

Toll-free: 1-800-361-4542

Fax: 330-405-8081

February 03, 2012

JOHN SMITH
123 ELM STREET
ANCHORAGE, AK 99518-2745

Dear JOHN SMITH,

Enclosed, for your information, is a summary statement of the total cost of prescriptions dispensed to you and your dependents through EnvisionRxOptions, at either a participating retail pharmacy, mail order pharmacy, or specialty pharmacy from January 1, 2011 through December 31, 2011.

In order to protect individual's privacy, spouses and dependent children 18 years of age and older will receive their information in a separate confidential mailing. Prescription summaries of dependent children under the age of 18 are included in the mailing to the employee.

Each statement shows the total cost of the medications dispensed for each member, what the member paid in co-pays, and the amount AlaskaCare paid.

Members who wish to view a list of recent prescriptions may access their record through the EnvisionRxOptions web site at <http://www.envisionrx.com>. You must first create an account, as follows:

1. Click on "Not Registered? Click here to enroll link" located on the left side of the page.
2. To create your account, enter all the required information and press the "Register" button.

Once your account has been created you will have access to the following information:

- Overview of your plan and benefits
- Drug coverage and pricing
- Mail order information
- Prescription history

Please contact the EnvisionRxOptions Help Desk at 1-800-361-4542 for more information regarding your prescription records.

Remember, you can help keep costs low by:

- always using a participating pharmacy
- using mail order for maintenance medication
- purchasing generic instead of brand name drugs whenever possible
- using the specialty pharmacy program for injectable and other high cost drugs

Sincerely,

AlaskaCare and EnvisionRxOptions

After your copayment AlaskaCare paid \$xx.xx for your Rx benefit in 2011

Name	Explanation of Benefits		Name of Drug and Dosage	Type	123456789 - 01	
	Pharmacy Name	Date of Service			Member Copay	Employer Paid Amount
JOHN SMITH	APPLE PHARMACY	2/1/2011	VITAMIN TAB	G	\$0.00	\$0.00
Total					\$0.00	\$0.00

Note: Negative numbers are reversed claims