

Es el documento que demuestra que contás con un seguro médico y deberás tenerlo en tu poder durante todo el viaje.

Deja un juego de copia de la póliza de seguro a tus padres antes de irte.

Podrás ingresar para ver la póliza a:

<https://www.ciee.org/in-the-usa/insurance>

Datos del participante

Fecha de inicio y finalización de la cobertura

Monto de cobertura máxima

Coberturas y copagos


Información del programa:

- Sevis Number
- CIEE ID Number
- Fechas de cobertura

Direcciones físicas de la prestación médica AETNA y del Sponsor CIEE

Tarjeta de seguro

Confirmation of Insurance



Policy Holder: Valentina Perez Bertoldi
 Date of birth: 21 May 1999
 Member ID: 2260133537
 Group ID: 697401

Effective Date: 11 Dec 2021 Termination Date: 19 Apr 2022

The health insurance has, within the framework of the tariff and insurance conditions, an upper limit for the reimbursement:
 Maximum Benefit: \$100,000

Emergency Evacuation: \$75,000 Repatriation: \$30,000
 Emergency Reunion: \$15,000 Urgent Travel Expense: \$5,000

Copays: \$20 Urgent Care Copay | \$50 Doctor/Specialist Copay | \$100 ER/Hospital Copay
 Liability Limits: \$100,000

The insurance coverage expires on the termination date listed above, or when the participant withdraws from the program, or when they are dismissed from the program, or their employment is terminated, whichever comes first.

PROGRAM INFORMATION


DS Number	N0032342931	CIEE ID	2260133537
Program Code	WAT	CIEE Partner Code	AR/USA
Insurance and Program Start Date	11 Dec 2021	You may not enter the US prior to this date. Insurance coverage starts on this date.	
Legal Employment Start Date	16 Dec 2021	Date listed on DS-2019 as "Begin date" of program. You may not start working prior to this date.	
SEVIS Compliance Deadline	05 Jan 2022	You must notify CIEE of your address in the US by this date or CIEE will terminate your program and you will be required to return home.	
Legal Employment End Date	20 Mar 2022	Date listed on DS-2019 as "End date" of program. You may not continue working after this date.	
Insurance and Program End Date	19 Apr 2022	You must leave the US by your departure date. Insurance coverage ends on this date.	

This is an important document. Please read it thoroughly. You are insured under the group policy of CIEE for the period of time stated on this document. For complete terms of coverage please refer to the CIEE website at www.ciee.org/insurance. If you have a specific question please call CIEE at 1-888-268-6245.

CLAIMS TO BE MADE TO:

Aetna Student Health
 PO Box 981106
 EL Paso, TX 79998


OFFERED BY:
 CIEE
 600 Southborough Drive
 Suite 104
 South Portland, ME 04106 USA
 888.268.6245
www.ciee.org


Open Choice PPO
 Group No CIEE-697401

First Name
Valentina

Last Name
Perez Bertoldi

Member ID 2260133537



Aetna is the third party claims administrator and provides the network of participating providers. Aetna does not insure this plan.

Exchange visitors and any accompanying spouse and dependent(s), may be subject to the requirements of the Affordable Care Act.

To pre-certify, pre-notify, verify eligibility and/or benefits, please contact CIEE at:

1-888-268-6245
insurance@ciee.org
www.ciee.org/insurance
 EDI Payor ID: 60054-0315

Mail all claims to:
 Aetna Student Health
 P.O. Box 981106
 EL Paso, TX 79998

\$20 Urgent Care Copay
\$50 Doctor/Specialist Copay
\$100 ER/Hospital Copay

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