[VENDOR LOGO]   and/or   [QHP ISSUER LOGO ONLY NO ADDRESS]
[VENDOR ADDRESS]

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

Dear [ENROLLEE FIRST AND LAST NAME],

Recently, we mailed you a survey to learn about the care you received through [QHP ISSUER NAME] from July to December 2023. Please tell us how you felt about your recent experiences with your health plan in the enclosed survey. Your experiences with your health plan are unique and this information can only come from you.

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, 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.

If you have any questions, 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 responder la encuesta en español por teléfono, llame al número siguiente: (XXX) [XXX-XXXX].

[IF OFFERING IN CHINESE] 这项调查提供中文版。如需以中文进行电话调查问卷，请联络：
(XXX) [XXX-XXXX] 。

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

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