

<< Date>>

<<Member First Name>> <<Member Last Name>>

<<Member Address>>

<<Member City, State ZIP>>

Dear <<Member First Name>> <<Member Last Name>>

Congratulations! You and your spouse, if applicable, have met the requirements for the "Choice" level of benefits in **Health**byChoice Incentives<sup>SM</sup>. You're part of this plan because your employer wants to encourage healthy lifestyles and involvement in your health plan.

Because you've qualified for Choice benefits, you'll enjoy lower copays, coinsurance and deductibles (see your coverage documents for details).

As a **Health**byChoice Incentives enrollee, you also have access to a variety of resources to support you in making healthier choices throughout the year including:

- **Healthy**Encounters<sup>SM</sup> wellness, exercise and disease management classes.
- Case managers to help manage your chronic conditions.
- Discounts on fitness club memberships and other services.
- Tools and resources available at *priorityhealth.com*.

If you have questions, please give us a call using the phone number listed on the back of your ID card. Customer Service representatives are available Monday through Thursday 7:30 a.m. to 7 p.m., Friday 9 a.m. to 5 p.m. and Saturday 8:30 a.m. to noon. You may also send an e-mail by clicking on "Contact Us" at *priorityheath.com*. We'll respond by the end of the next business day.

Sincerely,  
Priority Health  
Customer Service