



Claims Administrative Services, Inc.

*Our reputation for excellence is no accident.*TM
Texas Educational Insurance Association

WORKERS' COMPENSATION

Plan Year 2024-2025 Renewal Addendum – Part 2 of 2

Plan Sponsor: Jefferson ISD

3rd Year of a 3 Year Contract

Renewal Based on Estimated Payroll of \$11,531,940

Option 1: Select New 5-Year Plan--Locks in Fixed Cost Rate for Five Additional Years.

<input type="checkbox"/> Begin New 5 Year Plan/Year 1*	
<input type="checkbox"/> Fixed Cost Payment in Full <i>Due on 9/1</i>	<input type="checkbox"/> Fixed Cost Quarterly Payments of 40%, 20%, 20%, 20% <i>Due on 9/1, 12/1, 3/1, and 6/1</i>
\$39,471	

*The Plan Sponsor agrees to extend the term of this agreement for an additional five (5) years, which must be completed before an exit option is available. The Plan Sponsor further acknowledges that this agreement guarantees only the Fixed Cost and Loss Fund Rates and does not guarantee the Fixed Cost or Loss Fund Amounts. *Please ensure you are not under any obligation to other carriers prior to extending a multi-year option.*

Option 2: Select New 3-Year Plan--Locks in Fixed Cost Rate for Three Additional Years.

<input checked="" type="checkbox"/> Begin New 3 Year Plan/Year 1**	
<input checked="" type="checkbox"/> Fixed Cost Payment in Full <i>Due on 9/1</i>	<input type="checkbox"/> Fixed Cost Quarterly Payments of 40%, 20%, 20%, 20% <i>Due on 9/1, 12/1, 3/1, and 6/1</i>
\$39,471	

**The Plan Sponsor agrees to extend the term of this agreement for an additional three (3) years, which must be completed before an exit option is available. The Plan Sponsor further acknowledges that this agreement guarantees only the Fixed Cost and Loss Fund Rates and does not guarantee the Fixed Cost or Loss Fund Amounts. *Please ensure you are not under any obligation to other carriers prior to extending in a multi-year option.*

Option 3: Current Plan—Fixed Cost Rate and Discount Subject to Change at End of Contract Term.

<input type="checkbox"/> Continue Current 3 Year Plan/Year 3rd***	
<input type="checkbox"/> Fixed Cost Payment in Full <i>Due on 9/1</i>	<input type="checkbox"/> Fixed Cost Quarterly Payments of 40%, 20%, 20%, 20% <i>Due on 9/1, 12/1, 3/1, and 6/1</i>
\$39,471	

***The Plan Sponsor agrees this agreement continues for one (1) more year(s), which must be completed before an exit option is available. The Plan Sponsor further acknowledges that this agreement guarantees only the Fixed Cost and Loss Fund Rates and does not guarantee the Fixed Cost or Loss Fund Amounts.

<input type="checkbox"/> DRAFT OUR W/C FUND BANK ACCOUNT ON DUE DATE – Plan Sponsor authorizes payment by draft on the due date for any and all billings. Plan Supervisor will provide copy of Draft Invoice prior to due date.
Should the District not Choose the draft payment method, Initial Invoice will be issued prior to 8/1/24, payable on 9/1/24. Quarterly invoices will be emailed to Plan Sponsor prior to and payable on due dates listed above.

Certification of Authority to Execute

I represent that I am expressly and duly authorized by Jefferson ISD to execute this agreement and legally bind my employer as set forth in this agreement. I acknowledge that Jefferson ISD wishes to continue the agreement as previously approved by the Board of Trustees, the governing body of Jefferson ISD. As the designated employee of Jefferson ISD, I am exercising the authority conveyed by the Board of Trustees to extend the term of this agreement for an additional five years ____, three years ____, or continuing current plan ____ which must be completed before an exit option is available. I further acknowledge that this agreement guarantees only the Fixed Cost and Loss Fund Rates and does not guarantee the Fixed Cost or Loss Fund Amounts. It is understood that Fixed Cost and Loss Fund Amounts are subject to change each year of the agreement based on the actual payrolls of Jefferson ISD. Effective start date of this plan addendum is September 1, 2024.

____/____/2024 _____/_____
 Date Signature (Designated Employee) Title

Please Select a Plan Option and return signed Renewal Addendum to CAS by 6/30/2024.

CAS-Claims Administrative Services, Inc.

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TEXAS EDUCATIONAL INSURANCE ASSOCIATION

WORKERS' COMPENSATION

Plan Year 2024-2025 Renewal Addendum – Part 1 of 2

Plan Sponsor: Jefferson ISD

3rd Year of a 3 Year Contract

FIXED COST	\$39,471
LOSS FUND MAXIMUM	\$69,843

Renewal Based on Estimated Payroll of \$11,531,940

Fixed Cost Includes: Claims Administration, Record Keeping, Safety and Loss Control, Excess Insurance, plus...

Initial contact with claimant	Setting IME appointments	Communicating with doctor
Initial contact with insured	Administering benefits timely	Visits by Adjuster
Initial contact with doctor	Annual Reports	Recorded statements
Faxes	Check stock & issuing checks	Filing state forms
Regular Meetings with client	Subrogation Management	Answering WC legal questions
Photographs	Reports	Supervisor review of claims
Telephone	Litigation Management	Travel expenses
Monitoring medical treatment	Communicating with employee	Reviewing claims with clients
Airfare, except extraordinary	Mileage, except extraordinary	Excess Carrier Reporting
Loss Runs	Express mail, except extraordinary	EDI requirements for Ins Carrier
Filing of 1099's	Obtain Records, except extraordinary	
CAS Service Guarantee, and much more.....	

Loss Fund Includes: Incurred Claims, Claims Expense Allowance, Allocated Claims Expenses, and Cost Containment

Allocated Expenses:	Cost associated with bank account or its maintenance
Attorney fees	Extraordinary travel expenses incurred by CAS
Medical opinions	Cost associated with Occupational Rehabilitation
Independent Medical Examination	Pre-authorization or Utilization
Peer Review	Cost for obtaining and copying of public or medical records
Court costs	Cost for photography, preparation of maps, diagrams or physical analysis
Medical Case Management	Cost of employing experts' testimony
Cost of surveillance	Cost for property damage appraisal fees
Interest paid as result of Litigation	Witness travel expense
Witness fees	Specialty Bill Review
Medical Bill Negotiations	

Cost Containment:

CAS does provide cost containment services for our clients. Cost containment services are allocated to the claim and billed at the following rates. Field Case Management, \$90 per hour + mileage; Telephonic Case Management, \$90 per hour; Rehabilitation/Vocational Case Management, \$90 per hour + mileage; Pre-Authorization, \$150 flat rate per request; Specialty Bill Review 25% of savings; Medical Bill Negotiations 25% of savings; Pharmacy Network, 9% of savings; Ancillary Services, 9% of savings; Medical Necessity Review, \$125 Coordination fee + cost; Subrogation, no charge if done in-house or at cost if a complicated case that would be better represented by an attorney; Investigation Services, \$35 for initial database research/\$84 per hour for surveillance, In-house attorney representation at hearings \$75.00 per hour, Section 111 reporting query is at no charge; \$10.00 per submission.

CAS has a proven record in reducing claims cost. CAS adjusters aggressively work with the injured employee and doctors to get the employee back to work and close their file. CAS works closely with their clients to establish a long-term partnership.