

**INFORMATION ONLY**

<DATE>

**Important Health Plan Renewal Information**

<SUBSCRIBER NAME>

<ADDRESS>

<CITY>, <ST> <ZIP>

Dear <SUBSCRIBER NAME>,

Thank you for being a valued Optima Health member. We are proud to be your healthcare partner for individual and family health insurance. It is important that you always understand your health plan coverage and any activity related to your policy. As you may know, your policy renewal date is approaching and current coverage for your <CURRENT PLAN NAME> plan will end on <END COVERAGE DATE>.

In addition, your renewal plan Summary of Benefits and Coverage document is available for your review. Sign in to MyOptima (or register if you haven't already done so) on [optimahealth.com/members](http://optimahealth.com/members) to view plan benefit information online, or contact Member Services at the number on the back of your member ID card to request a printed copy.

Enclosed are important plan renewal information and your coverage options for the following people covered under the plan:

<SUBSCRIBER 01>

<SPOUSE 02>

<SPOUSE 22>

<DEPENDENT 03>

<DEPENDENT 04>

<DEPENDENT 05>

<DEPENDENT 06>

Please see enclosed letter for whom you should contact if you have any questions.

Sincerely,



John E. DeGruttola  
Senior Vice President, Marketing and Sales

Enclosure