



# Here are your new identification cards.

Please remove these cards and fold where indicated.

Group Name \_\_\_\_\_  
 Subscriber \_\_\_\_\_ ID # \_\_\_\_\_

[ ] Medical [ ] Dental

Plan# \_\_\_\_\_  
 Covered Dependents \_\_\_\_\_ M D

Medical = M Dental = D

**Dental Plan: Delta Dental Premier**

**Medical Plan: PPO**

**Network: ODS**

For out-of-area participating medical providers when traveling or attending school, call PHCS at 800-661-7449

**Pharmacy administered by MedImpact. Carrier # 38600  
 MedImpact BIN # 003585**

For additional information logon to **myODS**. This card does not certify or guarantee benefits.

We have attached a duplicate card for your convenience.

To order additional cards logon to **myODS** at [www.odsalaska.com](http://www.odsalaska.com)

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Welcome to ODS Alaska. Attached you will find identification cards for your medical and Delta Dental Premier coverage. Please present your new identification card to your office receptionist the next time you and/or one of your dependents receives services.

It is our pleasure to provide insurance coverage to you and your dependents. We will do our best to provide comprehensive benefits combined with excellent customer service.

Logon to **myODS** at [www.odsalaska.com](http://www.odsalaska.com) and discover all of the things you can do online:

- Find a participating physician or hospital, or dentist*
- View your benefit summary*
- Find answers to frequently asked questions*
- Access enrollment forms and prescription drug claim forms*

- E-mail our customer service department*
- Find a participating pharmacy*
- Re-order mail order prescriptions*

Thank you for selecting ODS Alaska.

