# <Plan Name> <Year> 年度更改通知 勘誤表

*Instructions: Plans/Part D Sponsors may only use this errata sheet to correct the Annual Notice of Change (ANOC) that was distributed to enrollees. Plans/Part D Sponsors that have more than one correction in an ANOC must use one row per each correction to describe the change(s). Plans/Part D Sponsors may make minor grammatical adjustments to accommodate changes in references (e.g., make a word singular/plural).*

*Distribution of errata sheets:*

* *All enrollees must receive the actual errata sheet. A notice stating an errata is posted on a website is not acceptable.*
* *If an enrollee has previously opted in to receiving the ANOC/EOC in an electronic form, Plans/Part D Sponsors may send the ANOC errata electronically. All other enrollees must receive the ANOC errata in hard copy.*
* *If there are errors in both the ANOC and EOC:*
  + *Plans/Part D Sponsors may send the ANOC and EOC errata in the same mailing, as long as they are mailed timely and as two separate documents.*
  + *Plans/Part D Sponsors should add language to the ANOC and EOC erratas to let enrollees know that they will be receiving two errata sheets, one for the ANOC and one for the EOC.*

*[Insert date]*

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

## 這是關於您的<insert plan name>承保範圍變更的重要資訊。

我們之前向您發送了年度更改通知 (ANOC)，其中提供了有關您作為我們計劃參保者的承保範圍變更的資訊。本通知將告知您 ANOC 存在錯誤。您將在下文看到描述和更正錯誤的資訊。請保留此資訊以供作參考。正確的 ANOC 可在我們的網站[insert web address]  
找到。

## 您的 ANOC 變更

| **您在哪裡可以找到 [Current Year] ANOC 的錯誤** | 原始資訊 | 更正資訊 | 這對您來說意味著什麼？ |
| --- | --- | --- | --- |
| [Insert 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] |
| **範例如下：** | **範例如下：** | **範例如下：** |  |
| 第 2 頁，「第 3 節。醫療服務：福利變更」您的年度更改通知列出了可選補充福利 – 套餐 1（月繳保費）為： | $29，可享受以下可選福利：   * 牙科服務 * 脊椎推拿服務 * 眼鏡 * 針灸 | $30，可享受以下可選福利：   * 牙科服務\* * 脊椎推拿服務 * 眼鏡\* * 針灸 | 您必須為所述服務支付 $30 的月繳 保費。 |
| 第 5 頁，「第 3 節。醫療服務：福利變更」您的年度更改通知列出了常規眼科檢查： | $10 的定額手續費 | $0 的定額手續費 | 您無需為常規眼科檢查支付任何 費用。 |

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

您無需針對本文件採取任何行動，但我們建議您保留此資訊以供將來參考。如果您有任何疑問，請聯絡[enter customer service/member services, TTY number, and hours of operation]。

*[Plans/Part D Sponsors may add a closing]*

*[Insert the Federal Contracting Statement]*

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