

# Health Benefits Comparison

Date: [Insert Date]

To: [Recipient Name]

From: [Your Name]

Subject: Health Benefits Comparison for Job Offer

**Dear [Recipient Name],**

Thank you for the job offer for the position of [Job Title] at [Company Name]. I am excited about the opportunity to join your team. Before making my final decision, I would like to compare the health benefits provided by both [Current Employer Name] and [Company Name].

## Health Benefits Overview

Benefit	[Current Employer Name]	[Company Name]
Health Insurance Premium	[Current Employer Premium]	[Company Premium]
Deductibles	[Current Employer Deductible]	[Company Deductible]
Co-Payments	[Current Employer Co-Pay]	[Company Co-Pay]
Out-of-Pocket Maximum	[Current Employer Max]	[Company Max]
Additional Benefits (Dental, Vision, etc.)	[Current Employer Additional Benefits]	[Company Additional Benefits]

I appreciate your assistance in providing more details regarding the health benefits, so I can make an informed decision. I look forward to hearing from you soon.

Best regards,

[Your Name]

[Your Contact Information]