

Health Coverage Information

Dear [Employee's Name],

We are pleased to provide you with information regarding your health coverage options at [Company Name]. Your well-being is our priority, and we aim to offer you the best possible health benefits.

Health Coverage Plan Overview

- **Plan Name:** [Plan Name]
- **Effective Date:** [Start Date]
- **Coverage Type:** [Individual/Family]
- **Monthly Premium:** \$[Amount]

Covered Services

Your plan covers a wide range of services, including:

- Preventive care
- Doctor visits
- Hospital stays
- Prescription drugs
- Mental health services

Contact Information

If you have any questions or need further assistance, please do not hesitate to reach out to our HR department at:

Email: hr@company.com

Phone: [Phone Number]

Thank you for being a valued member of the [Company Name] team!

Sincerely,

[Your Name]

[Your Job Title]

[Company Name]