

# Notification of Health Plan Adjustments

Date: [Insert Date]

Dear [Recipient Name],

We hope this message finds you well. We are writing to inform you of some important adjustments to your health plan that will take effect on [Insert Effective Date].

## Details of Adjustments:

- **New Premium Amount:** [Insert New Premium]
- **Coverage Changes:** [Briefly describe any changes in coverage]
- **Deductibles and Out-of-Pocket Maximums:** [Insert any changes]

We encourage you to review these changes and understand how they may affect your health care benefits. If you have any questions or need further assistance, please do not hesitate to contact our customer service team at [Insert Contact Information].

Thank you for being a valued member of our health plan.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Contact Information]