

Local Government Health Insurance Program Supply Order

Date: _____

To: Blue Cross Blue Shield
Rodney Hill

Email Address: rhill@bcbsal.org

From: _____

Quantity Group 30000 Supplies

_____ 2024 Blue Cross Benefit Plan Book (MKT-231)
_____ 2024 Blue Cross Dental Benefit Plan Book (MKT-232)
_____ 2024 Blue Cross Summary of Benefits – Health (MKT-180)
_____ 2024 Blue Cross Summary of Benefits – Dental (MKT-181)

For your convenience, the above listed items may be downloaded at www.lghip.org.

The following directories are available for viewing online on the Blue Cross website (AlabamaBlue.com):
Preferred Provider Directory (PRO-66)
Preferred Dental Directory (PRO-128)
Directory of Participating Chiropractors (PRO-142)

Ship To:

Name of Local Government Unit _____

Contact Person _____

Street Address (No P.O. Boxes) _____

City _____

State _____ Zip _____

Telephone Number (_____) _____

Please email the completed order form to (rhill@bcbsal.org), Blue Cross and Blue Shield of Alabama.