



**HAPPY
BIRTHDAY**



**It's almost time
to celebrate
your 65th birthday!**

Enjoy your big day without worrying about your health care benefits. You can continue to receive the high level of coverage and service you've come to expect from Blue Cross and Blue Shield of Alabama.

C PlusSM with PMD, a Medicare Select Plan B, pays for most medical expenses not covered by Medicare. Preferred Long-Term CareTM coverage gives additional peace of mind to you and your family. We invite you to read these brief overviews; then either call, visit www.bcbsal.com, or complete and mail the attached postage-paid reply card for more information.



**BlueCross BlueShield
of Alabama**

C PlusSM with PMD

C Plus members take advantage of special benefits including freedom to choose your medical provider; no copayments for physician visits; outpatient hospital or emergency room services; prescription drug discounts; no claim filing and no referrals needed for a specialist. Call **1 800 315-7900 (TTY: 1 800 257-3384)** to request a C Plus information packet that includes detailed coverage information and an application. You may also visit our web site at **www.bcbsal.com** to view general C Plus information and to download an application, or e-mail our customer service department at **bcbsalcustomerservice@bcbsal.org**.

Preferred Long-Term CareTM

Blue Cross and Blue Shield of Alabama offers long-term care insurance to complete your health insurance coverage. Should you experience a condition requiring extended chronic care, our insurance — Preferred LTC — enables you to receive care in an assisted living facility, a long-term care facility or in your home. If you are interested in learning more about Preferred LTC, call **1 888 651-5462**, visit our web site at **www.preferredltc.com**, or e-mail **bcbsalcustomerservice@bcbsal.org**.



I want more information!

Fill out and mail this reply card to receive more information.

First Name: _____ Middle Initial: _____

Last Name: _____

Address (Number and Street): _____

City, State and Zip: _____

Phone Number (including area code): _____

E-mail Address: _____

Date of Birth (Month/Day/Year): _____

Please detach and return this card, check our web site

at www.bcbsal.com or call 1 800 315-7900 for more information.



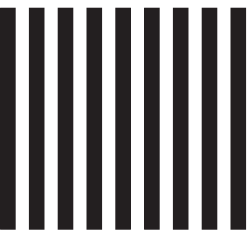
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BlueCross BlueShield of Alabama

An Independent Licensee of the Blue Cross and Blue Shield Association.

For more information
visit our web site
at **www.bcbsal.com**.

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