



HFS
Illinois Department of
Healthcare and Family Services

MEDICAID CUSTOMERS:

ARE YOU COVERED?

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

Click **Manage My Case** at 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.



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

1-800-843-6154



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