

# Insurance Coverage Overview

Date: [Insert Date]

To: [Employee Name]

From: [Your Company Name]

Dear [Employee Name],

We are pleased to provide you with an overview of your insurance coverage as part of the employee benefits program. Below is a summary of the key features of your coverage:

## Health Insurance

Your health insurance plan provides coverage for:

- Medical expenses
- Hospitalization
- Preventive care
- Prescription medications

## Dental Insurance

The dental insurance plan includes:

- Routine check-ups and cleanings
- Major dental work (crowns, root canals)
- Orthodontics coverage

## Vision Insurance

Your vision insurance covers:

- Annual eye exams
- Prescription glasses and contact lenses
- Discounts on eyewear

## Life Insurance

Your life insurance benefits include:

- Coverage amount: [Insert Amount]

- Accidental death and dismemberment coverage

If you have any questions regarding your coverage or need further assistance, please do not hesitate to reach out to [Contact Person/Department] at [Contact Information].

Thank you for being a valued member of our team.

Sincerely,

[Your Name]

[Your Position]

[Company Name]