5503 XX#### XX P2 EN AT
PO BOX #####
SALEM, OR 97309
DO NOT FORWARD: RETURN IN 3 DAYS

Branch name/Division: OHP/CAF

Worker ID/Telephone: XX/503-555-5555

JOHN DOE
123 MAIN ST

HOMETOWN OR 97000

Keep this letter!

This letter explains your Oregon Health Plan (OHP) benefits.

This letter is just for your information. You do not need to take it to your health care appointments.

We will only send you a new letter if you have a change in your coverage, or if you request one.

Welcome to the Oregon Health Plan (OHP). This is your **new coverage letter.**

This letter lists coverage information for your household. This letter does not guarantee you will stay eligible for services. This letter does not override decision notices your worker sends you.

We will send you a new letter and a Medical ID card any time you request one or if any of the information in this letter or on your Medical ID changes. To request a new letter or Medical ID, call your worker.

The enclosed yellow sheet includes a chart that describes the services covered for each benefit package and a list of helpful phone numbers.

We have listed the reason you are being sent this letter below. The date the information in this letter is effective is listed next to your name.

Reason for letter:

A Medical ID was requested for:

DOE, JOHN – 08/01/2012

DOE, JANE – 08/01/2012

DOE, TIMOTHY – 08/01/2012

The following chart lists coverage information for everyone who is eligible in your household. See the enclosed Benefit Package chart for information about what each benefit package covers. Letters in the Managed Care/TPR enrollments section refer to the plans listed on the Managed Care/TPR Enrollment page.

Name	Date of birth	Client ID #	Copays?	Benefit Package	Managed Care/ TPR enrollment
John Doe	01/01/1968	XX1234XX	No	OHP Standard	A, B, C
Jane Doe	02/01/1968	XX1235XX	No	OHP with Limited Drug	A, B, C, G, H, I
Timothy Doe	03/01/2006	XX1236XX	No	OHP Plus	B, C, D, F
Kathy Doe	04/01/2007	XX1237XX	No	OHP Plus	B, C, E, G, H

Managed Care/TPR enrollment

Plan Information	Plan Information	Plan Information
A CCOB - Mental and Physical COORDINATION INC 800-555-5555	**B** Dental Care Organization QUALITY CARE 866-555-5555	**C** Mental Health Organization HEALTH MIND CARE 888-555-55555
D Private Maj Med/Rx/Dent/Vis BLUE CROSS OF OREGON Pol# 12345678 ABC123456789	**E** DCM-FFS Disease Management DCM OHPCC 1-800-562-4620 DCM-PGM	**F** DMAP Pharmacy WALGREENS
G Medicare Part-A Medicare NW - Part A	**H** Medicare Part-B Medicare-B/BC N Dakota	**I** Medicare Part-D Has Part D
J	**K**	**L**
M	**N**	**O**
P	**Q**	**R**
S	**T**	**U**
V	**W**	**X**

Oregon Health ID

John Doe

Client ID #:
XX1234XX

Date card issued:
12/09/08

Oregon Health ID

VOID

Client ID #:
VOID

Date card issued:
VOID

Oregon Health ID

VOID

Client ID #:
VOID

Date card issued:
VOID

Oregon Health ID

Jane Doe

Client ID #:
XX1235XX

Date card issued:
12/09/08

Oregon Health ID

VOID

Client ID #:
VOID

Date card issued:
VOID

Oregon Health ID

VOID

Client ID #:
VOID

Date card issued:
VOID

Oregon Health ID

Timothy Doe

Client ID #:
XX1236XX

Date card issued:
12/09/08

Oregon Health ID

VOID

Client ID #:
VOID

Date card issued:
VOID

Oregon Health ID

VOID

Client ID #:
VOID

Date card issued:
VOID

Oregon Health ID

VOID

Client ID #:
VOID

Date card issued:
VOID

Clients – Coverage questions? Call 800-273-0557.

Providers – This card does not guarantee coverage. Verify coverage at: https://www.or-medicaid.gov or by calling 866-692-3864.

Billing questions? Call 800-336-6016.

Clients – Coverage questions? Call 800-273-0557.

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