



November 14, 2014

[Primary First Name] [Primary Last Name]  
[Address Line 1]  
[Address Line 2]  
[City], [State] [ZIP Code]

Member ID: [UID]  
Group Number: [Member Group Number]  
Member Name: [Primary First Name] [Primary Last Name]  
Spouse Name: [Spouse First Name] [Spouse Last Name]  
No. of Dependents: [Number of Dependents]

## Your health plan is scheduled to renew on January 1, 2015. You have options.

Dear [Primary First Name] [Primary Last Name]:

The new year is just around the corner, and we want to let you know about your health care plan options for 2015.

### Option 1. To keep your current plan:

- Do nothing. Your plan is scheduled to renew on January 1, 2015.
- Continue to use your plan and make appropriate payments.
- See your rate change information on the back of this page.

Please review the government-required notice on the next page. We've also included Answers to Your Questions for more information. If you want to buy a new plan, you can review any of the options we offer starting on November 15, 2014. See below for more details.

### Option 2. To choose a new plan:



**Starting November 15, 2014**, log in to [bcbsil.com/keepmeblue](http://bcbsil.com/keepmeblue) to review all of the Blue Cross and Blue Shield of Illinois (BCBSIL) options and see if you qualify for a premium tax credit.

or



**Starting November 15, 2014**, [if you would like to speak with a licensed BCBSIL sales agent, please call our Sales department at [Column I] to discuss your options.] [if you have any questions, please contact your authorized BCBSIL agent or call [Column F].]

- Yearly open enrollment begins November 15, 2014.
- Choose a plan on or before December 15, 2014, for coverage starting on January 1, 2015.
- Open enrollment ends February 15, 2015 (dates subject to change).

If you choose a new plan, your current plan will be canceled. **You cannot go back to your previous plan once you cancel it.** Make sure your doctors and hospitals are in the new plan's network and that any prescriptions you take are covered through the new plan.

## Important rate change information:

Your coverage is: [Medical Plan Name] \$[Medical Deductible] Deductible

The rate adjustment shown below will be in [Month]<sup>1</sup>. Look for a second, official notice with your actual medical and dental rates prior to this date. (Dental rates will only be shown if you have a dental plan.) Your new monthly medical premium will be:

What Your Total Medical Premium Is Now	What Your New Total Medical Premium Will Be <sup>2</sup>
\$[Current Medical Premium]	\$[New Medical Premium]

Thank you for being our member. We look forward to serving your health insurance needs through all of life's changes. If you have any questions, our team stands ready to help.

Sincerely,

Your Customer Advocates  
Blue Cross and Blue Shield of Illinois

Spanish (español): Para obtener ayuda en español, por favor llame al 800-538-8833.

## The following letter is a government-required notice.

<sup>1</sup> Attained age increase can occur before or after this date.

<sup>2</sup> Premiums may be different if changes are made to the policy, and are based on the rates filed with the Illinois Department of Insurance.