

No. _____



UNITED INDEPENDENT SCHOOL DISTRICT AGENDA ACTION ITEM

Topic: Approval of Awarding Bids, Proposals, and Qualifications

Submitted by: Ms. Cordelia Flores-Jackson **of:** Purchasing Department

Approved for transmittal to school board: December 17, 2014

Recommendations:

Staff recommends the UISD board of trustees approve the following Bids, Proposals, & Qualifications as presented:

Renewals:

RFP 072-2011 Student Extra-Curricular Insurance

Rationale:

Staff has complied with all applicable federal, state and local purchasing policies and procedures in obtaining pricing information for the items listed above. Staff is recommending the awards based on being the best value to the district.

Budgetary Information:

The budget includes the funds for these purchases

Board Policy Reference and Compliance

CH local – Purchasing and Acquisition

CH legal – Purchasing and Acquisition

Summary of Recommendation(s)
December 17, 2014

Renewal(s)	
RFP 072-2011	Recommended Vendor(s)
Student Extra-Curricular Insurance	The Brokerage Store
	Annual amount
	\$457,575.00

Board Approval
Awarding of Bids/Proposals
December 17, 2014

Renewal

RFP 072-2011 Student Extra Curricular Insurance

Recommendation:

Requesting approval to purchase from the best bidder(s)/ offer(s) meeting specifications as follows:

Recommended Vendor

The Brokerage Store

Annual Premium

\$457,575.00

Administration distributed seventy-six (76) proposals and advertised on October 1, 2011, and October 2, 2011. Six (6) competitive sealed proposals were received on October 13, 2011, at 3:00 p.m. at the UISD Service Center-Purchasing Department.

Budget Information:

District Wide Funds

Resource Personnel:

Robert Chapa, Director of Risk Management
Alan Jackson, Claims Specialist, Risk Management
Cordelia Flores-Jackson, Director of Purchasing
Karina Mendoza, Purchasing Manager



UNITED INDEPENDENT SCHOOL DISTRICT

Robert Chapa
Director of Risk Management

DATE: November 20, 2014

TO: Cordelia Flores-Jackson,
Director of Purchasing

From: Robert Chapa
Director of Risk Management

Re: Student Extra-Curricular Insurance

Ms. Jackson:

Staff has concluded negotiations for renewal of the Student Extra-Curricular Insurance and recommends the Board accept the attached renewal offer of The Columbian Life Insurance Company represented by The Brokerage Store and the Robert Laurel Insurance Agency. The price increase is based on the loss run data.

The renewal proposal is for the 3rd year of a 5 year contract.

**United Independent School District
Student Extra Curricular Insurance - RFP 072-2011**

General						
Plan Type	Texas Value Plan	Texas U&C Plan	United Plan	Premier Plus Plan	Matching Current Plan	
Insurance Company	Columbian Life Insurance Company	Columbian Life Insurance Company	Hartford Insurance Company	AXIS Global Accident & Health	AXIS Global Accident & Health	Gerber Life Insurance Company
AM Best Rating	A-	A-	A	A	A	A
Claims Administrator	Student Assurance Services	Student Assurance Services	George Zinger & Lorraine Edwards	Preferred Care Inc.	Preferred Care Inc.	Adimistrative Concepts, Inc.
Address	P.O. Box 196; Stillwater, MN	P.O. Box 196; Stillwater, MN	N/A	1300 Virginia Drive; Suite 315; Fort Washington, PA 19034	1301 Virginia Drive; Suite 315; Fort Washington, PA 19034	994 Old Eagle School Road;Wayne, PA 19087-1802
Agent/Agency	The Brokerage Store,Inc / Laurel Insurance Agency	The Brokerage Store,Inc / Laurel Insurance Agency	Wilson Sports Insurance	Alamo Insurance Group / Mike Gilpin & Wayne Malzone	Alamo Insurance Group / Mike Gilpin & Wayne Malzone	Key & Piskuran Insurance Agency / Larry Gallemore
Address	4091 De Zavala Rd #3;San Antonio, Tx 78249	4091 De Zavala Rd #3;San Antonio, Tx 78249	103 SE 1st St;Ste.204;Mineral Wells, Tx 76067	3201 Cherry Ridge St. Suite D405; San Antonio Tx 78230	3202 Cherry Ridge St. Suite D405; San Antonio Tx 78230	2313 Roosevelt Drive; Suite A; Arlington, Tx 76016
Basic						
Maximum Benefit	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000
First Treatment by Dr.	180 days	180 days	90 Days	90 Days	90 Days	90 Days
Benefit Period	1 Year	1 Year	1 Year	1 Year	1 Year	1 Year
Room & Board	Semi-Private Room Charges	Semi-Private Room Charges	Semi-Private Room Rate	Semi-Private Room Rate	100% U&C	Semi-Private Room Charges
Misc.	First Day up to \$1,000; Thereafter up to \$500 per Day; max \$5,000	U&C, max \$10,000	up to \$275/day; max \$5,000	100% UC up to \$750/1st day; \$250/day thereafter; max \$5,000/Hospital Stay	100% U&C	up to \$1,000/1st day, thereafter up to \$500/day; max \$5,000
RN	100% of U&C Charges	U&C Charges	up to \$400 per injury-Private Duty	100% U&C per Hospital Stay	100& U&C per Hospital Stay	100% of U&C charges
Physician	\$50/visit; 10 max	U&C	up to \$40/visit	100% U&C; up to \$40/visit	100% U&C/visit; up to 5 visits	\$50/1st Day; \$40 to 10 visits
Surgeon	U&C up to \$3,000	U&C up to \$5,000 per injury	75%of U&C; max \$3,600 per injury	90% U&C; max \$4,500	100% U&C; max \$5,000	up to \$2,000
Outpatient Surgery Misc	U&C up to \$2,000	U&C up to \$3,500	up to \$1,600 per injury	up to \$2,000 per covered injury	100% U&C; up to \$3,500	up to \$2,000
Physical Therapy	\$50/visit; 10 max	\$50/visit; 10 max	up to \$50 for First Visit,\$25 per visit thereafter maximum \$25-Outpatient	\$25/visit; max \$250	\$50/visit; max \$1,000	\$50/visit; up to 5 visits
Medical Emergency	U&C up to \$300	U&C up to \$500	up to \$175	100% U&C; \$200/covered injury	100% U&C; up to \$150	80% up to \$300
X-Ray	U&C up to \$250;\$50 reading	U&C up to \$300;\$50 reading	up to \$200; \$50/reading	(Out-Patient) 100% U&C up to \$200 per covered Injury	100% U&C up to \$300 per covered injury	80% up to \$300
Diagnostic Imaging	U&Cup to \$750;\$50 reading	U&C up to \$1,200/injury; \$50 reading	up to \$500/injury; \$50/reading	100% U&C; up to \$750/covered injury	100% U&C; up to \$1,200	80% up to \$800
Lab	U&C up to \$100	U&C up to \$150	up to \$50 per injury	100% U&C; up to \$50/covered injury	100% U&C	80% up to \$300
RX	\$50 per Injury	U&C	(take home drugs) U&C	100% U&C	100% U&C	up to \$25
Ambulance	\$1,000 per injury (Air or Ground)	up to \$1,000/injury (Air or Ground)	Initial Trip to Hospital	1st trip to Hospital; U&C	1st trip to Hospital; U&C	up to \$1,000/injury (Air or Ground)
Orthopedic Appliances	U&C up to \$500	\$500 max	up to \$500/injury	(inpatient) N/A; (outpatient) 100% U&C up to \$500/injury	(inpatient)100%U&C; max \$1,200 (outpatient) 100% U&C; up to \$600	\$500 Maximum
Asst Surgeon Expense	25% of Surgery Allowance	25% of Surgery Allowance	25% of Surgery Allowance	25% of Surgery Allowance	25% of Surgery Allowance	20% of Surgery Allowance
Anesthesia Expense	25% of Surgery Allowance	25% of Surgery Allowance	25% of Surgery Allowance	25% of Surgery Allowance	25% of Surgery Allowance	25% of Surgery Allowance
Dental	\$1,000 per injury	U&C,up to \$5,000 per injury	U&C Up to \$7,000	100% U & C	\$200 / tooth	up to \$200 per tooth
AD&D Benefit	\$2,000-\$10,000	\$2,000-\$10,000	\$10,000-\$20,000	\$10,000-\$20,000	\$2,000-\$10,000	\$2,000-\$10,000
Motor Vehicle Injury	\$1,000 Max. as scheduled above	\$5,000 Max. as scheduled above	No Coverage	up to \$5,000 per covered injury	up to \$5,000 per covered injury	up to \$1,000 max as scheduled above
Catastrophic						
Insurance Company	Zurich American Insurance Company	Zurich American Insurance Company	Mutual of Omaha	National Union Fire Insurance Co.	National Union Fire Insurance Co.	Gerber Life Insurance Company
AM Best Rating	A	A	A+	A	A	A
Maximum Medical	\$6,000,000 and/or \$500,000 Cash Benefit	\$6,000,000 and/or \$500,000 Cash Benefit	\$5,000,000	\$6,000,000 / \$500,000 Cash Benefit	\$6,000,000 / \$500,000 Cash Benefit	\$6,000,000
AD&D Benefit	\$5,000-\$20,000	\$5,000-\$20,000	\$10,000-\$20,000	\$10,000-\$20,000	\$10,000-\$20,000	\$10,000.00
Deductible	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000
Deductible Period	2 Years	2 Years	2 Years	2 Years	2Years	2Years
Benefit Period	10 Years	10 Years	10 Years	10 Years	10 Years	10 Years
Annual Premium						
Basic	\$282,150	\$313,500	\$298,950	\$347,853	\$364,153	\$406,600
Catastrophic	\$7,829(Cat only)/\$3,605(Cash Benefit) or \$11,434	\$7,829(Cat only)/\$3,605(Cash Benefit) or \$11,434	\$7,088	\$8,305.00 (Cat Only) \$4,105.00 Cash Benefit of \$500,000.00 or \$12,410.00 for (Cat and Cash Benefit)	\$8,305.00 (Cat Only) \$4,105.00 Cash Benefit of \$500,000.00 or \$12,410.00 for (Cat and Cash Benefit)	\$12,293
TOTAL	\$293,584	\$324,934	\$306,038	\$360,263	\$376,563	\$418,893
Rate Guarantee						
Rate Guarantee	2 Years fixed + 3 neg.	2 Years fixed + 3 neg.	1 Year fixed+ 4 neg.	1 Year fixed+ 4 neg.	1 Year fixed+ 4 neg.	1 Year fixed+ 4 neg.

THE BROKERAGE STORE, INC.

INVOICE

BILL TO Robert Chapa
United ISD
3501 East Saunders
Laredo, TX 78045

MAIL TO The Brokerage Store, Inc.
4114 Pond Hill Rd., #100
San Antonio, TX 78231

Invoice Date 10/23/2014
Agent Robert Laurel

PREMIUMS DUE BY SEPTEMBER 1, 2014

SCHOOL YEAR:	COVERAGE:	PLAN:				TOTAL:
Student/Athletic Accident Insurance						
2015	GROUP UIL	Texas Value				\$445,000
	CATASTROPHIC	CAT Only			\$8,611	
		\$500K Cash Benefit			\$3,964	\$12,575
Please return the portion below with your payment.					BALANCE DUE	\$457,575

REMITTANCE

Customer	United ISD
Amount Enclosed	\$

Make check payable to:
The Brokerage Store, Inc.
4114 Pond Hill Rd., #100
San Antonio, TX 78231

PHONE (210)366-4800
FAX (210)366-1388
E-MAIL rochelle@thebrokeragestore.com
WEB SITE www.thebrokeragestore.com

ENROLLMENT FOR STUDENT/ATHLETIC ACCIDENT INSURANCE GRADES PK-12



Send completed form to:
The Brokerage Store
4114 Pond Hill Road, Suite 100 • San Antonio, TX 78231



Underwritten By:
COLUMBIAN LIFE INSURANCE COMPANY
Home Office: Chicago, IL
Administrative Service Office:
Student Assurance Services, Inc.
Stillwater, MN 55082-0196

SCHOOL/DISTRICT INFORMATION

School/District United ISD DIST. CLASS. _____

Address 3501 East Saunders
Street

City Laredo County _____ State TX Zip 78045

DATE INFORMATION

Effective Date 01/01/2015 Termination Date 12/31/2015

_____ 1st Day of School _____ Last Day of School _____ 1st Day of Football Practice

SCHOOLS THAT PROVIDE COVERAGE ON A GROUP BASIS

<input checked="" type="checkbox"/> A: GROUP COVERAGES	PREMIUMS
1. Group UIL Coverage: Plan (<u>Texas Value Plan</u>)	\$ <u>\$445,000</u>
<input type="checkbox"/> 2. All School Coverages : Plan (_____) (Includes UIL Activities) Enrollment grades PK- 12 (_____) @ \$ _____ =	\$ _____
TOTAL PREMIUM	= \$ <u>\$445,000</u>

SCHOOLS THAT OFFER COVERAGE ON A VOLUNTARY BASIS

<input type="checkbox"/> B: VOLUNTARY COVERAGES: (See Brochure)	ENROLLMENT FORMS NEEDED
1. Voluntary Sports/UIL Activities Coverage: Plan (<u>Basic</u>) Estimated number of Interscholastic UIL Participants 7-12 _____	(_____)
<input type="checkbox"/> 2. VOLUNTARY STUDENT COVERAGE: Plan (<u>Basic</u>) Estimated Total Enrollment in grades PK-12 (No Sports) _____	(_____)

It is agreed and understood that: **(applies only to voluntary coverages)**

- the school will offer coverage to all students in the school system.
- Voluntary Sports and UIL Activities Coverage are available only if the school installs the Voluntary or Group Student Coverage.
- a School Official will complete the School's section of each claim form for school related injuries.
- only one student accident plan will be offered by the district.**

Applied for by:

_____ Print Name of School Official	_____ Phone Number	_____ e-Mail Address
_____ Signature of School Official	_____ Title	_____ Date

Agent Signature: _____ Telephone# _____

Administered by:



**ZURICH®**

2014 Enrollment Form for Catastrophic Coverage

Underwritten by Zurich

The Brokerage Store, Inc., 4114 Pond Hill Road, Suite 100, San Antonio, TX 78231

Participant Information:Name of Participating School or District: United ISDAddress: 3501 East Saunders City: Laredo State: TX ZIP: 78045Number of Schools Junior High: 9 Senior High: 4

Estimated Number of Students Grades K-8: _____ Grades 9-12: _____

Eligible Classes Junior High: ☒ Yes ☐ No Senior High: ☒ Yes ☐ No

____ Class I: All enrolled Students of the School or School District, including all sports and activities (includes student coaches, student trainers and student managers). Football: ☐ Yes ☐ No

X Class II: All enrolled Students of the School or School District, while participating in gym classes and extracurricular school activities, including intramural and interscholastic sports, such as football, band members, cheerleaders, majorettes, student coaches, student trainers and student managers. Coverage also includes supervised travel to and from such games and practice sessions. Football: ☒ Yes ☐ No

Benefits:X Accident Medical Expense (AME) Benefit Amount - Excess Coverage \$7,500,000X Accidental Death & Dismemberment (AD&D) (\$10,000 Death, \$20,000 Dismemberment)X Catastrophic Cash Benefit (Maximum Benefit Amount \$500,000)

Rates: See

Premium: Total Premium: \$ 12,575**Requested Effective Date:**

The Effective Date will be the requested dates assuming We have accepted the risk and received the attached enrollment form. If the acceptance of the enrollment form or the enrollment form is not received prior to the requested effective date, the Effective Date will be the date We accept the Enrollment Form. The Expiration Date of the policy will be one (1) year from the Effective Date.

01 / 01 / 2015

 Month Day Year
Approval for Enrollment:

The authorized signer of this application represents to the best of his or her knowledge and belief that the statements set forth herein are true and include all material information. Signing of this application does not bind Zurich to offer nor the authorized signer to accept insurance, but it is agreed this questionnaire and any attachments thereto shall be the basis of the insurance.

Officer's Name (print): _____ Signature: _____

Title (print): _____ Date: _____

General Statement:

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.



**STUDENT/ATHLETIC ACCIDENT INSURANCE
CLAIMS ANALYSIS**

United ISD

2014-Value Plan

Policy Year		Premium	Total Claims Paid	Ending	%
		Received	Incurred, Pending	Date	Loss
From:	To:	Y-T-D	and Unreported		Ratio
1/1/2014	12/31/2014	\$366,800	\$380,362	Oct-14	104%

2013-Value Plan

Policy Year		Premium	Total Claims	Ending	%
		Received	PAID	Date	Loss
From:	To:	Y-T-D			Ratio
1/1/2013	12/31/2013	\$282,150	\$369,185	Oct-14	131%

2012-Value Plan

Policy Year		Premium	Total Claims	Ending	%
		Received	PAID	Date	Loss
From:	To:	Y-T-D			Ratio
1/1/2012	12/31/2012	\$ 282,150	\$287,089	Oct-14	102%

2011-U&C Plan

Policy Year		Premium	Total Claims	Ending	%
		Received	PAID	Date	Loss
From:	To:	Y-T-D			Ratio
1/1/2011	12/31/2011	\$ 313,500	\$366,308	Oct-14	117%

Report provided by:
STUDENT ASSURANCE SERVICES, INC.



November 20, 2014

David Cates
The Brokerage Store
4114 Pond Hill Road, Suite 100
San Antonio TX 78231

Re: United ISD
2011; 2012; 2013; and 2014 Plan Years

Dear David:

In response to your request I would like to advise you that because of HIPPA regulations, we are unable to provide all the information you have requested for this school. However, we can provide the following information that is specific to United ISD.

The following information is as of 11-01-2014:

	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
Total number of claims submitted	227	265	346	280
Total charges submitted	\$1,143,742	\$1,687,381	\$2,393,785	\$2,486,556
Total USAMCO discounts	\$ 444,330	\$ 728,413	\$1,471,954	\$1,129,462
Total paid by parent's insurance	\$ 100,324	\$ 208,063	\$ 200,563	\$ 218,378
Total paid by the plan	\$ 400,251	\$ 309,396	\$ 365,550	\$ 226,172
Claims pending information	\$ 0	\$ 0	\$ 1,000	\$ 169,400
Estimated total plan benefits	\$ 400,251	\$ 309,396	\$ 366,550	\$ 395,572

I hope this information will be of help to you.

Sincerely,

Mark Desch, President
Student Assurance Services, Inc.

Mark Desch, President



October 20, 2014

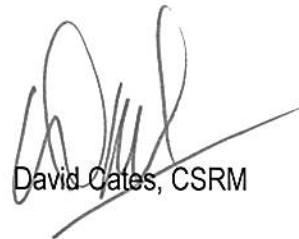
Re: United ISD--Student/Athletic Accident Insurance

Robert,

Here is a list of the premiums for the catastrophe coverage for the last four years. To my knowledge, there have been no claims filed during this period. We also show no claims have been PAID for any catastrophe injuries. This year's 2015 CAT premium will remain the same as last year, **\$12,575**. If you have any questions or concerns, please feel free to contact me at any time.

School Year	Premium	Enrollment
2011	\$11,434	4 HS; 9 JH
2012	\$11,434	4 HS; 9 JH
2013	\$11,434	4 HS; 9 JH
2014	\$12,575	4 HS; 9 JH

Sincerely,



David Cates, CSR