

<date>

<Member first name> <Member last name>

<Member address>

<City, STATE> <Zip>>

Dear <member first name > <Member last name >,

You are receiving this letter because our records indicate that you recently purchased <<medication name>>. In our continuing efforts to ensure ODS members are taking the safest, most effective and most cost-efficient medicines, there will be a change to the OEBB Preferred Drug List under the benefit plans available through the Oregon Educators Benefit Board (OEBB). This change will affect your coverage of <<medication name>>.

Beginning <<Month day, >> 2012, this medication will move from the <<value, generic, preferred>> tier to the << generic, preferred, nonpreferred>> tier on the OEBB Preferred Drug List. The effect of this update to your coinsurance will vary depending on your specific pharmacy benefit coverage. The table below outlines the ODS OEBB pharmacy benefits available and the corresponding <<generic, preferred, nonpreferred>> coinsurance through the retail, mail-order, or specialty setting.

Drug type	Plan A	Plan B	Plan C
Plan-year copay/coinsurance	\$1,100	\$1,100	\$1,100
maximum			
< <generic, non-<="" preferred,="" td=""><td><<retail< td=""><td><<retail< td=""><td><<retail< td=""></retail<></td></retail<></td></retail<></td></generic,>	< <retail< td=""><td><<retail< td=""><td><<retail< td=""></retail<></td></retail<></td></retail<>	< <retail< td=""><td><<retail< td=""></retail<></td></retail<>	< <retail< td=""></retail<>
preferred>> retail (mail-order	benefits (M.O.	benefits	benefits
and specialty)	benefits)>>	(M.O.	(M.O.
		benefits)>>	benefits)>>

You may want to discuss formulary alternatives with your physician. The OEBB Preferred Drug List is posted on the Web at:

<u>www.odscompanies.com/oebb/pharmacy.shtml</u>. You can print and share this list with your physician to help guide the selection of an appropriate formulary alternative.

We are available to help answer your questions. Please feel free to call ODS Pharmacy Customer Service at 503-265-2911, or toll-free at 1-866-923-0411.

If you are no longer taking this medication, please disregard this letter.

Sincerely,

ODS Pharmacy Services

Oregon
Dental
Service
Dental

Dental Insurance –

ODS Health Plan, Inc. Medical Insurance

The ODS Companies

ODS Tower P.O. Box 40384 Portland, OR 97240.0384 Phone: 503.228.6554 www.odscompanies.com