



Good News! No Rate Increase for the New Contract Year, Beginning JULY 1, 2011

April 2011

Annual Open Enrollment & Election Form for Dental Insurance

Enrollees in our Blue Cross Blue Shield of Illinois Dental Insurance plan have these options:

- 1) Make no changes -- retain your current coverage at the same rate as last year
- 2) Add a spouse or dependent children to your policy
- 3) Add coverage for orthodontics to your family policy – for children up to age 19
- 4) Cancel coverage for orthodontics from your family policy
- 5) Change from Family to Individual coverage.

We are happy to report that there will be **NO RATE CHANGE** for the contract year beginning **July 1, 2011**. Your completed election form, signed by the policyholder, must be received in our office by May 31, 2011. Please return this form even if you check "Make no changes". Any changes will take effect July 1.

We offer Open Enrollment for our Dental Plan during the month of May. New enrollees can begin family or individual coverage **July 1, 2011**. A plan summary sheet including rates is enclosed. LCMS members who are employers should notify their eligible employees about this Open Enrollment for the Dental Plan. Members and employees who work at least 20 hours a week are eligible for the Dental Plan. We do NOT offer annual open enrollment for the medical plan, although special enrollment opportunities may be available. Contact our office for details, or visit our Web site for the Special Enrollment Notice. Go to **LCMSillinois.org** and click on the Insurance page.

Return this form to the Lake County Medical Society by fax to 847-574-0445 or by U.S. Mail.

- _____ Make NO CHANGES to my current enrollment status in the Dental plan.
- _____ Send a contract change form so I can add my dependent(s). (Also available on our web site)
- _____ Switch my family policy to an individual policy for myself only.
- _____ Send an application for **New** Dental insurance enrollment to the address below.
- _____ **Add** coverage for orthodontics to Dental Policy _____ **Cancel** coverage for orthodontics

Mail an Application for enrollment to:

Name _____ Employer _____

Address _____

Questions? Call us at 847-482-0222 Fax: 847-574-0445 Em: LakeDocs@aol.com.

If we do not hear from you by May 31, no enrollment changes will be made. .

Mailing Address: 1025 W. Everett Road, Suite 4, Lake Forest IL 60045.

Policyholder's Signature _____ **Print Name** _____

Phone _____ Fax _____