

# Health Benefits Plan Comparison

Date: [Insert Date]

To: [Recipient's Name]

From: [Your Name]

Subject: Comparison of Health Benefits Plans

## Overview

This letter provides a comparative analysis of the available health benefits plans for our employees.

## Plan Options

Health Plan	Monthly Premium	Deductible	Out-of-Pocket Maximum	Co-Payments	Network Type
Plan A	\$300	\$1,000	\$3,000	\$20 (Primary Care)	HMO
Plan B	\$350	\$750	\$2,500	\$25 (Specialist)	PPO
Plan C	\$400	\$500	\$2,000	\$15 (Primary Care)	EPO

## Conclusion

Please review the options listed above and consider which health benefits plan best fits our team's needs. If you have any questions or require further information, feel free to reach out.

Best regards,

[Your Name]

[Your Position]