

Employee Health Benefits Overview

Date: [Insert Date]

To: [Employee Name]

From: [Your Name/Department]

Subject: Overview of Your Health Benefits

Dear [Employee Name],

We are pleased to provide you with an overview of your health benefits as part of your employment with [Company Name]. Understanding your benefits is essential for making informed decisions regarding your healthcare needs.

1. Medical Insurance

Your medical insurance plan offers comprehensive coverage, including:

- Doctor visits
- Hospitalization
- Preventive care
- Emergency services

2. Dental Insurance

Your dental plan provides coverage for:

- Routine check-ups
- Fillings
- Orthodontics

3. Vision Insurance

The vision plan includes benefits for:

- Annual eye exams
- Prescription glasses and contacts

4. Wellness Programs

We also offer various wellness programs to support your health and well-being, such as:

- Gym membership discounts
- Mental health resources

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

Best regards,

[Your Name]

[Your Job Title]

[Company Name]