

[Date]

[Employee Name]
[Employee Address]
[City, State, Zip Code]

Subject: Your [Year] Health Insurance Benefits Guide

Dear [Employee Name],

At [Company Name], we value your health and well-being. We are pleased to provide you with the enclosed Health Insurance Benefits Guide for the upcoming plan year.

This guide contains important information regarding your coverage options, including:

- Medical, dental, and vision plan summaries
- Monthly premium costs and employer contributions
- Enrollment deadlines and instructions
- Contact information for our insurance providers

Please review this guide carefully to choose the plan that best fits your needs. Our open enrollment period will run from [Start Date] to [End Date]. Any changes made during this time will take effect on [Effective Date].

If you have any questions regarding your benefits or the enrollment process, please contact [HR Contact Name] at [Phone Number] or [Email Address].

Thank you for your hard work and dedication to the team.

Best regards,

[Your Name]
[Your Title]
[Company Name]