

Sample ODS ID Cards

Managed Care Member ID Card:

ODS Health Plans Group # Subscriber	Managed Care ID# Covered Dependents Birthdate	ODS Health Plans Group Name Primary Care Physician	PCP Eff Date
RX COPAY: Pharmacy Programs administered by Medimpact		OFFICE VISIT COPAY:	

PPO Member ID Card:

ODS Health Plans Oregon PPO	ODS PPO Panel including Providence Preferred
RX COPAY: OFFICE VISIT COPAY: Pharmacy Programs administered by Medimpact	

MHN PPO ID Card

ODS Health Plans	MHN PPO
RX COPAY: OFFICE VISIT COPAY: Pharmacy Programs administered by Medimpact	

POS Member ID Card:

ODS Health Plans Group # Subscriber	ODS POS Panel including Providence Preferred Oregon ID#	ODS Health Plans Group Name Primary Care Physician	PCP Eff Date
Covered Dependents			
RX COPAY: Pharmacy Programs administered by Medimpact		OFFICE VISIT COPAY:	

