

Health Insurance Premium Breakdown

Date: [Insert Date]

To: [Recipient Name]

[Recipient Address]

Dear [Recipient Name],

We are providing you with a detailed breakdown of your health insurance premium for the policy year [Policy Year]. Please find the details below:

Premium Breakdown

Category	Amount (\$)
Base Premium	[Base Premium Amount]
Additional Benefits	[Additional Benefits Amount]
Policy Fees	[Policy Fees Amount]
Total Premium	[Total Premium Amount]

If you have any questions or need further clarification regarding your premium, please do not hesitate to contact us at [Contact Information].

Thank you for choosing [Insurance Company Name] for your health coverage.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Contact Information]