

Important Information About Your Medical Plan

This information is for any member of your household who has **both** Medicare and Medicaid (Oregon Health Plan) coverage.

Your current OMAP Medical Plan, Cascade Comprehensive Care, is contracting with Medicare to also become a Medicare Advantage Plan called ATRIO Health Plan. If you enroll in ATRIO Health Plan it will **not** change your health care coverage, it will just change who pays (Medicaid or Medicare) for some of your covered services.

You Have a Choice

- If you want to enroll in ATRIO Health Plan:
 - ✓ Fill out the *Medicare Advantage Plan Election form* enclosed with this announcement. Write ATRIO Health Plan as the name of the Medicare Advantage Plan you are choosing.
 - ✓ Sign and mail the form, using the envelope we've included, **by July 15, 2005**.

ATRIO Health Plan will send you information about itself and tell you when your membership begins.

Being enrolled in both Cascade Comprehensive Care and ATRIO Health Plan will make it easier to coordinate your health care and make sure you receive all of the services covered by Medicare **and** the Oregon Health Plan.

- If you do not complete and return the *Medicare Advantage Election Form* you will not be enrolled in ATRIO Health Plan. **However, Cascade Comprehensive Care may decide not to provide Oregon Health Plan (OHP) medical coverage for you anymore.**

If Cascade Comprehensive Care does not provide your OHP medical coverage, the Office of Medical Assistance Programs will help you enroll in a new OMAP Medical Plan or pay for all of your other covered health services on a fee-for-service basis, by having you go to any provider who will take your OMAP Medical Care ID.

Questions?

- ☎ If you have any questions about this information, call Cascade Comprehensive Care. The phone number is listed in field 8a on your OMAP Medical Care ID.
- ☎ If you need this information in a larger print size or different format, call your worker.
- ☎ If you need help filling out the *Medicare Advantage Plan Election form*, call 1-877-585-0007.

