

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]

[Date]

[Insurance Company Name]
[Claims/Member Services Department]
[Insurance Company Address]
[City, State, Zip Code]

RE: Request for Clarification of Out-of-Pocket Limits and Coverage Benefits

Policyholder Name: [Name of Primary Insured]
Policy/Member ID Number: [ID Number]
Group Number: [Group Number]

To Whom It May Concern,

I am writing to formally request a detailed summary of my current health insurance coverage, specifically regarding my out-of-pocket maximums and benefit limits for the current plan year.

Please provide written confirmation of the following information:

- **Individual and Family Deductibles:** The total annual deductible amounts and the amount met to date.
- **Out-of-Pocket Maximum:** The total annual limit for in-network and out-of-network costs.
- **Current Accumulations:** The exact dollar amount currently applied toward my out-of-pocket maximum for this calendar year.
- **Co-insurance and Co-payments:** A breakdown of my percentage of responsibility for hospital stays, specialist visits, and emergency services.
- **Benefit Exclusions:** Any specific services or treatments that are currently excluded from counting toward my out-of-pocket limit.

I am requesting this information to ensure I am accurately tracking my medical expenses and to plan for upcoming healthcare needs. Please send this documentation to my address listed above or via secure email at [Your Email Address].

If you require any further information, please contact me at [Your Phone Number]. Thank you for your prompt assistance with this matter.

Sincerely,

[Your Signature]

[Your Printed Name]