

[Date]

[Policyholder Name]

[Address Line 1]

[City, State, Zip Code]

**Subject: Confirmation of Dental and Vision Policy Rider Addition**

Dear [Policyholder Name],

This letter serves as official confirmation that the Dental and Vision Policy Rider has been successfully added to your existing health insurance plan, Policy Number: [Policy Number].

**Coverage Details:**

- **Rider Type:** Dental and Vision Supplemental Coverage
- **Effective Date:** [Effective Date]
- **New Total Monthly Premium:** [Total Amount]
- **Billing Cycle:** [Monthly/Quarterly/Annual]

Your updated insurance ID cards and a detailed Summary of Benefits for these riders are enclosed with this letter. Please review the coverage limits, copayments, and provider network requirements for both dental and vision services.

The additional premium amount will be reflected in your next billing statement. If you have automatic payments set up, the new total will be deducted automatically starting on [Next Billing Date].

If you have any questions or did not authorize this change, please contact our member services department at [Phone Number] or visit our website at [Website URL].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Sender Name/Department]

[Insurance Company Name]