

# Medical Plan Adjustment Notice

Date: [Insert Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to inform you about an important adjustment to your medical plan. This change will take effect on [Effective Date].

Details of the adjustment are as follows:

- Plan Name: [Insert Plan Name]
- New Benefits: [Describe New Benefits]
- Premium Changes: [Describe Premium Changes]
- Network Changes: [Describe Network Changes, if any]

If you have any questions or would like to discuss this adjustment further, please contact our customer service at [Phone Number] or [Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Contact Information]