

Date: [Insert Date]

Policyholder Name: [Insert Name]

Member ID: [Insert ID Number]

Group Number: [Insert Group Number]

Subject: Annual Benefit Review and Notice of Coverage Gaps

Dear [Insert Policyholder Name],

We are writing to provide you with your annual health insurance benefit review. This document outlines your current coverage levels and highlights potential gaps in your insurance for the upcoming plan year starting [Insert Start Date].

1. Summary of Current Benefits

- **Annual Deductible:** [Insert Amount] (Individual) / [Insert Amount] (Family)
- **Out-of-Pocket Maximum:** [Insert Amount]
- **Primary Care Copay:** [Insert Amount]
- **Specialist Copay:** [Insert Amount]
- **Prescription Drug Coverage:** [Insert Tier Summary]

2. Identified Coverage Gaps

Based on your current plan selection and recent claims history, we have identified the following areas where you may face higher out-of-pocket costs:

- **Out-of-Network Services:** Your plan offers limited reimbursement for providers outside of the [Insert Network Name] network.
- **Specialty Medications:** Certain high-cost medications may require prior authorization or a higher coinsurance percentage.
- **Mental Health Limits:** [Insert details regarding session limits or specific exclusions].
- **Dental and Vision:** Please note that these services are [Included/Excluded] in your current medical premium.

3. Recommended Actions

To ensure you have adequate protection for the coming year, we recommend the following:

- Review the attached Summary of Benefits and Coverage (SBC).

- Verify that your preferred doctors and hospitals remain in-network.
- Consider contributing to a Health Savings Account (HSA) or Flexible Spending Account (FSA) to cover identified gaps.

If you wish to change your plan or discuss supplemental coverage options, please contact your benefits administrator or call our member services line at [Insert Phone Number] by [Insert Deadline Date].

Sincerely,

[Insert Name/Department]
[Insert Insurance Company Name]
[Insert Contact Information]