

Errata Sheet to the  
<Plan Name>  
< Year>  
<Annual Notice of Change and Evidence of Coverage>

*Instructions: Plans/Part D Sponsors should only use this errata sheet to correct ANOCs and/or EOCs that were distributed to enrollees. Plans/Part D Sponsors that have more than one correction in an ANOC and/or EOC should use one row per each correction to describe the change(s). Plans/Part D Sponsors addressing an error in the EOC, but not the ANOC (and vice versa), may remove references to these documents as appropriate. Plans/Part D Sponsors may also make minor grammatical adjustments to accommodate changes in references (e.g., make a word singular/plural).*

*[Insert date]*

*[Plans may add a greeting (e.g., Dear Member, Dear Mrs. [insert name]).]*

**This is important information on changes in your <insert plan name> coverage.**

We previously sent you the Annual Notice of Change (ANOC) and Evidence of Coverage (EOC) documents which provide information about your coverage as an enrollee in our plan. This notice is to let you know there are errors in your ANOC/EOC document<s>. Below you will find information describing and correcting the errors. Please keep this information for your reference.

**Changes to your ANOC/EOC**

<b>Where you can find the error in your [Current Year] ANOC/EOC</b>	<b>Original Information</b>	<b>Corrected Information</b>	<b>What does this mean for you?</b>
[Insert ANOC, EOC, page number, Section, and Title of Section]	[insert original (incorrect) information]	[insert corrected information]	[insert information further describing the corrected information in plain language so that readers understand the impact to them]

[Material ID]

<b>Where you can find the error in your [Current Year] ANOC/EOC</b>	<b>Original Information</b>	<b>Corrected Information</b>	<b>What does this mean for you?</b>
<b>Below are examples</b>	<b>Below are examples</b>	<b>Below are examples</b>	
On page 2, under “Section 3. Medical services: changes to your benefits” your Annual Notice of Change lists the Optional Supplemental Benefits – Package 1 (Monthly Premium) as:	\$29 for the following optional benefits: - Dental Services - Chiropractic Services - Eyewear - Acupuncture	\$30 for the following optional benefits: - Dental Services* - Chiropractic Services - Eyewear* - Acupuncture  *Please refer to your 2017 Evidence of Coverage for detailed information.	You must pay a \$30 monthly premium for the described services.
On page 5, under “Section 3. Medical services: changes to your benefits” your Annual Notice of Change lists the Routine eye exam as:	\$10 copayment	\$0 copayment	You will pay nothing for Routine eye exam.

*[Plans have the option to insert a paragraph further describing all changes from the original information. Plans should describe benefits/coverage changes by comparing the benefits/coverage information originally provided to the enrollee with the corrected benefits/coverage information.]*

You are not required to take any action in response to this document, but we recommend you keep this information for future reference. If you have any questions please call us at [enter customer service/member services, TTY number, and hours of operation].

*[Plans may add a closing]*

*[Insert the Federal Contracting Statement]*

*[As applicable, insert the Availability of Non-English Translations Disclaimer]*