

Health Benefits Personalized Summary

Dear [Member's Name],

We are pleased to provide you with a summary of your health benefits for the year [Year]. Below are the details of your coverage:

Plan Information

Plan Name: [Plan Name]

Member ID: [Member ID]

Coverage Overview

- **Annual Deductible:** \$[Amount]
- **Out-of-Pocket Maximum:** \$[Amount]
- **Co-Pay for Primary Care Visits:** \$[Amount]
- **Emergency Room Co-Pay:** \$[Amount]

Preventive Services

You have access to a variety of preventive services at no cost. These include:

- Annual wellness check-ups
- Immunizations
- Screenings for blood pressure, diabetes, and cancer

Important Contacts

If you have any questions or need assistance, please contact:

Customer Service: [Phone Number]

Email: [Email Address]

Thank you for being a valued member. We are here to support your health and wellness.

Sincerely,

[Your Organization's Name]