

Dear [Participant's Name],

We are pleased to inform you that you are eligible to participate in our Health Plan for the upcoming year.

Health Plan Details:

Plan Name: [Plan Name]

Coverage Start Date: [Start Date]

Coverage End Date: [End Date]

Benefits Overview:

- Preventive Care: [Details]
- Prescription Coverage: [Details]
- Mental Health Services: [Details]

Next Steps:

Please review the attached documents for more detailed information about your benefits and the enrollment process.

If you have any questions, feel free to contact our customer service at [Customer Service Phone Number] or [Customer Service Email].

Thank you for being a valued participant.

Sincerely,
[Your Organization's Name]
[Your Organization's Contact Information]