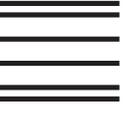


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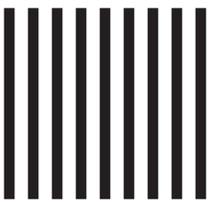


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**HMO MEMBER SERVICES
BLUE CROSS AND BLUE SHIELD OF ILLINOIS
PO BOX 805107
CHICAGO IL 60680-0657**





Dear Member:

Understanding your Blue Cross and Blue Shield of Illinois (BCBSIL) HMO can help you get the most out of your benefits.

Your **Description of Coverage (DOC)** is a form that gives you an overview of your benefits.

You can request your DOC in several different ways:

- Go to **bcbsil.com** and log in to Blue Access for MembersSM.
- Complete and return the attached postage-paid postcard.
- Send your request via email to **HMOILDOCS@bcbsil.com**.
- Call Member Services at the number on the back of your ID card.

Just as a reminder, a DOC comes in the package you receive during your employer's open enrollment period.

If you have questions about your coverage, please contact your employer's HMO benefits coordinator, or call Member Services.

Thank you for choosing BCBSIL!

Sincerely,
Member Services

Para una traducción al español de este texto, por favor, póngase en contacto con BCBSIL al número que aparece en la parte posterior de su tarjeta de identificación.

Detach Here



The HMOs of Blue Cross and Blue Shield of Illinois HMO Illinois and BlueAdvantageSM HMO

To receive a Description of Coverage specific to your plan, call HMO Member Services at the number on the back of your ID card or complete and return this postage-paid card. (Please note that if all information is not provided, we may not be able to process your request.)

Para recibir una Descripción de Cobertura específica para su HMO plan, comuníquese con Servicios para los Miembros de la Organización de Mantenimiento de la Salud (HMO, por sus siglas en inglés) llamando al número indicado al dorso de su tarjeta de identificación o complete y envíe esta tarjeta con franqueo pagado. (Tenga en cuenta que, si no proporciona toda la información, es posible que no podamos procesar su solicitud).

Name/Nombre

12 boxes for name input

Member ID Number/Número de identificación de miembro

12 boxes for member ID number input

Group Number (see your ID card)/Número de grupo (consulte su tarjeta de identificación)

12 boxes for group number input

Address/Dirección

24 boxes for address input

City/Ciudad

12 boxes for city input

State/Estado

2 boxes for state input

ZIP/Código postal

5 boxes for ZIP code input