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

2027 Qualified Health Plan Enrollee Experience Survey

Cover Letter for First Survey Mailing: English

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

Dear [ENROLLEE FIRST AND LAST NAME],

Please take part in this important survey about your recent health care experiences with [QHP ISSUER NAME]. This survey takes about 10 minutes, and your answers will be kept private. Your feedback will help your health plan improve services and care.

The U.S. Department of Health and Human Services sponsors this survey. It asks about the care you received from July through December 2026, such as:

- How easy it was to get care when you needed it
- Whether your doctor spent enough time with you and treated you with respect
- If you got the information you needed, like how much you would have to pay

Your answers will be combined with other survey responses and will be used to help [QHP ISSUER NAME] improve the services they provide. Responses are also used to help set the quality ratings that people use to compare health plans.

Taking part in this survey is voluntary. 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.

Thank you for helping improve 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]。
