

Aetna International P.O. Box 981543 El Paso, TX 79998-1543 1-800-231-7729 (toll-free) 1-813-775-0190 (collect)

## 01-December-2021

## To Whom It May Concern:

This letter is intended to serve as verification that the employee and/or dependent(s) identified herein (the Member) have health insurance coverage underwritten or administered by Aetna International (the Health Policy).

The following individual(s) are covered under the Health Policy as of the issuance of this letter:

Customer Name	CSA	Insured Full Name	Insured Relationship to Subscriber	Insured Date of Birth	Insured Effective Date of Coverage	Insured Expiration Date of Coverage
Reliant Mission, Inc.		8	Self	12-16-1953	01-01-2020	12-31-2021

Subject to terms, conditions and limitations of the policy, coverage under the Health Policy includes but is not limited to

- inpatient hospitalization
- outpatient care
- maternity care
- prescription drugs.

The Health Policy will only cover expenses for medically necessary treatment that is appropriate for the condition being treated and is rendered through a recognized provider of services, provided the individual is eligible under the plan at the time services were rendered.

Coverage is valid worldwide unless prohibited by financial or economic sanction regimes.

Care related to COVID-19 testing, treatment and vaccinations are covered under the Health Policy subject to the Health Policy's standard terms, conditions, and limitations and includes coverage of at least \$100,000 USD towards such medical expenses. In addition, coverage of COVID-19

vaccinations may also be limited if the member resides in a jurisdiction where such vaccinations are made available at no cost under a government sponsored program or if provider fees exceed reasonable and customary charges.

Additionally, the Health Policy includes the following cost-sharing requirements and limitations:

- Lifetime Maximum: Unlimited

Deductible: \$2,000.00Coinsurance: 100%

The Health Policy will remain in effect until the date that the policyholder fails to make any required premium payment, the Member is no longer in an eligible class or until Aetna International terminates the contract. All benefits may be subject to coordination of benefits. In case of a conflict between policy documents and the information the information in this letter, the policy documents will govern.

The Health Policy is underwritten by Aetna Life and Casualty (Bermuda) Limited and administered by Goodhealth Worldwide (Bermuda) Limited.

For additional information regarding plan provisions or claims handling, please contact the Aetna International Service Center at 1-800-231-7729 (toll-free), 813-775-0190 (collect) or electronically at: <a href="mailto:aiservice@aetna.com">aiservice@aetna.com</a> or <a href="mailto:www.aetnainternational.com">www.aetnainternational.com</a>.

Sincerely,

Kimberly C. Mendoza

Kimberly C. Mendoza Head of Sales & Service, SME Americas Region Aetna International

