

[Date]

[Member Name]

[Street Address]

[City, State, Zip Code]

Subject: Confirmation of Health Insurance Deductible Change

Dear [Member Name],

This letter is to confirm that we have processed the requested change to your health insurance plan deductible. Please review the updated details of your coverage below:

- **Policy Number:** [Policy Number]
- **Effective Date of Change:** [Date]
- **Previous Annual Deductible:** \$[Amount]
- **New Annual Deductible:** \$[Amount]

Your new deductible amount will apply to all eligible medical expenses incurred on or after the effective date listed above. Please note that any amounts already applied toward your previous deductible for the current benefit period will be transferred to your new balance.

Updated insurance ID cards reflecting these changes will be mailed to your address within [Number] business days. You may also access your digital ID card through our member portal.

If you have any questions regarding this change or your plan benefits, please contact our Member Services department at [Phone Number] or visit [Website].

Sincerely,

[Sender Name/Department]

[Insurance Company Name]