

# Medication Reimbursement Policy Update

Date: [Insert Date]

Dear [Recipient's Name],

We are writing to inform you of important updates to our medication reimbursement policy, effective [Insert Effective Date]. These changes aim to enhance our support for members and ensure that prescription medications are more accessible.

## Key Updates:

- **Increased Reimbursement Rates:** Effective immediately, reimbursement rates for covered medications will be increased to [Insert New Rate].
- **Expanded List of Covered Medications:** We have expanded our formulary to include [Insert Number] additional medications.
- **Streamlined Claims Process:** The claims submission process has been restructured to provide quicker approvals and minimize paperwork.

For detailed information on the changes, please refer to our updated policy document available on our website [Insert Website URL] or contact our customer service team at [Insert Contact Information].

We appreciate your understanding and support as we make these important updates.

Sincerely,

[Your Name]

[Your Position]

[Your Company]