[Date]

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

Subject: Explanation of Your Medicare Supplement Benefits - Policy [Policy Number]

Dear [Policyholder Name],

Thank you for choosing [Insurance Company Name] for your Medicare Supplement insurance. This letter provides a summary of how your benefits work in coordination with Original Medicare.

How Your Coverage Works:

- **Medicare Part A & B:** Original Medicare remains your primary payer for covered medical services and hospital stays.
- **Your Supplement Plan:** Your [Plan Letter, e.g., Plan G] covers the "gaps" in Original Medicare, such as co-payments, coinsurance, and deductibles, depending on your specific plan level.
- **Provider Choice:** You may visit any doctor, specialist, or hospital in the United States that accepts Medicare patients. No referrals are required.

Summary of Key Benefits:

Based on your selected plan, your coverage includes:

- [Benefit 1: e.g., Part A Hospital Coinsurance and hospital costs]
- [Benefit 2: e.g., Part B Coinsurance or Copayment]
- [Benefit 3: e.g., First three pints of blood each year]
- [Benefit 4: e.g., Skilled Nursing Facility care coinsurance]

Claims Processing:

In most cases, your medical provider will bill Medicare directly. Once Medicare pays its share, the remaining balance is electronically forwarded to us for payment. You do not need to file manual claim forms for Medicare-covered services.

Contact Information:

If you have questions regarding a specific claim or your policy details, please contact our Member Services department at [Phone Number] or visit our website at [Website URL].

Sincerely,

[Name/Signature]
[Title]
[Insurance Company Name]