

[VENDOR LOGO]  
[VENDOR ADDRESS]

and/or [QHP ISSUER LOGO ONLY NO ADDRESS]

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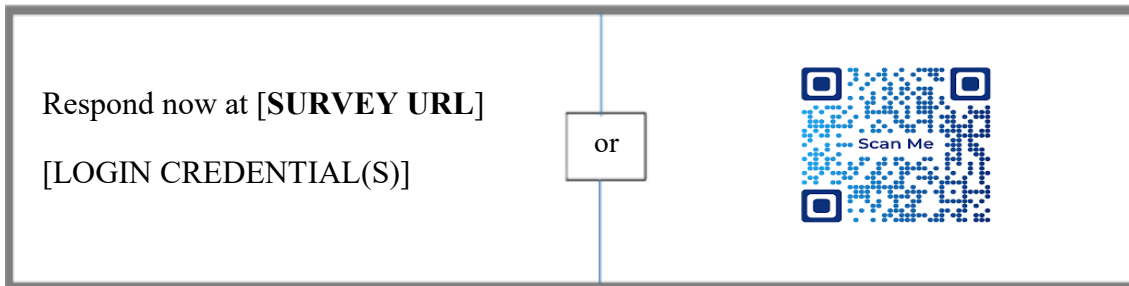
[FIRST AND LAST NAME]  
[LINE ONE OF ADDRESS]  
[LINE TWO OF ADDRESS (IF ANY)]  
[CITY, STATE ZIP]

Dear [ENROLLEE FIRST AND LAST NAME],

You will soon receive a survey about the care you received through [QHP ISSUER NAME] from July through December 2023. This survey is sponsored by the Department of Health and Human Services and should take about 10 minutes to complete.

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.

To save time and paper, you can complete this survey online right now by visiting [SURVEY URL] [VENDORS THAT INCLUDE QR CODE INSERT: or by using your phone's camera to scan the QR code below]. On this website, you will be asked for this private [TYPE OF LOGIN CREDENTIAL(S)]. You may have received an invitation to your email address. If so, it will take you directly to the same survey.



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].

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]. Para responder la encuesta en español por internet, vaya a este sitio web: [SURVEY URL] y utilice esta información de acceso privada: [LOGIN CREDENTIAL(S)]

[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**

Prenotification Letter: English

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