

SAMPLE LETTER

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

This is the worker
at OHA or ODHS
who can help you.

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 card 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:

Managed care plan or Primary Care Manager enrollment changed for:
Doe, Timothy - 08/1/2010

Names were changed for:
Doe, Jane - 08/1/2010

The letter will be the same each time, except for this part. This is the new information.

This is page 2 of your letter. It tells you about your CCO and other coverage that OHA knows about.

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 Plus	A, B, C
Jahn Doe	02/01/1969	xx1235xx	No	OHP with Limited Drug	A, B, C, G, H, I
Tim 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

These types of coverage will be listed as a letter in the “Managed Care/TPR enrollment” column:

- ▶ Your CCO
- ▶ Other coverage known to OHA, such as private insurance or Medicare
- ▶ Assigned pharmacy, for fee-for-service members enrolled in the Pharmacy Management Program

Page 3 of your letter lists the name and phone number that goes with each letter in this column.