representatives are available Monday–Friday 8:00 a.m.–10:00 p.m., and Saturday 8:30 a.m.–4:30 p.m. For your convenience, our automated system is available 24 hours a day, seven days a week. You may also order refills online at **envisionpharmacies.com**.

MEMBER INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Group Number: _____ Member Identification Number: _____

Date of Birth: _____ Sex: M F Email: _____

Drug Allergies: No Known Allergies Erythromycin Penicillin Codeine Aspirin Sulfa
 Other: _____

PAYMENT INFORMATION

We accept the following payment methods:

- Check: (personal check, bank check, and check by phone)
- Credit Card: (Visa, MasterCard, Discover, Amex)
- Money Order
- We are unable to accept Cash payments.

Please update payment information online at **envisionpharmacies.com** or by telephone at **866-909-5170** or **711** for TTY users, (Monday–Friday 8:00 a.m.–10:00 p.m., and Saturday 8:30 a.m.–4:30 p.m.).

SPECIAL HANDLING

Please initial this line if you do **not** want child-proof caps mailed to your household. We will send snap caps or easy-off lids with your medications if you initial this line.

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

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 AUTHORIZED PARTY

For the Use and Disclosure of Protected Health Information

The patient (“Patient”) signing this Designation of Authorized Party (“Authorization”) authorizes EnvisionPharmacies to disclose Patient health information (“Patient Information”) to the following person, as “Authorized Party”:

Name of Authorized Party

Authorized Party Phone Number

This Authorization is to allow EnvisionPharmacies to disclose Patient Information to enable the Authorized Party to help and assist the Patient with the Patient’s EnvisionPharmacies prescriptions and payment matters on a standing basis, for as long as this Authorization is in effect.

EnvisionPharmacies cannot control whether Patient Information may be subsequently disclosed as a result of this Authorization. Such Patient Information, in the Authorized Party’s or someone else’s hands, may not be protected by the HIPAA Privacy Rule, though it may be protected under other laws.

EnvisionPharmacies does not condition Treatment or Payment based on this Authorization. The Patient has the right to request how Patient Information may have been disclosed under this Authorization. The Patient has the right to have and keep a signed copy of this Authorization. A hard or electronic copy of the original of this Authorization shall be treated as if it were the original.

This Authorization shall expire One (1) Year from the date appearing below. However, the Patient may revoke this Authorization at any time in writing to EnvisionPharmacies, at Privacy Officer, EnvisionPharmacies, 7835 Freedom Avenue NW, North Canton, OH 44720. EnvisionPharmacies shall honor any such written request, except where EnvisionPharmacies may have taken action in good faith reliance on this Authorization.

Patient Signature

Patient ID

Patient Name

Date