

Dear [Recipient's Name],

We hope this message finds you well. We are writing to inform you of the revised details regarding your health plan.

Revised Health Plan Details

- **Plan Name:** [New Plan Name]
- **Effective Date:** [Effective Date]
- **Monthly Premium:** [New Premium Amount]
- **Deductible:** [New Deductible Amount]
- **Co-Payments:** [New Co-Payment Details]
- **Coverage Inclusions:** [Coverage Details]
- **Exclusions:** [Exclusion Details]

If you have any questions or need further assistance, please do not hesitate to contact our customer service team at [Customer Service Phone Number] or [Customer Service Email].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Contact Information]