[Sender Name]
[Sender Title/Company]
[Sender Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Subject: Comprehensive Review of Your Medicare Supplement Coverage

Dear [Recipient Name],

We are writing to provide a comprehensive summary of your Medicare Supplement (Medigap) insurance coverage. This letter serves as a confirmation of your benefits and helps ensure you understand how your plan coordinates with Original Medicare.

Policy Information:

- **Insurance Carrier:** [Carrier Name]
- **Plan Type:** [e.g., Plan G / Plan N]
- **Policy Number:** [Policy Number]
- **Effective Date:** [Date]

Coverage Highlights:

Your plan is designed to fill the "gaps" in Original Medicare (Part A and Part B). Below is a summary of the costs your supplement currently covers:

- **Medicare Part A Coinsurance:** Covers hospital costs up to an additional 365 days after Medicare benefits are exhausted.
- **Medicare Part B Coinsurance/Copayment:** Covers the 20% portion of doctor services and outpatient care that Medicare does not pay.
- **Blood:** Covers the first three pints of blood needed for a medical procedure.
- **Hospice Care:** Covers Part A coinsurance or copayments for hospice care.
- **Skilled Nursing Facility Care:** Covers the coinsurance for days 21 through 100 of a stay.
- **[Optional] Foreign Travel Emergency:** Covers [Percentage]% of emergency care during the first 60 days of a trip outside the U.S.

Important Reminders:

- **Provider Access:** You may visit any doctor or hospital in the United States that accepts Medicare. No referrals are required.
- **Guaranteed Renewability:** As long as you pay your premiums on time, the insurance company cannot cancel your policy, regardless of changes to your health.
- **Exclusions:** Please note that Medigap plans generally do not cover long-term care, vision, dental, or hearing aids.

If you have any questions regarding your premiums, claims, or specific benefit details, please contact our office at [Phone Number] or visit [Website].

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

Sincerely,

[Sender Signature]

[Sender Printed Name]