

No. _____



UNITED INDEPENDENT SCHOOL DISTRICT AGENDA ACTION ITEM

TOPIC _____ Award of District Student Extra-Curricular Insurance Contract _____

SUBMITTED BY: _____ Robert Chapa _____ **OF:** _____ Risk Management _____

APPROVED FOR TRANSMITTAL TO SCHOOL BOARD: _____

DATE ASSIGNED FOR BOARD CONSIDERATION: _____ November 18, 2010 _____

RECOMMENDATION:

Staff recommends acceptance of the renewal quote for Student Extra-Curricular Insurance for calendar year 2011.

RATIONALE:

On July 25, 2007 the UISD Board accepted a multi-year proposal submitted by the Columbian Life insurance company. The renewal proposal consisted of a short year (5 month) contract for the remainder of 2007 followed by 5 one year contracts to run on a calendar year basis and to be renegotiated based on loss run data annually in December.

Renewal quote accurately reflects loss run data.

BUDGETARY INFORMATION

Premiums included in the 2010-2011 budget.

BOARD POLICY REFERENCE AND COMPLIANCE:



UNITED INDEPENDENT SCHOOL DISTRICT

Robert Chapa
Director of Risk Management

November 1, 2010

Staff recommends acceptance of the renewal proposal made by the Columbian Life Insurance Company for Student Extra-Curricular Insurance. The renewal proposal is for \$313,500 to cover approximately 9,846 students. This amounts to \$31.84 per participating student per year or \$2.65 per month.

The proposed premium represents a 21% increase which is due in large part to increased number of injuries, severity, and increasing medical costs. The proposal also includes a slight increase in consideration of the increasing number of covered students. In 2007 only 5,429 were participating in activities. Last year the district had 9,846 participating students all covered under the plan.



**STUDENT/ATHLETIC ACCIDENT INSURANCE
CLAIMS ANALYSIS**

United ISD

2010

Policy Year		Premium	Paid	Ending	%
		Received		Date	Loss
From:	To:	Y-T-D			Ratio
1/1/2010	10/31/2010	\$247,986	\$239,061	Oct-10	97%

2009

Policy Year		Premium	Paid	Ending	%
		Received		Date	Loss
From:	To:	Y-T-D			Ratio
1/1/2009	12/31/2009	\$206,655	\$197,428	Dec-09	95%

Report provided by:
STUDENT ASSURANCE SERVICES, INC.

MEDICAL BENEFITS

When injury covered by this policy results in treatment by a Licensed Physician within 180 days from the date of injury, the Company will pay the Usual and Customary expenses incurred for necessary Services and Supplies as listed below, for expenses actually incurred within one year from the date of injury up to a Maximum Medical Benefit of \$25,000 per injury. This policy will pay benefits only after all Other Valid and Collectible Coverage has been paid.

All Amounts Listed Below are Per Injury

A. IN-PATIENT BENEFITS 1. Hospital Room and Board 2. Intensive Care (in lieu of Hospital Room and Board) 3. Hospital Miscellaneous Services (All Charges except Room & Board) 4. Physician's Non-Surgical Visits (other than Physical Therapy; not paid day of surgery) 5. Physical Therapy Treatment (includes whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits connected therewith) 6. X-ray and Radiology Services 7. Registered Nurse	TEXAS U&C Semi-private Room Charge 1.5 X Semi-private Room Charge U&C, maximum \$10,000 U&C Charges Included in Hospital Misc. Benefit Included in Hospital Misc. Benefit U&C charges		
B. OUT-PATIENT SURGERY BENEFITS 1. Day Surgery (Facility Charge) Room supplies and all other expenses for out-patient surgery	U&C, up to \$3,500 per injury		
C. OTHER OUT-PATIENT BENEFITS 1. Hospital Emergency Room Charges 2. X-ray and Radiology Services 3. CAT Scans, MRI and Bone Scans 4. Laboratory Services 5. Physician's Non-Surgical Visits (not paid day of surgery) 6. Emergency Room Physician's Non-Surgical Care 7. Orthopedic Appliances (when prescribed by a physician for healing) 8. Shots and Injections (within 24 hours of an injury) 9. Prescription Drugs 10. Physical Therapy Treatment (includes whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits connected therewith) 11. Ambulance Service (Air or Ground) 12. Eyeglass Replacement (if medical treatment is also received for a covered injury) ... 13. Durable Medical Equipment (Post-Surgical Only)	U&C, up to \$500 per injury U&C, up to \$300 per injury; \$50 for reading U&C, up to \$1,200 per injury; \$50 for reading U&C, up to \$150 U&C, up to 5 visits U&C, up to \$500 \$500 maximum U&C U&C \$50 per visit, maximum 20 visits up to \$1,000 per injury U&C up to \$300 per injury		
D. OTHER PHYSICIAN SERVICES 1. Dental Treatment (in lieu of all other medical benefits, including X-rays of sound & natural teeth) 2. Physician's Surgical Care (In-Patient or Out-patient) 3. Assistant Surgeon Charges (In-Patient or Out-patient) 4. Anesthetist Charges (In-Patient or Out-patient)	U&C, up to \$5,000 per injury U&C, up to \$5,000 per injury 25% of Surgery Allowance 25% of Surgery Allowance		
E. MOTOR VEHICLE INJURY	up to \$5,000 maximum as scheduled above		
F. OTHER BENEFITS - Heat Stroke and Heat Exhaustion will be covered as any other accident.			
G. FIELD TRIP COVERAGE - all students will be covered for one day field trips, with no overnight stay. Basic benefits apply for up to \$2,000 per injury.			
H. ACCIDENTAL DEATH AND DISMEMBERMENT - When injury covered by this policy results in Accidental Death or Dismemberment within 180 days from the date of accident, the following benefits will be payable.			
Loss of Life	\$ 2,000	Double Dismemberment	\$10,000
Loss of an Eye	\$ 2,000	Single Dismemberment	\$ 2,000

For specific costs and further details of the coverage, including exclusions, reductions or limitations, and the terms under which the policy may be continued in force, see your agent or write the Company. The amount of benefits provided depends upon the plan selected and the premium will vary with the amount of benefits.