

# Medication Reimbursement Policy Realignment Announcement

Date: [Insert Date]

Dear [Recipient's Name],

We are writing to inform you of an important update regarding our medication reimbursement policy. After comprehensive review and consideration, we are realigning our policy to better serve our members and ensure the sustainability of our healthcare offerings.

## Key Changes to the Policy:

- Revised eligibility criteria for reimbursement.
- Updated list of covered medications.
- New submission process for claims.

These changes will take effect on [Effective Date]. We encourage you to review the updated policy document attached to this letter for a complete understanding of the new guidelines.

If you have any questions or require further assistance, please do not hesitate to reach out to our customer service team at [Customer Service Phone Number] or [Customer Service Email].

Thank you for your continued support as we strive to improve our services.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]