

<< Date>>

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

<<Member Address>>

<<Member City, State ZIP>>

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

Your employer offers the **HealthbyChoice** Incentives<sup>SM</sup> plan to encourage employees to adopt healthy lifestyles and to be involved in their health plan. By meeting certain criteria, you have the opportunity to be rewarded with lower copays and no coinsurance or deductibles.

You and/or your spouse, if applicable, did not meet the requirements for "**Choice**" benefit levels through **HealthbyChoice** Incentives. You have been transferred to the Standard benefit level with the same coverage; however you will have higher copays and will be subject to deductibles and coinsurance (see your coverage documents for details).

New member ID cards will be sent to you listing your Standard benefits. Remember to present your new ID cards to each of your health care providers.

You will have the opportunity to qualify for the **Choice** level of benefits during the next plan year by completing an online health risk assessment and submitting a qualification form. Until then, you are eligible to take advantage of all our free and low-cost wellness resources available to you from Priority Health:

- Attend **HealthyEncounters**<sup>SM</sup> wellness, exercise and disease management classes.
- Work with our case managers to help manage your chronic conditions.
- Save money with discounts on fitness club memberships and other services.
- Use any of the 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