

Inquiry for Vision Insurance Premium Rates

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Contact Name],

I hope this message finds you well. I am writing to inquire about the vision insurance premium rates offered by your company. I am interested in understanding the various plans available, coverage details, and the associated costs.

Could you please provide me with the following information:

- Details of available vision insurance plans
- Monthly premium costs for individual and family coverage
- Deductibles and co-pays associated with each plan
- Any additional fees or costs

Thank you for your time and assistance. I look forward to your prompt response.

Sincerely,

[Your Name]