Humana Inc. 004/10275 1100 Employers Blvd Green Bay WI 54344

Group Number: Group ID Renewal Date: Month DD, YYYY

Date

Group Name Attn: Benefits Administrator 123 Main St. City State Zip

Texas Consumer Choice Disclosure - This is a Reminder Notification Regarding Your Group's Upcoming Renewal

Dear Benefits Administrator,

Thank you for choosing Humana for your company's health benefits. We appreciate your business.

You are receiving this letter because you currently have or may be making a plan change to a Humana Consumer Choice product. Since a Consumer Choice product does not offer or provide all statemandated health benefits, we are providing you with the enclosed disclosure form that lists statemandated health benefits not included or reduced in your Humana Consumer Choice product.

After you've reviewed the disclosure form, to acknowledge your renewal on a Consumer Choice product, <u>please sign and return the completed disclosure form within 15 days of receipt, to coincide</u> <u>with your group's renewal date.</u> If you will be making a plan change, please submit the appropriate disclosure form along with the paperwork. You can return the disclosure form by email at <u>TXConsumerChoice@humana.com</u>. Please reference your group number in the email.

We look forward to providing you and your employees with insurance benefits for the upcoming plan year. Again, thank you for the privilege of serving you, your employees, and their families. If you have any questions, please contact your agent Agent Name at **555-555-5555** or Humana at **800-232-2006 (TTY: 711)**, Monday – Friday, 8 a.m. – 6 p.m.

Sincerely,

Your Humana Sales Team

Offered by Humana Health Plan of Texas, Inc. and insured by Humana Insurance Company

Enclosure: Texas Consumer Choice Disclosure

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No action is required by you. We have record of a signed disclosure form on file to acknowledge your renewal on a Consumer Choice product. This notice is for informational purposes only.

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