[Date]

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

Subject: Important Update Regarding Your Health Insurance Premium

Dear [Member Name],

We are writing to inform you of a change to your monthly health insurance premium for the upcoming plan year. Starting on [Effective Date], your new monthly premium will be $[New Amount]. This is an increase from your current rate of $[Old Amount].

Adjusting premiums is a necessary step to ensure we continue providing you with high-quality healthcare coverage. This change is driven by several factors, including:

- **Rising Costs of Medical Care:** The overall cost of hospital services, medical technologies, and professional care continues to increase nationwide.
- **Prescription Drug Prices:** Significant increases in the cost of specialty medications and pharmaceutical research.
- **Increased Utilization:** A higher demand for healthcare services and advanced diagnostic screenings among our member population.

We understand that any increase in cost is significant. We remain committed to managing these costs while maintaining access to a broad network of doctors and comprehensive benefits.

Next Steps:

- If you have set up automatic payments, the new amount will be deducted automatically starting [Effective Date].
- If you pay manually, please update your records to reflect the new premium amount for your next billing cycle.
- Review the enclosed summary of benefits to see if your current plan still meets your needs.

If you have questions regarding this change or wish to explore alternative plan options, please contact our Member Services department at [Phone Number] or visit our website at [Website URL].

Thank you for choosing [Insurance Company Name] for your healthcare needs.

Sincerely,

[Sender Name/Department]
[Insurance Company Name]