

[SURVEY VENDOR LOGO]
[SURVEY VENDOR ADDRESS]

[QHP ISSUER LOGO ONLY NO ADDRESS]

FIRST AND LAST NAME
LINE ONE OF ADDRESS
LINE TWO OF ADDRESS (IF ANY)
CITY, STATE ZIP

Dear [SAMPLED ENROLLEE FIRST AND LAST NAME],

We need your help. Please fill out the enclosed survey about the care you got through [QHP REPORTING UNIT NAME] in the last 6 months. This is your chance to help your health plan serve you better. This survey is part of a national ongoing effort to understand the experiences enrollees have with their health plan. The results will help consumers make important choices about their health care and will help health plans improve the care they provide.

You have been chosen as part of a random sample of enrollees in your health plan. Your answers are important and we cannot replace you with anyone else. If you changed your health plan for 2016, please answer the questions in the survey thinking about the health plan you had from July through December 2015. The survey will take about 20 minutes to complete. We hope you will take this chance to tell us about your experiences.

Your answers will be part of a pool of information from others like you. The information you provide will only be shared with authorized persons. Your health plan will not see your responses. **You may choose to fill out this survey or not. If you choose not to, this will not affect the benefits you get.** However, your knowledge and experiences will help other people like you choose a health plan, so we hope you will help us.

Please return the completed survey in the enclosed pre-paid envelope.

[QHP ISSUER] contracted with [SURVEY VENDOR NAME] to conduct this survey. If you have any questions about the survey, call [SURVEY VENDOR NAME] toll free at (XXX) [XXX-XXXX] between XX:XX a.m. and XX:XX p.m. [SURVEY VENDOR LOCAL TIME], Monday through Friday or e-mail [SURVEY VENDOR EMAIL]. Thanks for your help!

Si prefieres la encuesta en español, por favor llame al (XXX) [XXX-XXXX].

[IF OFFERING CHINESE] 如果你想要中文問卷, 請致電 (XXX) [XXX-XXXX].

Sincerely,

[SIGNATURE]

[NAME/TITLE OF SENIOR EXECUTIVE
FROM SURVEY VENDOR or QHP
ISSUER]

2016 Qualified Health Plan Enrollee Survey
Cover Letter: English

[DO NOT INCLUDE THIS FOOTER IN LETTERS SENT TO ENROLLEES]