

**REQUEST  
FOR PROPOSAL  
ON  
STUDENT VOLUNTARY COVERAGE  
STUDENT UIL ACTIVITIES INSURANCE COVERAGE  
AND  
CATASTROPHIC STUDENT ATHLETIC COVERAGE  
FOR  
COLLEGE STATION INDEPENDENT SCHOOL DISTRICT  
2008-2009**

**Due  
12:00 p.m.**

**Thursday, July 3<sup>th</sup>, 2008**

A. Name of Insured:

College Station Independent School District

B. Effective Date and Policy Term for Blanket & Catastrophic Insurance

Effective Date - August 1, 2008  
Policy Year - One (1)Year  
Option - Two-Year Agreement

C. Student Coverage Voluntary:

**College Station I.S.D. DOES NOT PROCESS APPLICATIONS**

24-Hour - Up to a \$25,000, \$0 deductible, for injuries sustained during the year. The coverage will be a PRIMARY POLICY. Specify if plan is accepted on FULL ASSIGNMENT through a PPO or special network group.

At School – Up to \$25,000, \$0 deductible for injuries that occur at school or school sponsored activities and to and from school, including all sports, except varsity football. Plan will also be primary. Specify if plan is accepted on FULL ASSIGNMENT through a PPO or special network group.

Voluntary Football Coverage Varsity – Up to \$25,000 for injuries sustained while practicing or participating in interscholastic varsity football. Benefit coverage will match requirements as outlined in the at-school plan.

Voluntary Extended Dental – Pays Usual and Customary to \$25,000 for injuries to sound teeth.

D. Catastrophic College Station I.S.D. will purchase blanket catastrophic accident insurance for those students participating in all UIL sports and activities. There will be a \$10,000 deductible with indemnity amount of no less than \$2,000,000. Deductible period will be one (1) year and a **lifetime benefit period**.

E. Interscholastic Sports and Activities Coverage – A \$10,000 maximum policy with \$0 deductible for injuries sustained while practicing or participating in any UIL event. The blanket policy will cover all UIL activities grades K-12 and a list of names will not be provided. The policy will be excess and have an effective date of August 1, 2007 and expires July 31, 2008. Benefits must be accepted on full assignment through a PPO or special network group.

F. Special Risk – Prices are requested on Special Olympics and special education. The rates can be quoted under Section VI of the formal quote. Benefit must be taken on FULL ASSIGNMENT or fully covered under a PPO or special network group.

G. Treatment of a Covered Person – Treatment must be initiated by a licensed physician within 90 days of the date of injury. Ambulance expenses must be for the first trip to a hospital not to the nearest hospital and this includes life flight.

General Information

College Station Independent School District demographics:

- 1 High School, enrollment approximately 2400
- 2 Middle Schools, enrollment approximately 1350

Three Year Claims History\*

<u>Years</u>	<u>Premium Paid</u>	<u>Claims Paid</u>	<u>Loss Ratio</u>
2004-2005	\$34,131	\$19,096	55.95%
2005-2006	\$35,961	\$41,485	115.36%
2006-2007	\$37,074	\$30,678	82.75%
2007-2008	\$45,200	\$42,092*	93%*

\*as of 04/30/2008, includes claims paid, pending and incurred but not reported

Proposers Must Submit the Following:

1. Proposals with price effective until August 1, 2009.
2. Errors and Omissions Coverage, minimum \$1,000,000.00
3. List of all schools insured last year.
4. Resume – including number of years you have represented company bid.
5. Number of years experienced in student athletic insurance. (included in resume)
6. Copy of plan benefits including exclusions.
7. List of providers that accept benefits on FULL ASSIGNMENT or PPO network.
8. Copy of multi-year agreement.
9. Explanation how the PPO or special network functions.
10. Copy of Texas policy.
11. Special Quote on Cost per participant in Special Olympics.

Proposers Plan Outline: Name of Plan: \_\_\_\_\_

Please check the appropriate if your PPO or Network will accept benefits on full assignment. Definition of full assignment – “When a covered student is injured and utilizes the PPO or Network all covered procedures will be accepted as payment in full.”

If a student goes outside the PPO or Network show the amount your plan will pay.

Please check what benefits your plan offers:

Benefits

	Yes	No	Paid	Yes	No	Paid	Yes	No	Paid	Yes	No	Paid
Plan Maximums												
Hospital Room & Board												
Hospital Inpatient												
Misc. Expenses												
Hospital Outpatient												
Emergency Care												
E.R. Physician												
Hospital Outpatient Surgery												
Doctor Visits												
Physician Surgical												
Assistant Surgeon												
24-Month Pin Removal												

BENEFITS:	Full Assignment			Full Assignment			Full Assignment			Out of Network		
	U&C			PPO			NETWORK			OTHER		
	Yes	No	Paid	Yes	No	Paid	Yes	No	Paid	Yes	No	Paid
Anesthesia Expenses												
Pvt. Duty Nursing												
Outpatient Therapy												
Outpatient X-ray												
Outpatient Laboratory												
Dental (Injuries)												
Ambulance 1 <sup>st</sup> trip												
Motor Vehicle												
EEG&EKG MRI Expenses												
Orthopedic Appliances												
Prescription Drugs												
Glasses/Hearing Aids												
Field Trips												
Diagnostic Surgery												
Vocational												
Power lifting												
HIPAA compliant												

NOTE: If you submit a U&C plan, can you guarantee that all covered benefits will be paid in full?

Yes  No

Official Signature \_\_\_\_\_

Date \_\_\_\_\_

Having carefully examined the Request for Proposal, General Conditions, Specifications and Forms, the undersigned hereby proposes and agrees to furnish goods and /or services in strict compliance with the specifications and conditions at the prices quoted unless noted in writing.

Voluntary Coverage – 24 Hour	Full Assignment
Term One Year	PPO
Coverage up to \$25,000	Other
\$0 Deductible	Premium \$ _____
Primary                      Yes	

Voluntary Coverage – At School	Full Assignment
Term One Year	PPO
Coverage up to \$25,000	Other
\$0 Deductible	Premium \$ _____
Primary                      Yes	

Varsity Football Only	Full Assignment
Term One Year	PPO
Coverage up to \$25,000	Other
\$0 Deductible	Premium \$ _____
Primary                      Yes	

UIL Sports & Activities	Full Assignment
Term One Year	PPO
Coverage up to \$10,000	Other
\$0 Deductible	Premium \$ _____
Primary                      Yes	

Special Risk-Special Olympics & Special Education	
Full Assignment or PPO	Premium \$ _____

Proposals should be addressed to Michael Ball, Deputy Superintendent, College Station Independent School District at 1812 Welsh Street, College Station, Texas 77840. Questions should be directed to Michael Ball at 979-764-5409. All bids must be received by 12:00 p.m. on Thursday, July 3, 2008. **No faxed or e mail bids will be accepted.**

The Board reserves the right to waive all formalities, to be the sole judge of quality and suitability, and may reject any or all Bid items.