

Important Update: Co-Payment Changes

Dear [Policyholder's Name],

We are writing to inform you of important updates regarding your insurance policy, specifically related to co-payment amounts and terms.

Policy Information

Policy Number: [Policy Number]

Effective Date of Changes: [Effective Date]

Updated Co-Payment Structure

- Primary Care Visit: \$[New Amount]
- Specialist Visit: \$[New Amount]
- Emergency Room Visit: \$[New Amount]
- Prescription Medication: \$[New Amount]

These changes are part of our ongoing effort to provide you with the best possible coverage while managing costs effectively. We encourage you to review your policy and understand how these updates may affect your healthcare expenses.

If you have any questions or need further clarification, please do not hesitate to contact our customer service team at [Customer Service Phone Number] or [Customer Service Email].

Thank you for choosing [Insurance Company Name] for your healthcare needs.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]