

2028 Open Enrollment — Approved Member Reminder

What members must be told, what must never be implied, and the required disclosures

THIS IS A NEUTRAL REMINDER, NOT A SALES COMMUNICATION

Nothing in this campaign may steer a member toward a specific plan, recommend a plan, or suggest that a particular choice is better for that member.

AUDIENCE All currently enrolled members	CLASSIFICATION Plan administration and required member communication
SELECTION CRITERIA Enrollment status only. No condition, claim, or utilization data.	LANGUAGES English and Spanish at release; others on request

KEY DATES MEMBERS MUST BE TOLD

DATE	WHAT HAPPENS	WHY IT MATTERS TO THE MEMBER
October 15, 2027	Open enrollment begins	The earliest date a change can be made for the 2028 plan year
November 1, 2027	2028 plan documents available in the member portal	The Summary of Benefits and Coverage for each option can be compared
December 1, 2027	Open enrollment ends	After this date, a change generally requires a qualifying life event
January 1, 2028	New plan year begins	Deductible and out-of-pocket accumulators reset to zero
January 31, 2028	New member identification cards mailed	The current card remains valid until the new one arrives

THE FOUR THINGS TO CHECK — FRAMED NEUTRALLY

CHECK	WHAT TO SAY	WHAT MUST NOT BE SAID
Is your current plan still offered?	Plans change from year to year. Confirm your current plan is available for 2028, and read the notice if it is changing.	Do not suggest which plan to move to if a plan is discontinued.
Are your clinicians still in network?	Networks change. Use the provider directory to confirm each clinician and facility you use before you enroll.	Do not state that a specific clinician will remain in network.
Are your medicines still covered?	Formularies change. Check each medicine on the 2028 formulary and note its tier and any requirements.	Do not suggest changing a medicine. That is a conversation with a prescriber.
Do the costs still fit?	Compare premium, deductible, copays, coinsurance, and out-of-pocket maximum together. A lower premium can mean higher costs when care is used.	Do not predict what a member will spend, and do not describe any plan as cheaper or better for them.

PROHIBITED IN EVERY ASSET

- Any recommendation of a specific plan to a specific member
- Any use of claims history, diagnosis, medication, or utilization data to select recipients or tailor content
- Any prediction of a member's cost, usage, or health needs
- Any statement that a clinician, facility, or medicine will definitely be covered
- Any urgency language that implies a benefit will be lost by not acting immediately, beyond stating the actual deadline
- Any medical advice, including advice to start, stop, or change a medicine

REQUIRED IN EVERY ASSET

- The exact enrollment start and end dates
- A statement that plan documents control, and where to find them
- The member services number and the TTY number
- A statement that free language assistance is available
- A statement that materials are available in alternate formats at no cost
- A non-discrimination notice as required
- For email: the organization's name, postal address, and a working unsubscribe link where applicable

APPROVED CLOSING PARAGRAPH (USE VERBATIM)

“Open enrollment for 2028 runs from October 15 to December 1, 2027. Take a few minutes to check whether your plan is still offered, whether your clinicians are still in network, whether your medicines are still covered, and whether the costs still work for you. Your 2028 plan documents are the final word on what is covered — this message is a reminder, not a recommendation. Questions? Call member services at 1-800-555-0142, TTY 711. Free language assistance and alternate formats are available at no cost to you.”

REVIEW AND SIGN-OFF

REVIEWER	SCOPE	STATUS	DATE
Compliance	Required disclosures, prohibited steering, marketing classification	Approved	09/24/2027
Privacy Officer	Audience selection, no use of claims or condition data	Approved	09/24/2027
Member Advocacy	Plain language and neutrality	Approved	09/25/2027
Accessibility Lead	Captions, transcript, alt text, contrast, alternate formats	Approved	09/25/2027
Legal	Final release	Approved	09/26/2027

FICTIONAL SPECIMEN. Northstar Health Plan, the dates, the phone numbers, the reviewers, and this campaign are invented for demonstration only. This is not a real member communication, not a required regulatory notice, and not insurance, legal, or medical advice.