

**BOARD OF TRUSTEES
AGENDA**

<input type="checkbox"/>	Workshop	<input checked="" type="checkbox"/>	Regular	<input type="checkbox"/>	Special
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(A) **Report Only** **Recognition**

Presenter(s):

Briefly describe the subject of the report or recognition presentation.

(B) **Action Item**

Presenter(s): ISMAEL MIJARES, ASSISTANT SUPERINTENDENT FOR BUSINESS AND FINANCE
LUIS VELEZ, PURCHASING DIRECTOR

Briefly describe the action required.

CONSIDER AND TAKE APPROPRIATE ACTION ON THE REQUEST TO AWARD REQUEST FOR PROPOSAL NO. 140514 FOR STUDENT ATHLETIC INSURANCE AND THE BOARD DELEGATES THE SUPERINTENDENT OR DESIGNEE THE AUTHORITY TO MAKE RELATED BUDGETED PURCHASES OF GOODS OR SERVICES AS PER BOARD POLICY CH.

(C) **Funding source: Identify the source of funds if any are required.**

BUDGETED FUNDS

(D) **Clarification: Explain any question or issues that might be raised regarding this item.**

SEE ATTACHED MEMORANDUM



To: Mr. Ismael Mijares, Assistant Superintendent for Business and Finance

From: Luis A. Vélez, Purchasing Director

Date: Tuesday, June 24, 2014

Subject: **Recommendation on Request for Proposal Number 140514 for Student Athletic Insurance**

Digitally signed by Luis A. Vélez
Date: 2014.06.05 15:53:19 -05'00'

Based on the submitted proposals, the Department of Purchasing recommends that Request for Proposal Number 140514 for Student Athletic Insurance be awarded in accordance with the specifications and requirements of the proposal and as per the attached Tabulation Sheet.

If you have any questions or need more information regarding this matter, please contact me at the purchasing department.

**EAGLE PASS INDEPENDENT SCHOOL DISTRICT
REQUEST FOR PROPOSAL NO. 140514
STUDENT ATHLETIC INSURANCE**

DESCRIPTION	Alamo Insurance Group (Monarch Management Corp) San Antonio, TX	The Brokerage Store, Inc. San Antonio, TX
<p>STUDENT ATHLETIC INSURANCE</p> <ul style="list-style-type: none"> • All activity under UIL competition by the EPISD • No deductible or co-insurance 	<p align="right">\$ 66,515.00</p>	<p align="right">\$ 73,300.00</p>
<p>ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE</p>	<p align="right">Included</p>	<p align="right">Included</p>
<p>CATASTROPHIC INSURANCE</p> <ul style="list-style-type: none"> • Maximum benefit \$5,000,000 • Maximum deductible \$25,000 	<p align="right">\$ 2,816.00</p>	<p align="right">\$ 3,120.00</p>
<p>TOTAL COST:</p>	<p align="right">\$ 69,331.00</p>	<p align="right">\$ 76,420.00</p>

PLEASE NOTE THAT THE SHADED AREA(S) REFLECTS THE RECOMMENDED VENDOR

**EAGLE PASS INDEPENDENT SCHOOL DISTRICT
REQUEST FOR PROPOSAL NO. 140514
STUDENT ATHLETIC INSURANCE**

		Summary of Covered Expenses	
		Alamo Insurance Group	The Brokerage Store, Inc.
1	Hospital Room and Board	Semi-Private daily room rate	Semi-Private daily room rate, ICU 1.5X semi rate
2	Hospital Miscellaneous Services	100% U&C up to \$750 1st day, \$250/day thereafter, max \$5,000	Day 1 \$1,000, then \$500/day, \$5,000 max
3	Physician's Non-Surgical Visits	100% U&C up to \$40 per visit	\$50 per visit, and \$80 per visit for concussion
4	Physical Therapy Treatment (In-patient)	\$50 per visit, max \$500	Included in Hospital Misc.
5	Registered Nurse (In-patient)	100% U&C per Hospital Stay	U&C
6	Out-Patient Surgery (Facility Charge)	up to \$2,000 per covered injury	\$2,000 U&C
7	Hospital Emergency Room Charges	100% U&C up to \$250 per covered injury	\$300 facility + \$150 ER Dr.
8	Out-Patient X-Ray and Radiology Services	100% U&C up to \$200 per covered injury	\$250 + \$50 reading
9	CAT Scans, MRI and Bone Scans	100% U&C up to \$750 per covered injury	\$750 + \$50 read
10	Laboratory Services	100% U&C up to \$50 per covered injury	U&C to \$100 max
11	Physician's Non-Surgical Visits (out-patient)	100% U&C up to \$40 per visit	\$50 / \$80 for concussions
12	Concussion	Included as any injury (baseline testing is not included)	\$80 per visit, 2 max + Imaging
13	E. R. Physician's Non-Surgical Care (out-patient)	100% U&C up to \$100	More than 2 visits - goes to \$50 per ER \$150 max
14	Orthopedic Appliances (In-patient)	100% U&C up to \$500 per covered injury	\$500 max - DonJoy manufacturer no balance contract
15	Orthopedic Appliances (Out-patient)	100% U&C up to \$500 per covered injury	\$500 max - DonJoy manufacturer no balance contract
16	Shots and Injections	100% U&C within 48 hours of injury	\$50
17	Prescription Drugs (Out-patient)	100% U&C	\$50
18	Physical Therapy Treatment (Out-patient)	\$50 per visit, max \$500	\$50 per visit, 5 max
19	Ambulance Services	first trip to hospital / U&C	\$1,000 U&C max
20	Eyeglass Replacement	100% U&C	\$200
21	Durable Medical Equipment	100% U&C up to \$150	\$100 post surgical only
22	Dental Treatment	100% U&C	\$1,000 per injury
23	Physician's Surgical Care	90% of U&C, max \$4,500	\$3,000 U&C max
24	Anesthetist/Assistant Surgeon	25% of surgeons bill	25% surgeons bill
25	Motor Vehicle Injury	\$5,000 max	\$1,000 max
26	Heat Stroke/Heat Exhaustion	Included as any injury	Included as any injury
27	Hearing Aid Replacement	100% U&C	Excluded
28	Hernias	Included as any injury	Excluded
29	Online Claim Forms?	Yes	Yes
30	No Balance Billing?	Included - Multi Plan PPO Network	Included - Lone Star PPO Network

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