## **Employee Health Benefits Overview**

Dear [Employee Name],

We are pleased to provide you with an overview of the health benefits available to you as part of our employee benefits package. Our goal is to ensure that you and your family have access to comprehensive healthcare coverage that meets your needs.

## **Health Insurance Plan Details**

Your health insurance plan includes:

- Medical Coverage: [Details of coverage]
- Dental Coverage: [Details of coverage]
- Vision Coverage: [Details of coverage]
- Preventive Services: [Details of services included]

## **Enrollment Information**

Please note that enrollment for health benefits occurs during the annual benefits open enrollment period, typically held from [start date] to [end date].

## **Resources and Support**

For more information about our health benefits, please visit our employee portal at [link] or contact our HR department at [HR contact details].

Thank you for being a valuable member of our team. We are committed to supporting your health and well-being.

Sincerely,

[Your Name] [Your Position] [Company Name]