{{client_name}}

{{client_address}} · {{client_city_state_zip}} · {{client_phone}}

EMPLOYER GROUP HEALTH PLAN · ANNUAL NOTICE

{{notice_date}}

{{recipient_name}}
{{recipient_address}}
{{recipient_city_state_zip}}

RE: {{group_name}} — {{plan_name}} — Annual Notice of Change for {{plan_year}}

ANNUAL NOTICE OF CHANGE FOR {{PLAN_YEAR}}

Dear {{recipient_name}},

You are receiving this notice because you are enrolled in {{plan_name}} through {{group_name}}. Each year we are required to tell you about the changes to your plan before those changes take effect. This letter, together with the enclosed Annual Notice of Change, describes what is changing on {{plan_effective_date}}.

Please review the enclosed booklet and keep it with your plan materials. You do not need to do anything to stay in your current plan.

The enclosed Annual Notice of Change compares your current benefits with the benefits that will apply in {{plan_year}}. The most significant changes for {{group_name}} are summarized below.

Monthly premium	{{premium_current}} today, {{premium_new}} beginning {{plan_effective_date}}
Primary care visit	{{copay_pcp_current}} today, {{copay_pcp_new}} beginning {{plan_effective_date}}
Prescription drug tier	{{rx_change_summary}}
Provider network	{{network_change_summary}}

If you want to change plans, you may do so during the annual enrollment period, which runs from {{enrollment_open_date}} through {{enrollment_close_date}}. Changes made during this period take effect {{plan_effective_date}}.

If you have questions about this notice, or about how these changes affect your coverage, call {{agency_service_phone}}. Representatives are available {{agency_service_hours}}. If you use a TTY, call {{agency_tty}}.

This information is available in other formats, including large print and {{alternate_language}}, at no cost to you.

Sincerely,

{{signer_name}}
{{signer_title}}
{{client_name}}

ENCLOSURE

ANNUAL NOTICE OF CHANGE — {{plan_name}}, {{plan_year}}

The plan's full Annual Notice of Change booklet is enclosed with this cover letter.

{{packet_document}} — {{packet_page_count}} pages

This enclosure is supplied per {{group_noun}} and is bound behind this cover at mailing time. Page count varies by {{group_noun}}.