



سفارت جمهوری اسلامی افغانستان  
واشنگتن دی سی - ایالات متحده امریکا

EMBASSY of THE ISLAMIC REPUBLIC  
of AFGHANISTAN  
Washington DC - United States of America

د افغانستان اسلامي جمهوریت سفارت  
واشنگتن دي سي - د امریکا متحده ایالات

د اهمیت درجه  
مهم:  
محرم:  
عادي:

شماره: ۹۹۱  
تاریخ: ۱۵ دلو ۱۳۹۷  
موضوع: اسناد بیمه صحی دیپلماتان سفارت ج.ا.ا. مقیم واشنگتن دی سی  
ضمایم: (۲۰) ورق

به ریاست محترم مالی و اداری،  
با تقدیم احترامات فایقه.

در پیوست کاپی اسناد قرارداد بیمه صحی دیپلماتان سفارت ج.ا.ا. اعتبار از تاریخ ۱ فیبروری ۲۰۱۹ مطابق با ۱۳ دلو ۱۳۹۷ الی ۳۱ دسمبر ۲۰۱۹ مطابق با ۱۰ جدی ۱۳۹۸، جهت اجراءات بعدی به آن ریاست محترم در قید (۲۰) ورق گسیل است.

مراتب فوق جهت اطلاع و اجراءات بعدی احتراماً ارقام یافت.



با احترام

رویا رحمانی

سفیر کبیر و نماینده فوق العاده

بیمه صحتی

اعتبار از تاریخ ۱ جنوری ۲۰۱۹ - ۳۱ دسمبر ۲۰۱۹

حق بیمه سالانه	حق بیمه ماهانه	نرخ ماهانه	ثبت نام کننده گان
\$ 52,798.32	\$ 4,399.86	733.31	6
\$ 49,543.92	\$ 4,128.66	2,064.33	2
\$ -	\$ -	1,516.59	0
\$ 202,729.80	\$ 16,894.15	2,413.45	7
\$ 305,072.04	\$ 25,422.67		15

بیمه دندان

اعتبار از تاریخ ۱ فیبروری ۲۰۱۹ - ۳۱ دسمبر ۲۰۱۹

حق بیمه سالانه	حق بیمه ماهانه	نرخ ماهانه	ثبت نام کننده گان
\$ 4,402.86	\$ 400.26	66.71	6
\$ 2,856.26	\$ 259.66	129.83	2
\$ -	\$ -	144.96	0
\$ 16,022.93	\$ 1,456.63	208.09	7
\$ 23,282.05	\$ 2,116.55		15

حق بیمه سالانه	حق بیمه ماهانه	نرخ ماهانه	ثبت نام کننده گان
\$ 328,354.09	به چارت فوق مراجعه گردد	به چارت فوق مراجعه گردد	15

مبلغ مجموعی تخمینی ۲۰۱۹

Quality health plans & benefits  
Healthier living  
Financial well-being  
Intelligent solutions



# Aetna International Response to RFP

## A proposal for Embassy of Afghanistan

Plan Effective: 01/01/2019

Quality. Accessibility. Affordability.  
Take hold of a healthier business.



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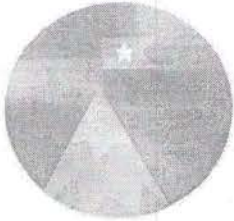


# Executive Summary

## Aetna International Overview

You can expect our team to provide meaningful solutions that support your goals, evolve with your business, and contribute to the health and well-being of your employees.

### Global expertise with a local touch



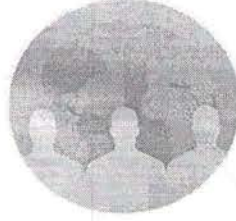
160

Years of expertise



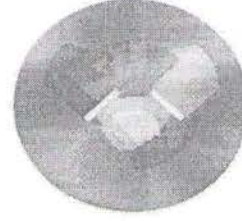
1,100+

Employees worldwide



Nearly 800,000

Members worldwide



200+

Countries/territories served



99%

Claims accuracy



97%

First call resolution



22

Network/member service hubs



24/7/365

Service

PAJHWOK  
Afghan News

The most important thing we do is provide your employees with access to affordable, quality health care. Keep reading to find out how we do it.



## AETNA IS QUALITY

Wherever you have employees, we're there with them. Our team is there for your employees around the clock and can be an invaluable travel companion.

### *Personalized support*

Your employees can call us any time to get one-on-one health support from our Care and Response Excellence Team (CARE) of specialized clinicians.

The CARE team is available to provide:

- Pre-trip planning advice on vaccinations, managing chronic health conditions or pregnancies while away, and other concerns members may have before they leave
- Help locating providers and specialists
- Coordination of routine and urgent medical care
- Assistance with obtaining prescription medications and medical devices
- Coordination of second opinions for complex cases

### *Emergency services*

The CARE team is also the single point of contact for medical evacuations and other medical emergencies. We can coordinate medically necessary evacuations or transportation to facilities that are best equipped to handle the emergency.

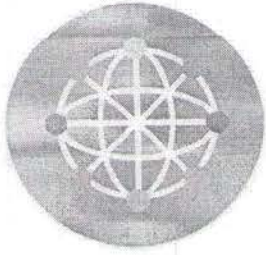
PAJHWOK  
Afghan News

### *Superior providers*

Our providers are reviewed against rigorous quality standards to make sure our network is one of the best in the world. We rely on careful evaluation and oversight to help ensure the performance and cost-effectiveness of all of our network providers.

We also collect and maintain information using both our own local provider teams and that of our network partners. The data collected through this program helps our clinical team direct members to the most appropriate providers and facilities for care.

In some circumstances we also co-brand our member ID cards with network partners to help with global recognition of the Aetna brand and to ensure our members receive the care they need.



## AETNA IS ACCESSIBILITY

As your global benefits partner, it's in our job description to keep your employees healthy and safe. That's why we're here to provide information, access to care and personalized support.

### *24x7 support*

Our International Member Service Center is available 24x7x365 to support your employees with multilingual capabilities and to specialists with other language needs.

### *Worldwide care*

Our network is one of the largest and most selective in the world — and it's growing every day. Your employees will have access to more than one million health care providers in the United States. For care outside the United States, we now have nearly 165,000 providers in our direct settlement network. This includes leading hospitals and clinics throughout the world. It helps cut out-of-pocket costs at the point of service and makes submitting claims even easier for your employees.

### *Innovative technology*

The needs of your employees are constantly evolving — and we're moving fast to stay one step ahead. Our web and mobile solutions are one way we're doing it.

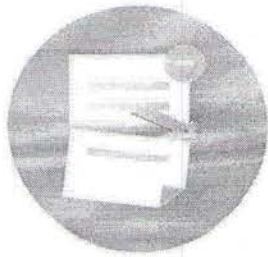
Your employees can use our secure member website to:



- Submit and track claims
- Access policy information
- Search for direct-settlement hospitals and doctors
- Find travel safety and security information



The International Mobile Assistant app takes the important features of the secure member website and packages them in an easy-to-use mobile format. It works alongside our Mobile Provider Directory Apps, which can be used without Internet access, to find providers while in remote locations.



## AETNA IS AFFORDABILITY

Expect the best from Aetna International. Our plans are designed to maximize your health care investment while minimizing challenges.

### *Flexible plan designs*

We also provide multinational organizations with contract and product flexibility (depending on where members are located) to help maximize their investment. This lets you customize your international benefits plan to accommodate your unique population.

You tell us what matters most to you — we'll build a package to meet your needs.

#### **Long-term solutions**

Indemnity and a variety of network medical coverage options, plus optional benefits such as pharmacy, dental, vision, life and accidental death insurance, disability, and medical evacuation

#### **Short-term solutions**

Coverage for urgent and emergency care, including options like dependent coverage, business travel sojourn coverage and travel accident coverage

#### **Wellness programs**

Health assessment tools, weight management, disease management, maternity care and stress management programs

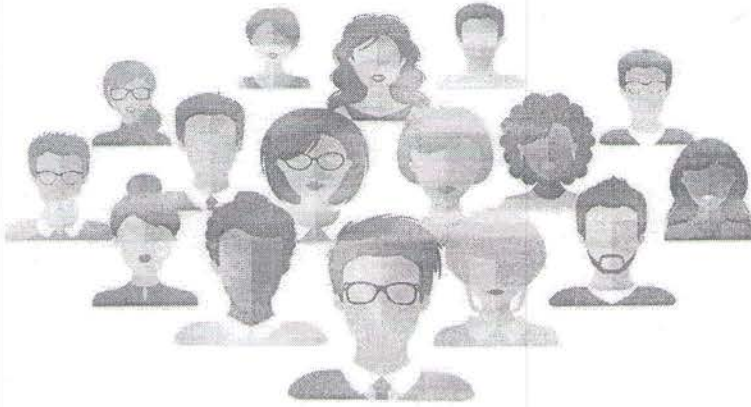
### *Built-in compliance*

Our team of in-house legal and compliance experts will keep an eye on worldwide regulations and work closely with you to help you avoid costly disruptions.

### *Smart claim review*

Powered by the CareEngine® system, MedQuery identifies ways to prevent costly medical errors using sophisticated technology. After comparing doctor visit, prescription, lab report and self-reported employee data to industry guidelines, MedQuery gives doctors medical analysis and recommended ways to improve care.





## OUR TEAM IS YOUR TEAM

We rely on more than 50 years of expertise to design solutions that support your business. Our account team has an average tenure of 14 years. We have more than 1,100 dedicated Aetna International employees worldwide. This includes locations in:

Asia Pacific: China, Hong Kong, South Korea  
Canada: Ontario  
Europe: United Kingdom and Ireland  
Middle East and Africa: UAE, Kuwait, Qatar, South Africa  
North America: United States  
South America: Brazil  
Southeast Asia: India, Indonesia, Thailand, Vietnam

In short, we'll stop at nothing to make sure your goals are met.

*Thanks for the opportunity to earn your business.*

We look forward to talking with you more about how we can best deliver on what matters most to you.

Aetna® is a trademark of Aetna Inc. and is protected throughout the world by trademark registrations and treaties. Plans and programs are underwritten or administered by Aetna Life Insurance Company or Aetna Life & Casualty (Bermuda) Ltd.

Aetna does not provide care or guarantee access to health services. Not all health services are covered. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a health care professional. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Information is believed to be accurate as of the production date; however, it is subject to change. For more information, refer to [www.aetnainternational.com](http://www.aetnainternational.com).

If coverage provided by this policy violates or will violate any US, UN, EU or other applicable economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna companies cannot make payments or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the United States, unless permitted under a valid written Office of Foreign Assets Control (OFAC) license. For more information on OFAC, visit <http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx>.

# Your Global Benefit Solution

Open Access Managed Choice Medical Summary of Benefits  
 Prospective  
 Global Assignee  
 Proposed Policy Year: 01/01/2019 through 12/31/2019

Eligibility Provision	
Employee	Regular full-time employees (up to age 70) participating in this plan, working a minimum of 25 hours per week.
Dependent	Spouse, domestic partner (up to age 70); children up to age 26, regardless of student status.

## Open Access Managed Choice Medical

	Outside U.S.	Inside U.S. Preferred Benefits (In-Network)	Inside U.S. Non-Preferred Benefits (Out-of-Network)
Individual Deductible	None	None	\$15,000 per calendar year
Family Deductible	None	None	\$45,000 per calendar year
Prior Plan Credit	Previous Calendar Year	Previous Calendar Year	Previous Calendar Year
Individual Payment Limit	None	None	\$30,000 per calendar year
<i>(Does not include deductibles, copays, precertification penalty, 50% items and Outpatient Prescription Drugs. Includes Outpatient Prescription Drugs when outside the U.S.)</i>			
Family Payment Limit	None	None	\$60,000 per calendar year
<i>(Does not include deductibles, copays, precertification penalty, 50% items and Outpatient Prescription Drugs. Includes Outpatient Prescription Drugs when outside the U.S.)</i>			
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Hospital Services			
Inpatient	No charge	No charge	50% after deductible
Outpatient	No charge	No charge	50% after deductible
Private Room Limit	The institution's semiprivate rate.	The institution's semiprivate rate.	The institution's semiprivate rate.
Pre-certification Penalty	No Penalty	No Penalty	\$400
<i>Pre-Certification for certain types of Non-Preferred care received inside the U.S. must be obtained to avoid a reduction in benefits paid for that care. Pre-Certification for Hospital Admissions, Treatment Facility Admissions, Convalescent Facility Admissions, Home Health Care and Hospice Care is required - excluded amount applied separately to each type of expense. Contact the service center to determine if pre-certification is needed for a procedure.</i>			
Emergency Room	No charge	No charge after \$100 copay	No charge after \$100 copay
Non-Emergency Use of the Emergency Room	No charge	50%	50% after deductible
Urgent Care	No charge	No charge	50% after deductible
Non-Urgent Use of Urgent Care Provider	No charge	50%	50% after deductible
Ambulance Services	No charge	No charge	50% after deductible

	Outside U.S.	Inside U.S. Preferred Benefits (In-Network)	Inside U.S. Non-Preferred Benefits (Out-of-Network)
<b>Physician Services</b>			
Physician Office Visit	No charge	No charge	50% after deductible
Specialist Office Visit	No charge	No charge	50% after \$10 copay
<b>Mental Health &amp; Alcohol/Drug Abuse Services</b>			
Mental Health Inpatient <i>Unlimited days per calendar year</i>	No charge	No charge	50% after deductible
Mental Health Outpatient <i>Unlimited visits per calendar year</i>	No charge	No charge	50% after \$10 copay
Substance Abuse Inpatient <i>Unlimited days per calendar year</i>	No charge	No charge	50% after deductible
Substance Abuse Outpatient <i>Unlimited visits per calendar year</i>	No charge	No charge	50% after \$10 copay
<b>Preventive Care Services</b>			
Routine Child Physical Exams <i>7 exams in the first 12 months of life, 3 exams in the 2nd 12 months of life, 3 exams in the 3rd 12 months of life, and 1 exam per 12 months thereafter to age 22</i>	No charge	No charge	50% after deductible
Routine Adult Physical Exams <i>1 exam every 12 months up to age 65, 1 exam every 12 months age 65 and older</i>	No charge up to \$1,000 calendar year maximum	No charge	50% after deductible
Routine Gynecological Exams <i>Includes 1 exam and pap smear per calendar year</i>	No charge	No charge	50% after deductible
Routine Mammograms	No charge	No charge	50% after deductible
Prostate Specific Antigen (PSA) <i>Unlimited maximum</i>	No charge	No charge	50% after deductible
Routine Digital Rectal Exam (DRE) <i>Unlimited maximum</i>	No charge	No charge	50% after deductible
Colorectal Cancer Screening <i>Recommended: For all members age 50 and older.</i>	No charge	No charge	50% after deductible
Routine Hearing Exams <i>Includes one routine exam every 24 months.</i>	No charge	No charge	50% after \$10 copay
Hearing Aids <i>1 hearing aid per ear to \$1,000 maximum per ear every 2 years for child to age 24</i>	No charge	No charge	50% after deductible

	Outside U.S.	Inside U.S. Preferred Benefits (In-Network)	Inside U.S. Non-Preferred Benefits (Out-of-Network)
<b>Other Services</b>			
Skilled Nursing Facility <i>120 visits per calendar year</i>	No charge	No charge	50% after deductible
Hospice Care Facility Inpatient <i>30 days lifetime maximum</i>	No charge	No charge	50% after deductible
Hospice Care Facility Outpatient <i>Unlimited lifetime maximum</i>	No charge	No charge	50% after deductible
Home Health Care <i>120 visits per calendar year, includes Private Duty Nursing</i>	No charge	No charge	50% after deductible
Spinal Disorder Treatment <i>Unlimited visits per calendar year</i>	No charge	No charge	25% after deductible
Short Term Rehabilitation  <i>(Includes coverage for Occupational, Physical and Speech Therapies; 60 combined visits per calendar year)</i>	No charge	No charge	50% after deductible
Diagnostic Outpatient X-ray	No charge	No charge	50% after deductible
Diagnostic Outpatient Lab	No charge	No charge	50% after deductible
Base Infertility Services  <i>(Base plan coverage includes coverage limited to the testing and treatment of underlying condition)</i>	No charge	No charge	50% after deductible
Durable Medical Equipment <i>Unlimited lifetime maximum</i>	No charge	No charge	50% after deductible
Allergy Testing	No charge	No charge	50% after \$10 copay
Allergy Serum & Injections	No charge	No charge	50% after deductible
Transplants <i>Unlimited lifetime maximum</i>	No charge	No charge	50% after deductible
Diabetics Supplies	No charge	No charge	50% after deductible
Payment for Non-Preferred Providers*	Not Applicable	Not Applicable	Professional: 105% of Medicare Facility: 140% of Medicare

	Outside U.S.	Inside U.S. Preferred Benefits (In-Network)	Inside U.S. Non-Preferred Benefits (Out-of-Network)
<b>Prescription Drug Coverage</b>			
Generic Drugs <i>(365 day maximum supply)</i> <i>Includes contraceptives</i>	No charge	0% copay per month supply (includes Mail Order Drugs)	50% after deductible
Formulary Brand Name Drugs <i>(365 day maximum supply)</i> <i>Includes contraceptives</i>	No charge	0% copay per month supply (includes Mail Order Drugs)	50% after deductible
Non Formulary Brand Name Drugs <i>(365 day maximum supply)</i> <i>Includes contraceptives</i>	No charge	0% copay per month supply (includes Mail Order Drugs)	50% after deductible
<b>Vision Care</b>			
Routine Eye Exams <i>(Covered under medical) Includes 1 exam every 24 months</i>	No charge	No charge after \$10 copay	No charge after \$10 copay
Vision Care Supplies <i>Schedule maximums apply every 24 months</i>	No charge up to \$200 maximum	No charge up to \$200 maximum	No charge up to \$200 maximum

<b>Add on Services</b>			
International Disease Management	Included	Included	Included
International Maternity Management Program	Included	Included	Included
Simple Steps To A Healthier Life®	Included	Included	Included
Wellness Checkpoint	Included	Included	Included

The proposed plan of benefits is underwritten by Aetna Life & Casualty (Bermuda) Ltd.

This is only a brief summary of the benefits available. Some restrictions may apply.

For more specific information about the coverage details, including limitations, exclusions and other plan requirements, please refer to the employee booklet (which will be provided near the time the plan becomes effective).

# Dental PPO

Plan Features	Outside U.S.	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
Individual Deductible	None	None	None
Family Deductible	None	None	None
Type A Expense <i>(Diagnostic &amp; Preventive)</i>	No charge	No charge	No charge
Type B Expense <i>(Basic Restorative)</i>	20%	20%	20%
Type C Expense <i>(Major Restorative)</i>	20%	20%	20%
Calendar Year Maximum	\$2,000	\$2,000	\$2,000
Orthodontic Treatment <i>Child Only</i>	50%	50%	50%
Orthodontic Lifetime Maximum	\$2,000	\$2,000	\$2,000

Please refer to the Dental Plan Caveats below for additional benefit coverages for Types A, B and C.

Dental	
Dental PPO	
Type A	<i>Includes Prophylaxis, Bitewing and full mouth series X-rays, Space Maintainers, Oral Exams, Fluoride applications, Sealants, and Periapical X-rays.</i>
Type B	<i>Includes Fillings, Simple Extractions, Oral Surgery, Crown Lengthening, Molar root canal therapy, Osseous surgery and Partial and full bony impactions.</i>
Type C	<i>Includes Crown Buildup, Inlays/onlays, Bridgework, Soft tissue grafts, General anesthesia and intravenous sedation, Dentures (benefit includes all relines, rebases and adjustments within 6 months of installation), Prosthetic repairs, and Occlusal Guards (for bruxism only).</i>



**Medical Plan Caveats**

Payment Limits	Payment limits apply per individual on a calendar year basis. Only those out-of-pocket expenses resulting from the application of a payment percentage may be used to satisfy the payment limit. Deductibles, copays, precertification penalty and 50% items are excluded from the payment limit.
Calendar Year and Per Confinement Deductibles	There is no cross-application between calendar year and per confinement deductibles. If a member is hospitalized, he or she must meet both per confinement and calendar year deductibles (as applicable) before the plan pays any benefits.
Coverage Maximum (Days/Visits)	Coverage maximums up to a certain number of days/visits per calendar year are reached by combining the Preferred and Non-Preferred benefits up to the limit for either one plan or the other, but not both. (Example, if the Preferred benefit is for 120 days and the Non-Preferred benefit is for 120 days, the maximum benefit is 120 days, not 240 days).
In-Network Deductible/Coinsurance	In-Network - deductible and coinsurance may apply to pap smears, DRE tests and PSA tests if billed by an independent laboratory provider.
Maternity Care	Maternity expenses are covered as any other medical expense. Coverage is provided for an employee and eligible dependents. Pregnancy benefits do not continue to be payable after coverage ends except in the event of total disability.
Ancillary Services	For contracted hospitals, the non-contracted Radiologist, Anesthesiologist and Pathologist (RAPS) are paid at the preferred level, and will be subject to reasonable and customary charges. Note that this payment method may apply to other providers.
Pre-Existing Conditions	Option 5 - (No Restriction) Pre-existing condition limitation is waived on the effective date. Pre-existing condition limitation is waived after the effective date.
Payment for Non-Preferred Providers*	<p>We cover the cost of care differently based on whether health care providers, such as doctors and hospitals, are "in network" or "out of network." We want to help you understand how much Aetna pays for your out-of-network care. At the same time, we want to make it clear how much more you will need to pay for this out-of-network care.</p> <p>As an example, you may choose a doctor in our network. You may choose to visit an out-of-network doctor. If you choose a doctor who is out of network, your Aetna health plan may pay some of that doctor's bill. Most of the time, you will pay a lot more money out of your own pocket if you choose to use an out-of-network doctor or hospital.</p> <p>When you choose out-of-network care, Aetna limits the amount it will pay. This limit is called the "recognized" or "allowed" amount. When you choose out-of-network care, Aetna "recognizes" an amount based on what Medicare pays for these services. The government sets the Medicare rate. Exactly how much Aetna "recognizes" depends on the plan you or your employer picks.</p> <p>Your out-of-network doctor sets the rate to charge you. It may be higher -- sometimes much higher -- than what your Aetna plan "recognizes" or "allows." Your doctor may bill you for the dollar amount that Aetna doesn't recognize. You must also pay any copayments, coinsurance and deductibles under your plan. No dollar amount above the recognized charge counts toward your deductible or maximum out-of-pocket. To learn more about how we pay out-of-network benefits visit <a href="http://Aetna.com">Aetna.com</a>. Type "how Aetna pays" in the search box.</p> <p>You can avoid these extra costs by getting your care from Aetna's broad network of health care providers. Go to <a href="http://www.aetna.com">www.aetna.com</a> and click on "Find a Doctor" on the left side of the page. If you are already a member, sign on to your Aetna Navigator member site.</p> <p>This way of paying out-of-network doctors and hospitals applies when you choose to get care out of network. When you have no choice (for example: emergency room visit after a car accident), we will pay the bill as if you got care in network. You pay your plan's copayments, coinsurance and deductibles for your in-network level of benefits. Contact Aetna if your provider asks you to pay more. You are not responsible for any outstanding balance billed by your providers for emergency services beyond your copayments, coinsurance and deductibles.</p>

# Financial Exhibit

Your detailed financial exhibits that add up to healthier outcomes for your employees and your business.

## MC Premium

Effective 01/01/2019 - 12/31/2019

	Enrollment	Monthly Rates	Monthly Premium	Annual Premium
Employee only	6	\$733.31	\$4,399.86	\$52,798.32
Employee & Spouse	2	\$2,064.33	\$4,128.66	\$49,543.92
Employee & Ch(ren)	0	\$1,516.59	\$0.00	\$0.00
Employee & Family	7	\$2,413.45	\$16,894.15	\$202,729.80
<b>Total</b>	<b>15</b>		<b>\$25,422.67</b>	<b>\$305,072.04</b>

## DPPO Premium

Effective 02/01/2019 - 12/31/2019

	Enrollment	Monthly Rates	Monthly Premium	Annual Premium
Employee only	6	\$66.71	\$400.26	\$4,402.86
Employee & Spouse	2	\$129.83	\$259.66	\$2,856.26
Employee & Ch(ren)	0	\$144.96	\$0.00	\$0.00
Employee & Family	7	\$208.09	\$1,456.63	\$16,022.93
<b>Total</b>	<b>15</b>		<b>\$2,116.55</b>	<b>\$23,282.05</b>

## Total Estimated 2019

Premium	Enrollment	Monthly Rates	Monthly Premium	Annual Premium
<b>Total</b>	<b>15</b>	see above	see above	<b>\$328,354.09</b>

### Underwriting Notes

All employees must be in the U.S. for the sole purpose of working. No visitors, guests or any persons (whether subscribers or dependents) in the U.S. to seek medical treatment, as determined by Aetna, are eligible for this plan.

Continuation rates are equal to the active rates.

Please refer to the Financial Assumptions for specific requirements pertaining to the above quoted rates.

The quoted rates are valid for a period of 60 days following the date of this proposal.

Please refer to the specific benefit levels contained within this proposal for detailed benefit information.



## General financial assumptions

The financial quotation presented in this proposal is based on the assumptions outlined within this document. It is important to note that deviations from these assumptions may result in additional charges and/or adjustments to our quote. The financial assumptions have been outlined in the following manner:

- Under recent health care reform legislation, health plans existing prior to the enactment of the legislation may be "grandfathered" and not subject to some of the mandated benefits and reform provisions. Should your plan change after the date of enactment, your plan may not be grandfathered under the legislation.
- Aetna reserves the right to modify its products, services, rates and fees and where appropriate application of local and government taxes and in response to legislation, regulation or requests of government authorities which result in material changes and to recoup any material fees, costs, assessments, or taxes due to changes in the law even if no benefit or plan changes are mandated.
- In particular, and without prejudice to the generality of the above, Aetna reserves the right to, where appropriate and in response to legislation, regulation or requests of government authorities in the relevant jurisdiction, apply any existing and/or future taxes of any type (including value added tax) to your premium and/or portion of it, and add the relevant corresponding amount to your premium payment or installment.
- Our responses are statements of fact as they exist today. We have made every effort to respond to your request in a manner that reflects existing and expected business practices for the effective date that you have chosen, but nearly all of the matters addressed in the proposal are dynamic and subject to change. In addition we will require you enter into a Group Policy.
- This proposal is not intended to serve as a substitute for that contract and the statements in this proposal are not intended as legal representations or warranties. Our obligation to one another will be limited to the terms of the Group Policy.
- We reserve the right to revise our quoted rates if information disclosed during the quoting process differs from the information provided for the initial installation.
- If additional information related to this quotation is made available to Aetna at a later date, we reserve the right to revise this quotation based upon analysis of that information.

**Group policy period** - The contract period begins on the effective date of 01/01/2019. Our contracts provide for automatic renewal upon the completion of each contract period unless either party invokes the termination provision, which requires 31 days advance written notice of termination by either party. The provision may be invoked at any time and is not limited to termination occurring on the established renewal date.

**Enrollment and funding assumptions** – We have assumed that the proposed plan of benefits will be extended to the employee groups included on the provided census file. The Aetna International quotation assumed we will provide coverage for all employees currently enrolled in the current medical plan. Based on this census information and the subsequent access analysis, we have assumed that approximately 15 employees will be eligible for medical coverage. Our proposal assumes that coverage will not be extended to employees without review of supplemental census information and other underwriting information for appropriate financial review.

**Plan design** - This proposal response is based on the benefit plan design, plus any noted deviations, as outlined in the proposal. Aetna standard provisions, contract wording and claim settlement practices will apply for items not specifically outlined in the proposal.

**Plan offering** - We have provided a quotation for Medical, Rx Plan and Dental Plan programs for your employees. We have assumed that Aetna will be the sole vendor offered to Embassy of Afghanistan employees.

**Rate proposal** - Our quoted rates are proposed for the first 12 months of the policy period and are valid as of the effective date 01/01/2019. The quoted rates apply only to the benefit levels and conditions specified in the conditions specified in the proposal and any variation in benefit level or quotation conditions may require a rate change. We reserve the right to review and possibly modify or terminate this proposal if any of the following occur during the policy period:

- A change in the demographic and/or geographic mix of the eligible population from that assumed at the time the guarantee is established which changes the established per capita premium costs by more than 5%.
- A change in eligible employee lives of greater than 10%.
- A change in the country membership of greater than 15%.
- A change in the member to subscriber ratio of greater than 10%. This proposal assumes a member to subscriber ratio of 2.53.
- An increase or decrease in the total number of employees enrolled for coverage of 15% or more from that assumed.
- An increase in the total number of Continuation enrollees to exceed 10% of the total enrolled group.
- A material change in the plan of benefits offered or a change in claim payment requirements, procedures, account structures, or any other changes affecting the manner or cost of paying benefits that is initiated by Embassy of Afghanistan.
- Failure of Embassy of Afghanistan to make required premium payments in accordance with Policy provisions.
- We also reserve the right to reallocate the premium rate ratios due to changes in the composition of eligible census, and/or to align with competitor ratios.

**Participation requirements** - At least 75% of eligible employees must participate in the employer's plan, or at least 50% when excluding those providing proof of enrollment in a spouse's plan. Failure to meet this requirement may result in termination or non-renewal.

**Individual conversion** - Aetna is excluding coverage for Individual Conversion from our base medical plans. This quote does not include Individual Conversion and has been priced accordingly.

**Enrollment** - Employees have 30 days from their hire date to enroll into the plan. After 30 days the employee will be required to complete an Evidence of Insurability Form.

**Employer/Employee Contributions** - The rates listed within this report assume compliance with our standard guidelines on employer contributions strategy and employee contributions. Our standard requirement is that the employer must contribute at least 50% of the rate cost across all tiers.

**Plan Eligibility** - United States-based companies must have a minimum of 51 employees worldwide to be eligible to participate in an Aetna International plan. Our rates assume that permanent full-time employees work a minimum of 25 hours per week on a regularly scheduled basis and that eligible dependents include an employee's spouse and unmarried children to age 26. It is assumed that the employer has obtained insurance coverage for liability arising under applicable Workers' Compensation laws and that the work related injuries and diseases of all employees eligible for this plan are covered by Workers' Compensation Coverage.

**Prospectively Rating Basis** - The insured medical rates are offered on a prospectively rate basis. No policy year accounting balance will be calculated for these coverages.

**Late Premium Payment** - Late payment charges may be assessed after the expiration of a 31-day grace period.

**Prescription Drug Benefits** - Our quotation assumes that prescription drug benefits are included and will be provided through Aetna Pharmacy Management.

**Run-Off Claim Processing** - The fully insured rates reflect an incurred (mature) claim total and take into account expenses associated with the processing of run-off claims up to 24 months following cancellation, assuming that claim was incurred during the 12 month effective (active) period.

**Premium Remittance** - All premium payments will be made in U.S. Dollars.

**Retiree Coverage** - The quoted rates assume that no retirees will be covered on the Aetna International plan.

**Pre-Existing Conditions Underwriting Rule:**

Pre-existing condition limitation is waived on the effective date.

Pre-existing condition limitation is waived after the effective date.

**Commissions** - as requested we will include 2% of broker compensation for the quoted products outlined in the Summary of Cost. The compensation amounts are estimates based on the quoted rates and the Summary of Cost. The compensation amounts are estimates based on the quoted rates and enrollment counts. The dollar amount may not always directly correspond to the year compensation payments because enrollment may change. Eligible commission recipients must have a valid license and a valid broker of record letter presented by the plan sponsor on plan sponsor letterhead with appropriate signature.

## Country/Region Sanctions

### Crimea (Annexed Region of Ukraine), Cuba, Iran, North Korea, Syria

Aetna is restricted from issuing or entering into contracts in the countries and region listed above\*. This includes contracts covering groups or individuals and business arrangements with network providers, intermediaries/agents or others located or incorporated in these countries and region. Aetna is also unable to provide coverage or direct settlement arrangements, or to pay for or reimburse for services rendered in these countries and region. This restriction also prevents Aetna from sending correspondence or funds (including claims reimbursements) into these countries and region.

- In some limited instances, Aetna may be able to provide cover to third country nationals or expatriates working in a sanctioned country for an employer located, and the plan issued, outside of the sanctioned country, but only for services rendered outside of the sanctioned country.
- If the employer has a valid written OFAC license authorizing its activity in the sanctioned country, Aetna may be able to provide cover to its employees working in that sanctioned country, including services rendered in the sanctioned country.
- Aetna is not permitted to provide cover to local nationals residing in a sanctioned country, but may be able to cover sanctioned country nationals (except Cuban nationals) residing outside of the sanctioned country for services rendered outside of the sanctioned country. A Cuban national must prove that he/she has established a permanent residency in a non-sanctioned country in order for Aetna to cover.
- If Aetna is providing cover under an authorized license or sanction exemption as noted above, payments and correspondence must go to an alternate address, such as an employer or a member's bank outside of the sanctioned country.
- The situations listed above must be reviewed and pre-approved by Aetna's Financial Sanctions Compliance Team.

\* The above list is subject to change based on changes in financial sanctions regulations. In addition, there are other countries subject to less broad sanctions than the countries/region listed here. For more information, visit <http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx>.

## Health care reform

This new business offering is intended to be compliant with healthcare reform.

**Patient Protection and Affordable Care Act – Fees and assessments** - The Patient Protection and Affordable Care Act imposes a new fee, the Health Insurer Fee (hereinafter "Fee"). The Fee is effective as of January 1, 2014; however, rate quotes for a policy year starting in 2013 will include, where permitted, the Fee assessed on the portion of premium that is paid in 2014. This rate quote includes, where permitted, an estimated proportionate allocation of expenses associated with this Fee. Aetna reserves the right to modify these rates, or otherwise recoup such Fee based on subsequent approval, or if estimates are materially insufficient.

**Grandfathering** – The Federal government released regulations related to grandfathering of health plans in existence on March 23, 2010. Under the health care reform legislation, health plans existing prior to the enactment of the legislation may be "grandfathered" and not subject to some of the mandated benefits and reform provisions. Changes in your benefit design as well as your contribution strategy may affect grandfathering. Plan sponsors are required to notify Aetna if their contribution rate changes for a grandfathered plan at any point during the plan year.

This new business offering assumes your plan is not grandfathered.

As a non-grandfathered plan, the plan will include Preventive care as defined by regulation without cost sharing on In Network services.

Except for specific and limited scenarios described as transitional rules in the health care reform legislation, if a plan's grandfathered status has been lost, it cannot be regained. If, after reviewing the grandfathering rules with your benefit Embassy of Afghanistan determines that their coverage could be or is grandfathered, and they want to retain grandfathered status, they should contact Aetna for further instructions. Aetna reserves the right to treat an insured plan as non-grandfathered.

The Patient Protection and Affordable Care Act (PPACA) prohibits insured group health plans that are not grandfathered from discriminating in favor of highly compensated employees as to benefits and eligibility. This rule will become effective after additional regulatory guidance is issued in the future.

Employer penalties for violating the rule include a \$100 per day penalty multiplied by the number of those individuals "discriminated against." If you think your plan may be discriminatory under PPACA, we urge you to monitor the rulemaking process and contact your tax counsel for further guidance.

Aetna does not conduct discrimination testing and is not responsible for an employer's compliance with this PPACA non-discrimination rule.

The benefits and rates within this proposal are subject to change pending any required approvals from state or federal regulatory agencies. If you have questions, please contact your Account Manager.

Aetna reserves the right to modify its products, services, rates and fees, in response to legislation, regulation or requests of government authorities resulting in changes to plan benefits and to recoup any material fees, costs, assessments, or taxes due to changes in the law even if no benefit or plan changes are mandated.

Guidance issued by the Internal Revenue Service ("IRS"), Department of Labor ("DOL"), and Department of Health and Human Services ("HHS") has indicated that "retiree only" plans are exempt from the new benefit mandates under PPACA.

In order to demonstrate the establishment of a retiree only plan, a plan should maintain, separately from the plan for current (i.e., active) employees, a separate plan document and Summary Plan Description (SPD) and file a separate Form 5500. If you have a retiree only plan, and want to be considered exempt, please provide the required documentation to Aetna.

When group health plans renew on or after 1/1/2014, they can't have a waiting period of more than 90 days. That means eligible plan participants and beneficiaries (employees and their dependents) must be able to begin health coverage within 90 days. This is a requirement of the Affordable Care Act. It applies both to the group policyholder (Employer) and to the issuer (insurance company). If neither party complies, both the Employer and Aetna could be subject to potential penalties.

Employer represents the following:

- The Employer will give Aetna effective dates for its employees and their dependents that take into account all state and federal eligibility conditions and waiting period requirements.
- If this information changes, the Employer will inform Aetna immediately.

Aetna will use this effective date information to enroll eligible employees and dependents into the group plan.

The outlined financial assumptions have been reviewed and agreed upon.

*Embassy of Afghanistan: H.E. Ambassador Roya Rahmani.*

Customer contact

*Nader Barakat*

Broker

*PAJHWOK*  
Afghan News

