

Health Benefits Cost-Sharing Details

Date: [Insert Date]

To: [Employee Name]

From: [Employer/HR Department]

Subject: Health Benefits Cost-Sharing Information

Dear [Employee Name],

We are pleased to provide you with the details regarding your health benefits cost-sharing for the upcoming benefits year. Below are the key components:

1. Health Insurance Premiums

Your monthly premium contribution is as follows:

- Employee Only: \$[amount]
- Employee + Spouse: \$[amount]
- Employee + Children: \$[amount]
- Family: \$[amount]

2. Deductibles

The annual deductibles for your health plans are:

- Individual Deductible: \$[amount]
- Family Deductible: \$[amount]

3. Co-payments

Co-payments for various services are listed below:

- Primary Care Visit: \$[amount]
- Specialist Visit: \$[amount]
- Emergency Room Visit: \$[amount]

4. Coinsurance

After meeting your deductible, your coinsurance rates are:

- In-Network Services: [percentage]%
- Out-of-Network Services: [percentage]%

Please review these details carefully and feel free to reach out if you have any questions regarding your health benefits.

Best regards,

[Your Name]

[Your Job Title]

[Company Name]

[Contact Information]