# Changes to the <Plan Name> <Year> <Evidence of Coverage>

*Instructions: Medicare Advantage Organizations (MAOs)/Part D Sponsors may only use this errata sheet to correct the Evidence of Coverage (EOC) that was distributed to enrollees. MAOs/Part D Sponsors that have more than one correction in an EOC must describe each change(s) using one row for each individual change. Minor grammatical adjustments may be made and do not need to be described individually in an individual row (e.g., make a word singular/plural).*

*Distribution of errata sheets:*

* *All enrollees must receive the actual errata sheet. Posting the errata sheet or a notice about an error(s) on a website is not acceptable.*
* *If an enrollee has previously opted in to receiving the EOC in an electronic form, MAOs/Part D Sponsors may send the EOC errata electronically. All other enrollees must receive the EOC errata in hard copy.*

*[Insert date]*

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

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

*Instructions: If a MAO/Part D Sponsor chose to send a notice informing enrollees that the EOC was available on their website, the MAO/Part D Sponsor should modify the sentence below beginning “We previously sent you the Evidence of Coverage…” to appropriately reflect that a notice was sent regarding the location of the EOC.*

We previously sent you the Evidence of Coverage (EOC) which provides information about your coverage as an enrollee in our plan. This notice is to let you know there were errors in your EOC. Below you will find information describing and correcting the errors. Please keep this information for your reference. The completed, corrected EOC can be found on our website at [insert web address].

## Changes to your EOC

| **Where you can find the error in your [Current Year] EOC** | Original Information | Corrected Information | What does this mean for you? |
| --- | --- | --- | --- |
| [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] |
| **Below are examples** | **Below are examples** | **Below are examples** | **--** |
| On page 2, under “Section 3. Medical services: changes to your benefits” your Evidence of Coverage 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 | You must pay a $30 monthly premium for the described services. |
| On page 5, under “Section 3. Medical services: changes to your benefits” your Evidence of Coverage lists the Routine eye exam as: | $10 copayment | $0 copayment | You will pay nothing for Routine eye exam. |

*[MAOs/Part D Sponsors have the option to insert a paragraph further describing all changes from the original information. MAOs/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.]*

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].

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

*[Insert the Federal Contracting Statement]*

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