

Important Open Enrollment Information

Dear [Employee's Name],

As we approach the open enrollment period for our health benefits, we want to ensure that you have all the information you need to make informed decisions regarding your healthcare plans. Open enrollment will take place from [start date] to [end date].

During this time, you will have the opportunity to review and compare the available health insurance plans. Below, you will find a brief comparison of the plans offered:

Plan Name	Monthly Premium	Deductible	Out-of-Pocket Maximum	Covered Services
Basic Plan	\$200	\$1,000	\$3,500	Essential Services
Comprehensive Plan	\$350	\$500	\$2,000	All Services
PPO Plan	\$400	\$750	\$2,500	Flexible Services

For more detailed information about each plan, please visit [link to benefits portal] or contact the HR department at [HR contact information]. We encourage you to take the time to evaluate each option and select the plan that best suits your and your family's needs.

Thank you for your attention to this important matter. We look forward to supporting you through the open enrollment process.

Best regards,

[Your Name]

[Your Position]

[Company Name]