

### 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, DEPUTY 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. 171206 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



# EAGLE PASS INDEPENDENT SCHOOL DISTRICT

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**To:** Mr. Ismael Mijares, Deputy Superintendent for Business and Finance  
**From:** Luis A. Vélez, Purchasing Director   
**Date:** Thursday, June 30, 2016  
**Subject:** **Recommendation on Request for Proposal Number 171206 for Student Athletic Insurance**

Digitally signed by Luis A. Vélez  
Date: 2016.06.29 11:56:08 -05'00'

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Based on the submitted proposals, the Department of Purchasing recommends that Request for Proposal Number 171206 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. 171206  
STUDENT ATHLETIC INSURANCE**

<b>DESCRIPTION</b>	<b>Alamo Insurance Group (Monarch Management Corp) San Antonio, TX</b>	<b>The Brokerage Store, Inc. San Antonio, TX</b>
<b>STUDENT ATHLETIC INSURANCE</b>  <ul style="list-style-type: none"> <li>• All activity under UIL competition by the EPISD</li> <li>• No deductible or co-insurance</li> </ul>	<b>\$ 56,930.00</b>  Company Rating: A+	<b>\$ 59,750.00</b>
<b>ACCIDENTAL DEATH &amp; DISMEMBERMENT (AD&amp;D) INSURANCE</b>	<b>included</b>  Company Rating A+	<b>included</b>
<b>CATASTROPHIC INSURANCE</b>  <ul style="list-style-type: none"> <li>• Maximum benefit \$5,000,000</li> <li>• Maximum deductible \$25,000</li> </ul>	<b>\$ 2,593.00</b>  Company Rating A+	<b>\$ 3,120.00</b>
<b>TOTAL COST:</b>	<b>\$ 59,523.00</b>	<b>\$ 62,870.00</b>

RECOMMENDED VENDOR:

**Alamo Insurance Group**

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

**EAGLE PASS INDEPENDENT SCHOOL DISTRICT  
REQUEST FOR PROPOSAL NO. 171206  
STUDENT ATHLETIC INSURANCE**

		<b>Summary of Covered Expenses</b>	
		<b>Alamo Insurance Group</b>	<b>The Brokerage Store, Inc.</b>
1	Hospital Room and Board	<b>Semi-Private daily room rate</b>	Semi-Private daily room rate, ICU 1.5X semi rate
2	Hospital Miscellaneous Services	<b>100% U&amp;C up to \$750 1st day, \$250/day thereafter, max \$5,000</b>	Day 1 \$1,000, then \$500/day, \$5,000 max
3	Physician's Non-Surgical Visits	<b>100% U&amp;C up to \$40 per visit</b>	\$50 per visit, and \$80 per visit for concussion
4	Physical Therapy Treatment (In-patient)	<b>Included in Hospital Misc. Services</b>	Included in Hospital Misc.
5	Registered Nurse (In-patient)	<b>100% U&amp;C per Hospital Stay</b>	U&C
6	Out-Patient Surgery (Facility Charge)	<b>100% U&amp;C up to \$2,000</b>	\$2,000 U&C
7	Hospital Emergency Room Charges	<b>100% U&amp;C up to \$250</b>	\$300 facility + \$150 ER Dr.
8	Out-Patient X-Ray and Radiology Services	<b>100% U&amp;C up to \$200</b>	\$250 + \$50 reading
9	CAT Scans, MRI and Bone Scans	<b>100% U&amp;C up to \$800</b>	U&C, \$750 + \$50 reading
10	Laboratory Services	<b>100% U&amp;C up to \$50</b>	\$100 U&C per injury
11	Physician's Non-Surgical Visits (out-patient)	<b>100% U&amp;C up to \$40 per visit</b>	\$50 per visit, 10 max
12	Concussion	<b>\$100 at U&amp;C plus 100% U&amp;C up to \$40 per visit</b>	\$80 per visit, 2 max
13	E. R. Physician's Non-Surgical Care (out-patient)	<b>100% U&amp;C up to \$100</b>	\$150 U&C
14	Orthopedic Appliances (In-patient)	<b>100% U&amp;C up to \$500</b>	Included in Hospital Misc.
15	Orthopedic Appliances (Out-patient)	<b>100% U&amp;C up to \$500</b>	\$500 max
16	Shots and Injections	<b>100% U&amp;C within 48 hours of injury</b>	\$50
17	Prescription Drugs (Out-patient)	<b>100% U&amp;C</b>	\$50
18	Physical Therapy Treatment (Out-patient)	<b>\$50 per visit, max \$300 - Non Post Surgical \$50 per visit, max \$750 - Post Surgical</b>	\$50 per visit, 5 max
19	Ambulance Services	<b>first trip to hospital 100% U&amp;C</b>	\$1,000
20	Eyeglass Replacement	<b>100% U&amp;C</b>	\$200
21	Durable Medical Equipment	<b>100% U&amp;C up to \$150</b>	\$100 post surgical only
22	Dental Treatment	<b>100% U&amp;C</b>	\$1,000 max
23	Physician's Surgical Care	<b>90% of U&amp;C, max \$4,500</b>	\$3,000 U&C max
24	Anesthetist/Assistant Surgeon	<b>25% of surgeons bill</b>	25% surgeons bill
25	Motor Vehicle Injury	<b>Covered as any other injury up to \$25,000</b>	\$1,000 max
26	Heat Stroke/Heat Exhaustion	<b>Included</b>	Covered as any other claim
27	Hearing Aid Replacement	<b>100% U&amp;C</b>	Excluded
28	Hernias	<b>Covered as result of Covered Accident/ not stress</b>	Excluded
29	Online Claim Forms?	<b>Yes</b>	Yes
30	No Balance Billing?	<b>Included - Multi Plan PPO Network</b>	Included - Lone Star PPO Network

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