



HFS  
Illinois Department of  
Healthcare and Family Services



HFS 915IES (N-4-15)  
State of Illinois  
Department of Human Services  
Department of Healthcare and Family Services  
PO Box 19138  
Springfield IL 62763

IMPORTANT INFORMATION. OPEN IMMEDIATELY.

**MEDICAID KEEPS  
ME COVERED**

**IMPORTANT INFORMATION  
ABOUT YOUR COVERAGE**

INFORMACIÓN IMPORTANTE SOBRE SU COBERTURA  
WAŻNA INFORMACJA O GWARANCJI  
ВАЖНАЯ ИНФОРМАЦИЯ О ВАШЕМ ОСВЕЩЕНИИ  
關於你的報導的重要信息

MEDICAID CUSTOMERS:

# ARE YOU COVERED?

CHECK YOUR STATUS AT [ABE.ILLINOIS.GOV](https://abe.illinois.gov).

Click **Manage My Case** at [abe.illinois.gov](https://abe.illinois.gov) to:

- Verify your mailing address under “Contact Us.”
- Find your due date (also called redetermination date) in your “Benefit Details.”

Watch your mail and complete your renewal right away.

If you are no longer eligible for Medicaid, connect to coverage at work or through the official Affordable Care Act marketplace for Illinois,

**[GetCoveredIllinois.gov](https://getcoveredillinois.gov)**.



Scan here and click  
“**Manage My Case**” now.

**1-800-843-6154**