

[VENDOR LOGO]
[VENDOR ADDRESS]

and/or [QHP ISSUER LOGO ONLY NO ADDRESS]

2027 Qualified Health Plan Enrollee Experience Survey
Cover Letter for Second 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],

We recently mailed you a survey about your 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, 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 to improve 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]。