



ODS Advantage Member Guide

Helpful information about ODS Advantage plans



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Your Guide to ODS Advantage Plans

ODS Advantage Gives You Freedom to Choose a Medicare Plan that Fits Your Life

ODS Health Plan, Inc. — part of The ODS Companies (ODS) — thanks you for your interest in ODS Advantage as you consider a Medicare plan that is right for you. We strive to offer products of the highest value supported by the best possible service. This *Member Guide* is an introduction to our Medicare coverage.

ODS Advantage offers **three Medicare medical** plan options:

1 ODS Advantage PPO^{RX} Select

A Medicare Advantage plan *with* enhanced Medicare prescription drug coverage

2 ODS Advantage PPO^{RX}

A Medicare Advantage plan *with* Medicare prescription drug coverage

3 ODS Advantage PPO

A Medicare Advantage plan *without* Medicare prescription drug coverage

These ODS Advantage plans offer exceptional benefits and flexibility:

- ▶ Access to more than 6,000 statewide ODS Advantage contracted providers or any Medicare provider
- ▶ Continue to seek care with your existing Medicare providers
- ▶ Access to Medicare providers without a referral or prior authorization
- ▶ No medical deductible
- ▶ Fixed co-payments or co-insurance for most services
- ▶ Annual out-of-pocket maximum protection
- ▶ Travel throughout the United States for up to 12 months — and keep your coverage

ODS Advantage PPO plans are available to residents throughout the state of Oregon.

ODS Advantage also offers **two Medicare prescription** drug plans:

1 ODS Advantage Rx Extra

An enhanced Medicare prescription drug plan with a \$0 deductible and coverage for generic drugs through the coverage gap. This plan offers coverage for all eligible Part D drugs.

2 ODS Advantage Rx

A Medicare prescription drug plan that offers coverage for all eligible Part D drugs.

ODS Advantage Rx plans are available to Oregon and Washington residents.

Once enrolled in any ODS Advantage plan, plan changes are limited to certain times of the year.

Introduction to ODS Advantage Medical Coverage

Your Medicare coverage with ODS Advantage

ODS Health Plan, Inc. offers three medical plan options: **ODS Advantage PPO_{RX} Select**, **ODS Advantage PPO_{RX}** and **ODS Advantage PPO**. Under all of these plans, your medical coverage is through ODS Health Plan, Inc. **ODS Advantage PPO_{RX} Select**, **ODS Advantage PPO_{RX}** and **ODS Advantage PPO** are referred to in this *Member Guide* as an ODS Advantage PPO plan when we are describing medical benefits.

This *Member Guide* is an introduction to your new medical and/or prescription drug coverage as a member of an ODS Advantage PPO plan. ODS Advantage PPO_{RX} Select and ODS Advantage PPO_{RX} include prescription drug coverage; ODS Advantage PPO does not include prescription drug coverage. If you have enrolled in an ODS Advantage PPO plan, you may refer to the contact information in the back of this *Member Guide* or your *Evidence of Coverage* for additional information about your plan.

What is an ODS Advantage PPO plan?

ODS Advantage PPO plans provide medical services through Medicare-certified healthcare facilities and other healthcare professionals who are in compliance with Medicare credentialing standards. ODS Advantage PPO plans are not Medicare supplement policies, sometimes known as “Medigap” insurance policies. Once you have enrolled in an ODS Advantage PPO plan, you are getting your Medicare medical benefits through ODS Health Plan, Inc. The Medicare program pays us to manage health services for people with Medicare who are members of an ODS Advantage PPO plan.

As a member of an ODS Advantage PPO plan, you may get your health services from doctors, hospitals and other healthcare providers in the ODS Advantage network or from any Medicare provider.

Eligibility

You are eligible for an **ODS Advantage PPO** plan if you:

- ▶ Have both Medicare Parts A and B
- ▶ Continue to pay your Part B premium (*if not paid under Medicaid or third party*)
- ▶ Reside in the state of Oregon
- ▶ Are not medically determined to have End Stage Renal Disease (ESRD) (*Certain exceptions may apply. Contact plan for details.*)

Prescription drug benefits are only available to members of ODS Advantage PPO_{RX} plans.

NOTE: If you are already enrolled in another Medicare Advantage Prescription Drug plan, you must receive your Medicare prescription drug benefit through that plan.



Where can I access ODS Advantage PPO plan providers and services?

The ODS Advantage PPO plan service area includes *all* counties and *all* ZIP codes in the state of Oregon. The ODS Advantage PPO network includes physicians and specialists throughout Oregon. We have contracts with nearly all of the hospitals, ambulatory surgery centers, skilled nursing facilities, home health agencies, hospice agencies and durable medical equipment providers in Oregon. You can also use out-of-network Medicare providers.

What are my ODS Advantage PPO plan benefits?

As an ODS Advantage PPO member, you may seek services from in-network providers and out-of-network Medicare providers. ODS Advantage PPO plans cover all of the services covered under Original Medicare. ODS Advantage PPO plans have a member co-payment or co-insurance for most services. Member co-payments and co-insurance are the same amounts whether you seek care in or out of the network. Out-of-network Medicare providers are paid based on the Medicare-allowed amount if the provider accepts Medicare assignment. If the Medicare provider does not accept assignment, ODS will pay up to the Medicare limiting charge. If you would like to use an out-of-network Medicare provider, you will want to make sure the provider is willing to bill ODS Advantage rather than Medicare. Generally, if the service is excluded under Original Medicare, it is not covered by your ODS Advantage PPO plan. If you have enrolled in the ODS Advantage PPO EXTRA CARE (Optional Supplemental Benefits) plan, some of these excluded benefits are covered in and out of network.

Out-of-Area Coverage: ODS Advantage PPO plans include traveler and visitor benefits that allow you to stay on an ODS Advantage PPO plan for up to 12 months while you are temporarily out of the service area. You have the benefit of worldwide coverage for urgent and emergent care.

Quality Assurance Program: ODS Advantage PPO plans provide you with a wide range of services administered through our Health Services quality improvement program. These programs include valuable information and assistance in areas such as disease management.

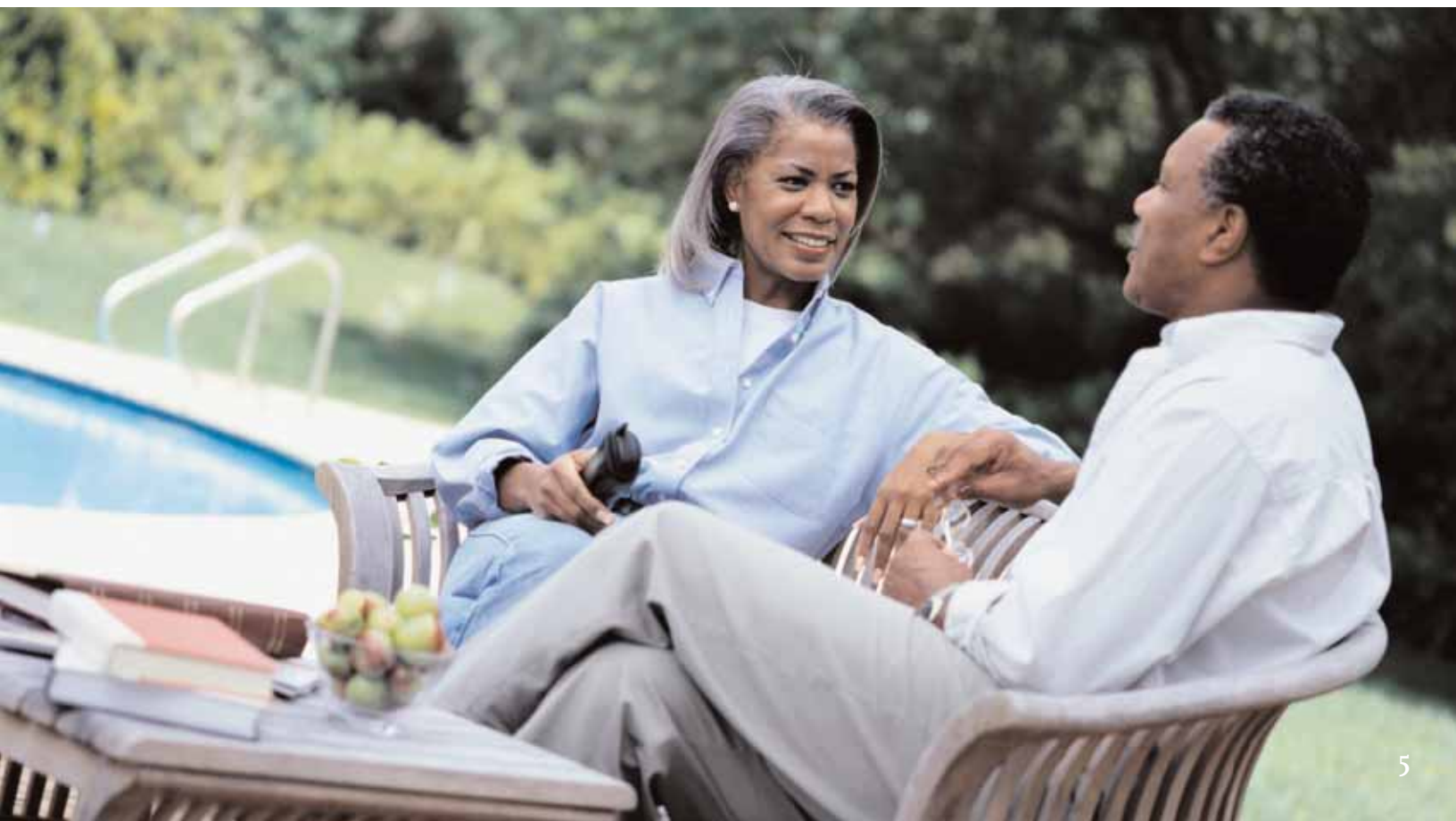


What providers are part of my ODS Advantage PPO plan?

As an ODS Advantage PPO plan member, you can use in-network and out-of-network providers to receive covered services.

- ▶ *Providers* is the general term we use to describe doctors, other healthcare professionals, hospitals and other healthcare facilities that are certified by Medicare and by the state to provide healthcare services. We call them “in-network providers” when they have a contract with ODS Health Plan, Inc., which means that we have arranged with them to coordinate or provide covered services to members of ODS Advantage PPO plans.
- ▶ *Covered services* is the general term we use to describe healthcare services and supplies covered by ODS Advantage PPO plans.
- ▶ *Out-of-network providers* are providers that are not part of the ODS Advantage network; however, you may use out-of-network Medicare providers to get your covered services. Your out-of-network providers must be Medicare-participating providers with the exception of emergency or urgent care.

Regardless if you see an in-network or out-of-network provider, **all medical claims must be submitted to ODS Advantage for processing.** Original Medicare will deny the claims if they are submitted to them by mistake. If you receive a bill or a balance due statement from a provider for an amount not yet processed by ODS Advantage, please contact ODS Advantage Member Services at 503-265-4762 or toll-free at 1-877-299-9062 (TTY 1-800-433-6313) between the hours of 7:30 a.m. and 5:30 p.m. Pacific time Monday through Friday.





Does ODS Advantage require that I use a membership card to receive services?

As an ODS Advantage plan member, you have an ODS Advantage plan membership card. During the time you are a plan member and using plan services, **you must use your plan membership card instead of your red, white and blue Medicare card to get covered services.** If you receive covered services using your red, white and blue Medicare card instead of your ODS Advantage plan membership card while you are a plan member, the Medicare program will not pay for these services and you may have to pay the full cost. Please carry your ODS Advantage plan membership card with you at all times. You will need to show this card when you get covered services. If your membership card is ever damaged, lost or stolen, call ODS Advantage Member Services and we will send you a new card.

Where can I seek care for an emergency?

In an emergency, you should get care immediately. You do not have to contact your provider or get permission in an emergency. You can dial **9-1-1** for immediate help by phone, or go directly to the nearest emergency room, hospital or urgent care center. ODS Advantage PPO plans cover emergency services when you reasonably believe that your health is in serious danger — when every second counts. A medical emergency includes severe pain, a bad injury, a serious illness or a medical condition that is quickly getting much worse.

If you need to speak with your provider or believe you need medical care when your provider's office is closed and it is not a medical emergency, leave a message with the family doctor's answering service for a call back the next day. In the interim, you may contact a healthcare professional at the 24-hour Registered Nurse Advice Line toll-free at **1-866-321-7580**, or you can visit the ODS Advantage website at www.odscompanies.com/odsadvantage for a link to the eDocAmerica website. TTY relay service is available in Oregon 24 hours a day, seven days a week, by calling **7-1-1** or toll-free at **1-800-735-2900**.

Medicare Assistance Program

The Medicare Assistance Program — also known as “MAP” — is available at no cost to members. Simply call **1-800-826-9231** to be connected to a counselor who is a specialist in senior issues. Services available include:

- ▶ Needs assessment (via telephone)
- ▶ Referral and resources
 - Living concerns
 - Community, state and federal services
 - Healthcare
- ▶ Consultations via telephone

Access the Personal Advantage interactive website at www.cascadecenter.com.

This program is available only to individuals enrolled in an ODS Advantage PPO plan.



What care coordination benefits are offered through ODS Advantage PPO?

To help maximize your benefits, ODS Advantage PPO offers voluntary programs through our Healthcare Services department. Our care coordination (case management) and disease management programs are free to members. Many times, you may have several healthcare providers; we can assist with coordination and continuity of care among multiple providers. We also can explore community resources that may be helpful.

If we know about upcoming services, we can review your requests for plan benefits, medical necessity and, if you desire, help you find an in-network provider. In this way, we can identify and notify you of services that may not be covered before they occur and help find the most cost-effective care. The care coordinator can assist you with discharge planning after a hospital or skilled nursing facility stay. We can coordinate services and equipment needs to help facilitate a smooth transition home.

You can call Healthcare Services at 503-948-5561 or toll-free at 1-800-592-8283 (TTY 1-800-433-6313) from 7:30 a.m. to 5:30 p.m. Pacific time Monday through Friday.

Ensuring We Help Care for Members



ODS Advantage PPO plans provide access to easy-to-use online tools and caring healthcare professionals to help you live well, get better, cope and learn about health topics. Here is how we help:

Live Well ODS Advantage PPO plans provide you with access to information and programs to help support an active and healthy lifestyle. **eDocAmerica** and **Healthwise Knowledgebase** are unique online services that let members consult with a doctor or psychologist via e-mail and access information on a wide range of topics, including tips for maintaining a healthy lifestyle. Visit myODS at www.odscompanies.com to register for these services.

Get Better If you are recovering from a recent illness or injury, or managing a chronic illness or condition, our nurses can help answer questions and connect you with medical specialists and resources to help get you back to feeling your best.

Cope If you are facing a new diagnosis or struggling with mental health or substance abuse issues, we can help support you during this stressful time.

Any Time ODS Advantage Member Services is here to take your calls at 503-265-4762 or toll-free at 1-877-299-9062 (TTY 1-800-433-6313) from 7:30 a.m. to 5:30 p.m. Pacific time Monday through Friday. You also can access our 24-hour **Registered Nurse Advice Line**. To learn more about how we help care for members or for more information on our programs, visit www.odscompanies.com.

Does ODS Advantage PPO offer optional supplemental benefits?

ODS Advantage PPO plans offer extra benefits that are not covered by Original Medicare and not included in your benefits package as a plan member. These extra benefits are called Optional Supplemental Benefits. If you want these Optional Supplemental Benefits, you must sign up for them and pay an additional premium.



- ▶ ODS Advantage PPO EXTRA CARE includes in-network and out-of-network coverage for some services not covered under Original Medicare, such as routine vision exams, frames, lenses and contacts, hearing aids and hearing tests for fitting of hearing aids, acupuncture, and naturopathic and chiropractic services, including dietary supplements and vitamins.
- ▶ ODS Advantage PPO EXTRA CARE is offered at the time of the member's initial enrollment into an ODS Advantage PPO plan and at each annual election period, from November 15 to December 31.

For more information about premiums, benefits, limitations and exclusions, visit our website at www.odscompanies.com/odsadvantage or call ODS Advantage Member Services at 503-265-4762 or toll-free at 1-877-299-9062 (TTY 1-800-433-6313) from 7:30 a.m. to 5:30 p.m. Pacific time Monday through Friday.

What is a grievance and under what circumstances should I file one?

As an ODS Advantage PPO member, you are guaranteed certain grievance and appeal rights under your plan. All grievance and appeal processes are outlined in your *Evidence of Coverage*.

Grievance: A grievance is any complaint or dispute expressing dissatisfaction with your ODS Advantage PPO plan, the plan providers and the quality of care received. This type of complaint does not involve payment or coverage disputes.

Appeal: An appeal is a type of complaint you make when you want ODS Advantage to reconsider and change a decision we have made about what services are covered for you or what we will pay for a service.

You or your appointed representative may file a grievance or appeal with ODS Advantage. Grievances may be filed orally or in writing. A grievance must be filed with ODS Advantage no later than 60 days after the event or incident that brought about the grievance. In general, ODS Advantage must notify you of its decision as expeditiously as your health requires, but no later than 30 days after the date ODS Advantage receives the grievance, unless extended by the plan for up to 14 calendar days.

If you would like more information about filing a grievance or appeal, if you need help filing an expedited grievance or would like a report on the number of grievances and appeals filed, call ODS Advantage Member Services at 503-265-4762 or toll-free at 1-877-299-9062 (TTY 1-800-433-6313) from 7:30 a.m. to 5:30 p.m. Pacific time Monday through Friday. You may also consult your *Evidence of Coverage* for more detailed information regarding grievances and appeals.

Who can make my healthcare decisions for me?

ODS Advantage recognizes your right to legally assign healthcare decision-making power to a family member or friend. Although documents such as an advance directive may allow the designee to make critical healthcare decisions in times of need, these documents can also allow the designee to make decisions with regard to ODS Advantage enrollment and benefits.

These forms may vary in name and content. Below are a few examples that you may have heard about and perhaps are even considering:

General Power of Attorney (POA): Although there are many types of POAs, this document will let you spell out, in general or specific terms, what powers the designee may perform on your behalf. This may include enrollment and disenrollment decisions, or financial (premium or claim-related) inquiries.

Advance Directive: An advance directive assigns a healthcare representative and is valid when a signed statement from the attending physician states that you are incapable of handling your own affairs. If you decide you want to have an advance directive, there are several ways to get this type of legal form. You can get a form from your lawyer, from a social worker, from our website at www.odskompanies.com or from some office supply stores. You can contact Senior Health Insurance Benefits Assistance (SHIBA) at 1-800-722-4134 or by mail at Insurance Division, SHIBA, 250 Church St. S.E., Suite 200, Salem, OR 97301-3921. Or visit the Oregon SHIBA website at www.oregonshiba.org.

Member Authorization to Use/Disclose Protected Health Information: An authorization allows ODS Advantage Member Services or Healthcare Services nurses to discuss claims and/or your healthcare services with your designee. A written authorization form must be signed and dated. The authorization must specify the individual(s) to which the information may be disclosed. To request an authorization form, please call ODS Advantage Member Services at 503-265-4762 or toll-free at 1-877-299-9062 (TTY 1-800-433-6313) from 7:30 a.m. to 5:30 p.m. Pacific time Monday through Friday, or visit our website at www.odskompanies.com.



Introduction to ODS Advantage Prescription Drug Coverage

Your Prescription Drug Coverage with ODS Advantage

ODS Health Plan, Inc., offers two Medicare prescription drug plan options: **ODS Advantage Rx Extra** and **ODS Advantage Rx**.

What is an ODS Advantage Rx plan?

Once you enroll in an ODS Advantage prescription drug plan, you are getting your Medicare prescription drug benefits through ODS Health Plan, Inc. The Medicare program pays us to manage prescription drug services for people with Medicare who are members of an ODS Advantage Rx plan.

Where can I get my prescription drugs?

ODS Advantage offers a wide range of choices when it comes to how and where you can order prescription drugs. Our pharmacy network includes retail, home infusion, long-term care, Indian Health Service and, for your convenience, a majority of national mail-order pharmacies.

You must use network pharmacies to access your prescription drug benefit, except under non-routine circumstances when you cannot reasonably use network pharmacies. You may pay more when you access drugs out of network, as you will be paying the difference in the out-of-network pharmacy's charge and the plan's allowable charge. If you use an out-of-network pharmacy, you may have to pay the entire amount of the prescription and mail your claim to ODS Advantage for processing. Call customer service if you need help mailing in your claim.

With your plan, you have access to mail order pharmacy benefits and can purchase up to a 90-day supply at retail and mail-order pharmacies. To find out if your pharmacy is in the ODS Advantage pharmacy network, to request the name of pharmacy or to request a pharmacy directory, call ODS Advantage Member Services at the number listed on the last page of this document. You can also visit our directory online at www.odscompanies.com/odsadvantage.

What prescription drugs are included in the ODS Advantage Rx plan?

ODS Advantage Rx has an open formulary that includes generics and brand name drugs as well as all eligible Part D drugs. ODS Advantage Rx covers both brand name and generic drugs. Generic drugs have the same active-ingredient formula as a brand name drug. Generic drugs usually cost less than brand name drugs and are rated by the U.S. Food and Drug Administration (FDA) to be as safe and effective as brand name drugs.



What prescription drugs have limits or are excluded in the ODS Advantage Rx plan?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- ▶ **Prior Authorization:** ODS Advantage requires you to get prior authorization for certain drugs. (You may need prior authorization for drugs that are on the formulary or drugs that are not on the formulary and were approved for coverage through our exception process.) This means that you will need to get approval from ODS Advantage before you fill your prescriptions. If you do not get approval, ODS Advantage may not cover the drug.
- ▶ **Quantity Limits:** For certain drugs, ODS Advantage limits the amount of the drug that ODS Advantage will cover. For example, ODS Advantage provides 18 tablets per 30-day prescription for Imitrex 50 mg.

You can find out if your drug has any additional requirements or limits by looking in your abridged formulary or by calling the customer service number listed at the end of this document. You can ask ODS Advantage to make an exception to these restrictions or limits.

Eligibility

You are eligible for an **ODS Advantage Rx** plan if you:

- ▶ Have Medicare Part A and/or Part B
- ▶ Continue to pay your Part B premium (*if not paid under Medicaid or third party*)
- ▶ Reside in Oregon or Washington
- ▶ Are not enrolled in any other Part D prescription drug plan

Prescription drug benefits are only available to members of this plan.

NOTE: If you are already enrolled in a Medicare Advantage plan, you cannot enroll in a prescription drug plan unless you are a member of a private fee-for-service plan (PFFS) that does not provide Medicare prescription drug coverage or have a Medicare Advantage Medical Savings Account (MSA) plan. Enrollees in an 1876 Cost plan may enroll as well.

By law, certain types of drugs or categories of drugs are not covered by Medicare drug plans. These drugs or categories of drugs are called “exclusions” and include:

- ▶ Nonprescription drugs, unless they are part of an approved step therapy
- ▶ Drugs when used for anorexia, weight loss or weight gain
- ▶ Drugs when used to promote fertility
- ▶ Drugs when used for cosmetic purposes or hair growth
- ▶ Drugs when used for the symptomatic relief of cough or colds
- ▶ Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
- ▶ Outpatient drugs for which the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale
- ▶ Barbiturates
- ▶ Benzodiazepines
- ▶ Erectile dysfunction drugs

In addition, a prescription drug plan cannot cover a drug that is covered under Medicare Part A or Part B.

What are my protections in this plan?

You have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination.

Part D Penalties

- ▶ There is a 1% per month premium penalty for each month that you could have enrolled in Part D coverage, but did not.
- ▶ The penalty is waived if you have a drug plan that is equal to or better than the standard Part D benefit called “creditable coverage.”
- ▶ The penalty is based on the CMS Part D national average premium for the year.
- ▶ If you disenroll from your Medicare drug plan and do not have creditable coverage for 63 days or more, the 1% penalty may apply.

You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request.

If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

What is a grievance and under what circumstances should I file one?

As an ODS Advantage Rx member, you are guaranteed certain grievance and appeal rights under your plan. All grievance and appeal processes are outlined in your *Evidence of Coverage*.

If you would like more information about filing a grievance or appeal; a coverage determination, an exception request or a prior authorization; or if you need help filing an expedited grievance or would like a report on the number of grievances and appeals filed, call ODS Advantage Member Services at 503-265-4762 or toll-free at 1-877-299-9062 (TTY 1-800-433-6313) from 7:30 a.m. to 5:30 p.m. Pacific time Monday through Friday. You may also consult your *Evidence of Coverage* for more detailed information regarding grievances and appeals.



How do I qualify for low-income subsidies through Medicare?

You automatically qualify for extra help if you have Medicare and:

- ▶ Have or become eligible for Medicaid benefits
- ▶ Get help from your state Medicaid program paying your Medicare premiums (you belong to a Medicare Savings Program), or
- ▶ Get Supplemental Security Income (SSI) benefits without Medicaid.

If you are eligible in 2006 and you received a letter from Medicare with an Social Security Administration (SSA) application for extra help, you will have to re-apply to receive benefits in 2007 unless your situation changes to make you automatically eligible. You can call the SSA for an application or if you have questions.

Beneficiaries interested in qualifying for extra help with Medicare prescription drug plan costs should call:

- ▶ The SSA toll-free at **1-800-722-1213 (TTY 1-800-325-0778)** between 7 a.m. and 7 p.m. Monday through Friday or visit www.socialsecurity.gov
- ▶ Your state Medicaid office; or
- ▶ **1-800-MEDICARE (1-800-633-4227) (TTY 1-877-486-2048)** 24 hours a day, seven days a week).

Does ODS Advantage Rx offer a medication therapy management program?

Yes. A medication therapy management (MTM) program is a free service that may be offered to you. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate, but it is recommended that you take full advantage of this covered service if you are selected.

ODS Advantage Medication Therapy Management Program



The ODS Medication Therapy Management (MTM) program is designed to help you develop a better understanding of the medications you take — and gain a broader awareness of how to achieve the best results when you take them. The program is free of charge for eligible members.

Your ODS health promotion nurse will help you work on three important goals: to improve your health status, your personal safety and your quality of life. During the program, your nurse will work with you over the telephone to reinforce medical recommendations, provide educational resources, answer questions and monitor your progress.

For more information on this program, call the ODS Health Promotion Nurse at **503-948-5548** from 7:30 a.m. to 5:30 p.m. Pacific time Monday through Friday.

ODS Advantage General Transition Notice

What if my current prescription drugs are not on the formulary or are limited on the formulary?

New Members: As a new member in our plan, you may currently be taking drugs that are not on our formulary or that are on our formulary, but your ability to get them is limited. In instances like these, you need to talk with your doctor about appropriate alternative therapies available on our formulary. If there are no appropriate alternative therapies on our formulary, you or your doctor can request a formulary exception. If the exception is approved, you will be able to obtain the drug you are taking for a specified period of time. While you are talking with your doctor to determine your course of action, you may be eligible to receive an initial 90-day transition supply of the drug anytime during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary, or for situations where your ability to get your drugs is limited, we will cover a temporary 90-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. If you require refills after your first 90-day transition supply, we will cover more refills as necessary. After you have used your refills, we may not continue to pay for those drugs under the transition policy. You are reminded to discuss with your doctor appropriate alternative therapies on our formulary, and if there are none, you or your doctor can request a formulary exception.

If you are a resident of a long-term care facility, we will cover a temporary 31-day transition supply (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or your ability to get your drugs is limited but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Continuing Members: As a continuing member in the plan, you will receive your Annual Notice of Change (ANOC) by October 31. You may notice that a formulary medication that you are currently taking is either not on the upcoming year's formulary or its cost sharing or coverage is limited in the upcoming year. In this case, we will provide for a transition period consistent with the above transition process for new enrollees.

If you are a resident of a long-term care facility, we will cover a temporary 31-day transition supply (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you have questions about our transition policy or need help asking for a formulary exception, call ODS Advantage Pharmacy Customer Service at 503-265-4709 or toll-free at 1-888-786-7509 (TTY 1-800-433-6313) from 8 a.m. to 8 p.m. Pacific time Monday through Sunday.



Where can I get more information on ODS Advantage plans?

This is not a complete description of your plan. For more information, please refer to your ODS Advantage *Evidence of Coverage*. Visit the ODS Advantage website at www.odscompanies.com/odsadvantage for more information on ODS Advantage PPO and ODS Advantage Rx plans, the ODS Advantage Formulary and the ODS Advantage Pharmacy Network.

For full information on ODS Advantage plans, call ODS Advantage Member Services at 503-265-4762 or toll-free at 1-877-299-9062 (TTY 1-800-433-6313) from 7:30 a.m. to 5:30 p.m. Pacific time Monday through Friday.

For full information on ODS Advantage Rx prescription drug coverage, members should call ODS Advantage Pharmacy Customer Service at 503-265-4709 or toll-free at 1-888-786-7509 (TTY 1-800-433-6313) from 8 a.m. to 8 p.m. Pacific time Monday through Sunday.



You may contact Medicare if you want more information about Medicare benefits and services, including general information regarding the health or Part D benefits, at 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-887-486-2048, seven days a week, 24 hours a day, or visit www.medicare.gov.

All Medicare Advantage prescription drug plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage plan or prescription drug plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area. Availability of coverage beyond the end of the current contract year is not guaranteed.



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ODS Advantage is a PPO and a prescription drug plan with a Medicare contract.