

Inquiry Regarding Expanded Dental Policy Options

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email Address]

[Your Phone Number]

[Recipient's Name]

[Recipient's Position]

[Insurance Company Name]

[Company Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to inquire about the expanded dental policy options that your company currently offers. As I am considering my dental coverage options, I would appreciate any detailed information regarding the scope of services covered, premiums, deductibles, and any other relevant details.

Specifically, I am interested in understanding how the expanded options differ from standard coverage, as well as any potential enhancements related to preventative care and major services.

Thank you for your attention to my inquiry. I look forward to your prompt response.

Sincerely,

[Your Name]