

# Health Plan Renewal Information

Date: [Insert Date]

Dear [Member Name],

We hope this message finds you well. As your current health plan is approaching its renewal date, we want to ensure that you have all the necessary information regarding your upcoming health plan renewal.

## Renewal Details:

- **Renewal Date:** [Insert Renewal Date]
- **Current Plan:** [Insert Current Plan Name]
- **New Premium Amount:** [Insert New Premium Amount]
- **Coverage Changes:** [List any coverage changes]

If you wish to make any changes to your plan, please contact our customer service team by [Insert Contact Method] before the renewal date.

Thank you for being a valued member of our health plan. We appreciate your trust and look forward to continuing to serve your health care needs.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Contact Information]