

Health Insurance Plan Adjustment Notice

Date: [Insert Date]

Dear [Policyholder's Name],

We are writing to inform you about an important change to your health insurance plan. Effective [Insert Effective Date], your plan will be adjusted as follows:

Plan Details

Current Plan: [Current Plan Name]

New Plan: [New Plan Name]

Changes Overview

- **Premium:** [New Premium Amount]
- **Deductibles:** [New Deductibles]
- **Coverage Benefits:** [Details of Coverage Changes]

If you have any questions regarding these changes, please feel free to reach out to our customer service at [Customer Service Phone Number] or [Customer Service Email].

Thank you for being a valued member of our health insurance family.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Insurance Company Contact Information]