

Certificate of Health Coverage

Issue Date: xx/xx/xxxx

Member Name:

Date of Birth: xx/xx/xxxx

Account Name: AMERICAN JEWISH WORLD SERVICE - MBA

Account Number: xxxxxxxxx

This health insurance is valid from xx/xx/xxxx to xx/xx/xxxx subject to all terms, provisions, and conditions of the policy provided that the policy is in effect between Cigna Health and Life Insurance Company and the Account on the claim service date. The plan covers medical expenses worldwide, except where coverage or services are prohibited by applicable law or authority.

Cigna health plans cover medically necessary claims related to infectious diseases and medical conditions per the terms of the health plan. Cigna health plans do not contain an exclusion for COVID-19 specifically or for pandemics more generally. Accordingly, this plan will provide coverage for the diagnosis and treatment of COVID-19 to the same extent as it would for any other medical condition.

Cigna has many direct billing arrangements with international doctors and hospitals. If direct billing is not available, the doctor or hospital can contact Cigna for a Guarantee of Payment.

The Cigna Global Health Benefits' Service Center can be reached at the following:

Phone: 1.800.243.1348 or 1.302.797.3535

Fax: 1.800.243.6998 or 1.302.797.3150

Website: www.cignaenvoy.com



Weihong Shen, Cigna Representative