



Claims Administrative Services, Inc.

Our reputation for excellence is no accident.™

ACTION REQUIRED!

Please respond by:

April 30, 2025

To Take Advantage of This Offer!

January 27, 2025

Scurry-Rosser ISD
Anthony Figueroa
10705 S. State Hwy 34
Scurry, TX 75158-3163

Re: CAS Early Renewal Discount

Claims Administrative Services (CAS) would like to extend a savings opportunity to you as a valued program participant. With workers' compensation renewals for the 2025-2026 school year around the corner, let CAS take the stress out of the renewal process. Save time and money by automatically extending your current Interlocal Agreement and receive the benefits you have come to expect from the leader in workers' compensation for Texas schools and colleges. CAS is offering both a 5-year and a 3-year option. Please sign and return the enclosed Addendum reflecting your decision to renew for 5 or 3 years.

With CAS, you have a trusted partner in workers' compensation claims handling, loss control, and medical cost containment. We remain dedicated to helping you protect your most valuable assets - today and for years to come.

2024 Total Net Medical Bill Reduction to Clients



\$40,000,000
\$35,000,000
\$30,000,000
\$25,000,000
\$20,000,000
\$15,000,000
\$10,000,000
\$5,000,000
\$0

\$34,405,829

Total Charges

76% Reduction!

\$26,188,314

Reduced Charges

\$8,217,515

Total Paid



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TEXAS EDUCATIONAL INSURANCE ASSOCIATION

WORKERS' COMPENSATION

Plan Year 2025-2026 Addendum – Part 1 of 2

Plan Sponsor: Scurry-Rosser ISD

Scurry-Rosser ISD, a legally constituted political subdivision of the State of Texas, whose mailing address is 10705 S. State Hwy 34, Scurry, TX 75158-3163 (hereinafter "the Plan Sponsor"), by its governing body, previously adopted a Plan for a Workers' Compensation Self-Insurance Joint Fund and has designated its employee described below as the board-designated employee for the Plan Sponsor to take all actions to the full extent allowed by law on behalf of the Plan Sponsor with respect to the Plan, including but not limited to electing Trustees and Officers of the Plan; approving or denying claims, benefit payments, and disbursements; communicating with the Plan Supervisor; and all other actions necessary or desirable for the administration of the Plan.

The Plan Sponsor agrees to pay its Proportionate Contribution for the Plan as follows:

- Loss Fund Maximum set aside in a separate account in the records of the Plan Sponsor for claims.
- The Loss Fund computation is subject to change based on the final September 1 participants, by a factor of approximately +/- 5%.
- Fixed Cost paid by the Plan Sponsor to the Plan Supervisor for administration of claims, loss control, record keeping, and the cost of Excess Insurance, payable as follows:

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

| | | |
|-------------------------------|--------------------------------------|----------------------------------|
| Initial contact with claimant | Setting IME appointments | Communication 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 | Communication with employee | Review of 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 | Court costs |
| Subrogation Recovery (Percent of Recovery) | Specialty Bill Review |
| Medical Bill Negotiations | Medical Case Management |
| Cost of surveillance | Interest paid as result of Litigation |
| Witness travel expense | Cost for obtaining and copying of public or medical records |
| Witness fees | Cost for photography, preparation of maps, diagrams or physical analysis |
| Cost for property damage appraisal fees | Cost of employing experts' testimony |

Cost Containment:

CAS provides 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; and 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.



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Texas Educational Insurance Association

WORKERS' COMPENSATION

Plan Year 2025-2026 Addendum – Part 2 of 2

Plan Sponsor: Scurry-Rosser ISD

See the changes to your workers' comp rates below. Please note the one remaining variable will be the payroll for each year, which is estimated to be \$9,596,927 for 2025-2026. Should your payroll vary from this estimate, you may see a greater or lesser decrease in your total dollars spent; however, the rate applied to the payroll will be unchanged.

Due to changes in the insurance market, please ensure you are not under any obligation to other carriers prior to enrolling in a multi-year option.

By Selecting a New 5-Year, Plan the Sponsor Locks in their Fixed Cost Rate for Five Years!

| <input type="checkbox"/> Begin New 5 Year Plan/Year 1 | |
|---|--|
| <input type="checkbox"/> Fixed Cost Payment in Full <i>Due on 9/1 of each year</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 of each year</i> |
| Fixed Cost Rate: Increased by 5% | Loss Fund Rate: Decreased by 15% |

By Selecting a New 3-Year, Plan the Sponsor Locks in their Fixed Cost Rate for Three Years!

| <input type="checkbox"/> Begin New 3 Year Plan/Year 1 | |
|---|--|
| <input type="checkbox"/> Fixed Cost Payment in Full <i>Due on 9/1 of each year</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 of each year</i> |
| Fixed Cost Rate: Increased by 10.83% | Loss Fund Rate: Decreased by 15% |

| |
|--|
| <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 SPONSOR NOT CHOOSE THE DRAFT PAYMENT METHOD, INITIAL INVOICE WILL BE ISSUED PRIOR TO 8/1/25, PAYABLE ON 9/1/25 AND EACH SUBSEQUENT 9/1 FOR THE RESPECTIVE FIXED COST FOR THE REMAINING YEARS OF THE PLAN. |

Certification of Authority to Execute

I represent that I am expressly and duly authorized by **Scurry-Rosser ISD** to execute this agreement and legally bind my employer as set forth in this agreement. I acknowledge that **Scurry-Rosser ISD** wishes to continue the agreement as previously approved by the Board of Trustees, the governing body of **Scurry-Rosser ISD**. As the designated employee of **Scurry-Rosser ISD**, I am exercising the authority conveyed by the Board of Trustees to extend the term of this agreement for an additional five years ____, or three years ____, 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 **Scurry-Rosser ISD**. **Effective start date of this plan addendum is September 1, 2025.**

_____/_____/_____/_____ / _____ / _____
 Date Signature (Board Designated Employee for the Plan Sponsor) Title

Please Select a Plan Option, initial Certificate and return signed Addendum to CAS by 04/30/2025.

CAS-Claims Administrative Services, Inc.

501 Shelley Drive Tyler, TX 75701

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