

**CERTIFICATE OF INSURANCE**  
**Policy Number 02897B****TTEC Holdings, Inc.**

(Hereinafter called the Policyholder)

**Underwritten by: Cigna Health and Life Insurance Company**  
Wilmington, Delaware

Cigna Health and Life Insurance Company hereby certifies that it has issued and delivered to the Policyholder the above specified group policy.

The insurance benefits and the provisions of the group policy principally affecting the persons insured are described below. The policy covers expenses worldwide. The final interpretation of any specific provision herein is governed by the terms of the policy. This is your certificate of insurance if you are eligible for the insurance, become insured and remain insured in accordance with the terms, provisions and conditions of the policy.

**Employee Eligibility:** All full-time active employees who are traveling on the business of, or at the expense of, the Policyholder outside their country of residence or permanent assignment for no more than 180 consecutive days per one trip.

**Dependent Eligibility:** For your Dependent spouse or domestic partner and dependent children {up to age 26 years} to be insured, they will need to be traveling with the eligible employee who is traveling at the expense of the policyholder outside their country of residence or permanent assignment for no more than 180 consecutive days per one trip. Dependents are not eligible for Accidental Death and Dismemberment coverage.

CGHB USE ONLY

**Insured's Name:** \_\_\_\_\_**Birthdate:** \_\_\_\_\_**Travel Dates From:** \_\_\_\_\_ **To:** \_\_\_\_\_

The effective date of this Schedule of Benefits is January 1, 2025

Issue Date: December 16, 2024

Schedule of Benefits	
Benefit	Benefit Amount
Accidental Death & Dismemberment	\$100,000
Medical Evacuation/Repatriation	Not Covered
Calendar Year Medical Benefit Maximum	\$200,000
Calendar Year Deductible	\$0
Coinsurance (paid by Cigna)	100%
Out of Pocket Coinsurance Maximum	None
Prescription Drug	100% covered expenses*
Emergency Dental (includes dental accident & alleviation of sudden unexpected dental pain)	\$1,000 calendar year maximum
Personal Deviation/Sojourn Travel	14 days, when taken in conjunction with an approved business trip
Room & Board Outside US	Average Semi-Private Room Rate
Room & Board Inside US**	Average Semi-Private Room Rate
Pre-Existing Conditions	Covered, subject to the medical maximum
War Risk (Medical)	Covered
War Risk (AD&D)	Not Covered

\* covered expenses when medically necessary while on an approved international business trip. This benefit also includes replacement medicine for lost prescriptions that are medically necessary during an international business trip.

\*\*Pre-Admission Certification / Continued Stay Review is Required for all U.S. Hospitalizations

Please refer to the welcome kits or the MBA website at <https://customer.cignaenvoy.com/traveler> for details around submitting a claim.

Phone: 302.797.3535 (outside the USA) 800.243.1348 (inside the USA)

Cigna Global Health Benefits Mailing address: P.O. Box 15111, Wilmington, DE 19850, USA

**FRAUD NOTICE:** Any person who, knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

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