

Health Insurance Coverage Details

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

Dear [Recipient's Name],

We are pleased to provide you with the details of your health insurance coverage with [Insurance Company Name]. Below are the key elements of your plan:

Policy Information

Policy Number: [Insert Policy Number]

Effective Date: [Insert Effective Date]

Expiration Date: [Insert Expiration Date]

Coverage Details

- **Type of Coverage:** [e.g., Individual, Family]
- **Medical Benefits:** [e.g., Hospital stays, Outpatient services]
- **Preventive Care:** [e.g., Annual check-ups, Vaccinations]
- **Deductible:** [Insert Deductible Amount]
- **Coinsurance:** [Insert Coinsurance Percentage]
- **Out-of-Pocket Maximum:** [Insert Maximum Amount]

Additional Information

If you have any questions regarding your coverage or need assistance, please do not hesitate to contact our customer service at [Insert Phone Number] or via email at [Insert Email Address].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]

[Company Contact Information]