



Colorado Choice Health Plans

700 Main Street, Suite 100
Alamosa, CO 81101
719-589-3696
Fax: 719-589-4901
www.cochoice.com

<Client Name>
<Address 1>
<City>, <State> <Zip>

Dear <First Name>,

We are pleased to provide your 2017 renewal information. In our last correspondence, we discussed the benefit changes for 2017. If you have not reviewed that letter, please do so.

Your new premium reflects changes to our rates for 2017. In addition, rates are based on your age, where you live, and whether or not you use tobacco. Members who experienced a birthday since enrolling will have an age-based increase.

Current rate: <Current Rate>

2017 rate: <Renewal Rate>

In the coverage year of 2017 there will not be a per month special fee assessment added to your monthly payment. This year the fee was \$1.80 per month.

If you wish to renew on your current plan, you need to do nothing. Your plan will be auto-renewed on December 15th. If you currently pay your premium by autodraft, the new premium will be deducted after December 15th. If you currently pay by coupon, new ones will be sent to you in late December reflecting your 2017 monthly costs. Your January payment will be due to us by 1/1/2017.

We have updated our plans available from Colorado Choice for 2017 and you may wish to consider a new plan for your coverage if your plan is no longer offered. If you wish to make a change, your change must be received by December 23rd. To review other plan options or if you have questions, please contact your health insurance broker. If you do not have a broker, please contact our office for assistance at (719) 589-3696 or 1-800-475-8466.

We appreciate your business and look forward to serving you again in 2017!

Sincerely,

The Colorado Choice Sales and Customer Service Team