

[Date]

[Member Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Dear [Member Name],

Welcome to [Insurance Company Name]! We are pleased to confirm your enrollment in the [Plan Name] health insurance plan. Your coverage is effective starting [Effective Date].

Enclosed with this letter, you will find your official Member ID card. Please present this card whenever you receive medical services or visit a pharmacy.

Your Plan Benefits Include:

- **Primary Care:** Access to a wide network of doctors and specialists.
- **Preventive Care:** Routine check-ups, screenings, and immunizations at no extra cost.
- **Prescription Drugs:** Coverage for generic and brand-name medications.
- **Emergency Services:** 24/7 coverage for urgent medical needs.
- **Telehealth:** Virtual doctor visits from the comfort of your home.

Next Steps:

1. Review your "Summary of Benefits" document for detailed coverage information.
2. Register your account on our member portal at [Website URL].
3. Select or confirm your Primary Care Physician (PCP).

If you have any questions, please call our Customer Service department at [Phone Number] or email us at [Email Address].

Thank you for choosing [Insurance Company Name] for your healthcare needs.

Sincerely,

[Sender Name/Department Name]
[Insurance Company Name]