

[Date]

[Member Name]

[Address Line 1]

[City, State, Zip Code]

Subject: Important Update Regarding Your Family Protection Benefits

Dear [Member Name],

We are pleased to announce that you are now eligible to enhance your current coverage with our **Family Protection Dental and Vision Upgrade**. As a valued member, we want to ensure your family has access to comprehensive care that goes beyond standard medical protection.

This upgrade includes the following expanded benefits:

- **Dental:** Higher annual maximums, 100% coverage for preventative cleanings, and reduced out-of-pocket costs for major procedures like crowns and root canals.
- **Vision:** Annual eye exams with no copay, and an increased allowance for prescription glasses, frames, or contact lenses.
- **Family Coverage:** One flat rate to cover your spouse and all dependent children.

Your current plan ensures basic health safety, but this upgrade provides the extra security needed for your family's routine wellness and unexpected dental or vision needs.

How to Upgrade:

To add these benefits to your account, please visit [Website URL] or call our member services team at [Phone Number] by [Deadline Date].

Thank you for choosing [Company Name] to protect your family's health and future.

Sincerely,

[Sender Name]

[Title]

[Company Name]