

[Date]

[Member Name]

[Address Line 1]

[City, State, Zip Code]

**Subject: Important Changes to Your Health Insurance Benefits for [Year]**

Dear [Member Name],

We are writing to inform you that it is time to renew your health insurance coverage. Your current plan is scheduled for renewal on [Renewal Date].

As part of this renewal, there will be changes to your plan benefits and monthly premiums. Please review the following summary of updates that will take effect on [Effective Date]:

- **Monthly Premium:** Your new premium will be \$[Amount].
- **Deductible:** The annual deductible has changed to \$[Amount].
- **Out-of-Pocket Maximum:** Your new limit is \$[Amount].
- **Pharmacy/Drug Coverage:** [Briefly describe changes to tiers or co-pays].
- **Provider Network:** [Briefly describe any changes to the network].

A detailed Summary of Benefits and Coverage (SBC) is enclosed with this letter. We encourage you to review this document carefully to understand how these changes may affect your out-of-pocket costs.

**What you need to do:**

- **To keep your current plan:** If you are satisfied with these changes, you do not need to take any action. Your coverage will automatically renew.
- **To change your plan:** If you wish to explore other options, please visit [Website URL] or contact your benefit coordinator by [Deadline Date].

If you have any questions regarding your benefits or these updates, please call our Member Services department at [Phone Number] or email [Email Address].

Thank you for choosing [Health Plan Name].

Sincerely,

[Sender Name/Signature]

[Title]

[Health Plan Name]