



**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**

HFS 915IES (N-4-15)



State of Illinois  
Department of Human Services  
Department of Healthcare and Family Services  
PO Box 191138  
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