

Important Update to Your Medical Plan

Date: [Insert Date]

Dear [Recipient's Name],

We are writing to inform you about important updates to your medical plan that will take effect on [Effective Date]. These changes are designed to enhance your coverage and provide you with better healthcare options.

Key Updates:

- Update 1: [Description of Update 1]
- Update 2: [Description of Update 2]
- Update 3: [Description of Update 3]

If you have any questions regarding these updates, please feel free to contact our customer service at [Customer Service Number] or [Email Address].

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

Sincerely,

[Your Name]

[Your Title]

[Company Name]