

# Employee Medical Benefits Overview

Date: [Insert Date]

To: [Employee's Name]

From: [Your Company/HR Department]

Dear [Employee's Name],

We are pleased to provide you with details regarding your medical benefits as part of your employment with [Company Name]. Understanding your benefits is an important part of your health and well-being.

## Medical Insurance Plan

You are enrolled in [Plan Name]. This plan includes coverage for the following:

- Preventive care (annual check-ups, vaccinations)
- Emergency services
- Hospitalization
- Prescription medications

## Cost-Sharing Information

Your share of the monthly premium is [\$Amount], which will be deducted from your paycheck. Additionally, you may have out-of-pocket costs such as copayments and deductibles.

## Provider Network

Please ensure to check our provider network list available on the [Company Name] employee portal to maximize your benefits.

## Enrollment Periods

Open enrollment for adjusting your medical benefits occurs annually in [Month]. Please ensure to review your needs during this time.

If you have any questions regarding your medical benefits, please do not hesitate to contact the HR department at [HR Contact Information].

Thank you for being a valued member of [Company Name].

Sincerely,

[Your Name]

[Your Title]

[Company Name]