

Letter Template

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Recipient's Organization]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are pleased to announce enhancements to our prescription replacement policy that will improve access to necessary medications for our members. Effective [Insert Effective Date], the following changes will be implemented:

- Increased coverage for lost or stolen prescriptions.
- Streamlined process for requesting prescription replacements.
- Expanded pharmacy network for prescription fulfillment.

These improvements are designed to ensure that our members can obtain their medications promptly and without unnecessary barriers. We invite you to share this information with your team and encourage them to reach out to us with any questions.

Thank you for your attention to this important policy enhancement. We appreciate your commitment to supporting our members' health and well-being.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]