

# Healthcare Enrollment Benefits Overview

Dear [Employee's Name],

We are pleased to provide you with an overview of our healthcare enrollment benefits for the upcoming enrollment period. Understanding your options is crucial to making informed decisions about your health coverage.

## Eligibility

All full-time employees are eligible to enroll in the healthcare benefits program. Coverage begins on [Start Date].

## Available Plans

- **Health Maintenance Organization (HMO):** A plan that requires members to choose a primary care physician.
- **Preferred Provider Organization (PPO):** A plan that offers more flexibility in choosing healthcare providers.
- **High Deductible Health Plan (HDHP):** A plan with higher deductibles but lower premiums, often paired with a Health Savings Account (HSA).

## Enrollment Period

The enrollment period will begin on [Start Date] and will end on [End Date]. Please ensure that you submit your enrollment forms by this deadline.

## Additional Resources

For more information, please visit our benefits portal at [Website URL] or contact the HR department at [HR Contact Information].

Thank you for being a valued member of our team. We look forward to assisting you in choosing the right healthcare plan for you and your family.

Sincerely,

[Your Name]

[Your Title]

[Company Name]