

[Date]

[Member Name]
[Street Address]
[City, State, Zip Code]

Welcome to [Insurance Company Name]

Dear [Member Name],

Thank you for choosing [Insurance Company Name] for your health coverage. This letter provides a summary of your new plan and the next steps to help you get started.

Your Coverage Summary

- **Member ID:** [ID Number]
- **Plan Name:** [Plan Name/Type]
- **Effective Date:** [Start Date]
- **Primary Care Provider (PCP):** [Provider Name/None Selected]

Your Next Steps

1. Review Your Member ID Card

You will receive your physical ID card by mail within [Number] business days. Please present this card whenever you visit a doctor or pharmacy.

2. Register Your Online Account

Visit [Website URL] to create your member portal account. You can view your benefits, track claims, and access a digital version of your ID card.

3. Select or Confirm Your Primary Care Physician

To ensure the highest level of coordinated care, please confirm your PCP through our online portal or call member services.

4. Review the Provider Directory

Verify that your current doctors and preferred hospitals are in our network to minimize your out-of-pocket costs.

Contact Us

If you have any questions, our Member Services team is available at [Phone Number], [Days/Hours of Operation].

We are pleased to have you as a member.

Sincerely,

[Sender Name/Department]

[Insurance Company Name]