

[VENDOR LOGO]  
[VENDOR ADDRESS]

and/or [QHP ISSUER LOGO ONLY NO ADDRESS]

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

Dear [ENROLLEE FIRST AND LAST NAME],

Please tell us how you felt about your recent health care experiences with [QHP ISSUER NAME] in the enclosed survey. This survey is sponsored by the Department of Health and Human Services and should take about 10 minutes to complete.

The purpose of this survey is to understand the experiences people have with their health plan. Your experiences with your health plan are unique and this information can only come from you. This survey asks about the care you received through your health plan from July through December 2023, such as:

- How easy was it to get care when you needed it?
- Did your doctor spend enough time with you and treat you with respect?
- Did you get the information you needed, such as how much you would have to pay for your health care?

Your participation is voluntary, and your answers will be kept private. [QHP ISSUER NAME] will use the combined survey data to provide better service and care for their enrollees. By completing this survey, you will help them achieve that goal. This survey information will also be used to inform health plan quality ratings that people can use to compare plans on HealthCare.gov or their state's Marketplace website.

Your health plan hired [VENDOR NAME] to conduct this survey. If you have any questions about the survey, call [VENDOR NAME] at (XXX) [XXX-XXXX], between [XX:XX] a.m. and [XX:XX] p.m. [VENDOR LOCAL TIME], Monday through Friday (excluding federal holidays), or email [VENDOR EMAIL].

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

We greatly appreciate your help in improving health care.

Sincerely,

[SIGNATURE]  
[NAME AND TITLE OF SENIOR EXECUTIVE FROM VENDOR or QHP ISSUER]  
[VENDOR or QHP ISSUER NAME]

Para solicitar una encuesta en papel y en español, o para responder la encuesta en español por teléfono, llame al número siguiente: (XXX) [XXX-XXXX].

**[IF OFFERING IN CHINESE]** 如需索取中文版调查问卷, 或以中文进行电话调查问卷, 请联络:  
(XXX) [XXX-XXXX]。

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**2024 Qualified Health Plan Enrollee Experience Survey**  
Cover Letter for First Survey Mailing: English

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