

# Medical Insurance Coverage Explanation

Date: [Insert Date]

To: [Recipient's Name]  
[Recipient's Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to provide you with an explanation of your medical insurance coverage. Below are the key details regarding your plan:

## Policy Information

Policy Number: [Insert Policy Number]

Group Number: [Insert Group Number]

## Coverage Details

- Inpatient Hospitalization: [Covered/Not Covered]
- Outpatient Services: [Covered/Not Covered]
- Primary Care Visits: [Covered/Not Covered]
- Specialist Visits: [Covered/Not Covered]
- Emergency Services: [Covered/Not Covered]
- Prescription Drugs: [Covered/Not Covered]

## Deductibles and Co-Payments

Annual Deductible: \$[Insert Amount]

Co-payment for Primary Care: \$[Insert Amount]

Co-payment for Specialist: \$[Insert Amount]

## Important Contact Information

If you have any questions regarding your coverage, please contact our customer service team at:

Phone: [Insert Phone Number]  
Email: [Insert Email Address]  
Office Hours: [Insert Office Hours]

Thank you for choosing [Insurance Company Name]. We value your health and are here to support you.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]