

<b>Notice To Vendors</b> <b>This Is Not An Order.</b>	THE UNIVERSITY OF LOUISIANA AT MONROE Monroe, Louisiana REQUEST FOR QUOTATION	DATE 06/23/2016	Date and Time by Which Quotation Must be Returned 07/21/2016 @ 2PM CENTRAL
	<b>It Is Merely</b> <b>A Request For Prices</b>	INTERNATIONAL STUDENTS Department	<b>TO THE VENDOR:</b> To be returned on or before date specified above to:
Name and Address of Vendor (Firm or Individual)		THE UNIVERSITY OF LOUISIANA AT MONROE PURCHASING DEPARTMENT Coenen Hall #140, 700 UNIVERSITY AVENUE MONROE, LOUISIANA 71209-2250	
		NOTE: THE UNIVERSITY RESERVE THE RIGHT TO ACCEPT OR REJECT ANY OR ALL BIDS, AND WAIVE INFORMALITIES	
		THIS BID IS DUE IN PURCHASING OFFICE AS STATED ABOVE <b>LATE BIDS NOT ACCEPTED</b>	
PURCHASE REQUISITION NO. R00014821 BID #50006-010		P. O. N	

**INSTRUCTIONS TO BIDDERS:**

1. READ THE ENTIRE BID, INCLUDING ALL TERMS AND CONDITIONS AND SPECIFICATIONS.
2. ALL BID PRICES MUST BE TYPED OR WRITTEN IN INK. ANY CORRECTIONS, ERASURES OR OTHER FORMS OF ALTERATION TO UNIT PRICES SHOULD BE INITIALED BY THE BIDDER.
3. THIS BID IS TO BE MANUALLY SIGNED IN BLUE INK.
4. BID PRICES SHALL INCLUDE DELIVERY OF ALL ITEMS F.O.B. DESTINATION OR AS OTHERWISE PROVIDED. BIDS CONTAINING "PAYMENT IN ADVANCE" OR "C.O.D." REQUIREMENTS MAY BE REJECTED. PAYMENT IS TO BE MADE WITHIN 30 DAYS AFTER RECEIPT OF PROPERLY EXECUTED INVOICE OR DELIVERY, WHICHEVER IS LATER.
5. BIDS SUBMITTED ARE SUBJECT TO PROVISIONS OF THE LAWS OF THE STATE OF LOUISIANA INCLUDING BUT NOT LIMITED TO L.R.S. 39:1551-1736; PURCHASING RULES AND REGULATIONS; EXECUTIVE ORDERS; STANDARD TERMS AND CONDITIONS; SPECIAL CONDITIONS; AND SPECIFICATIONS LISTED IN THIS SOLICITATION.
6. **BIDS \$25,000 OR LESS MAY BE FAXED TO 318/342-5218 OR MAILED OR DELIVERED TO THE PURCHASING DEPARTMENT, ADMINISTRATION BUILDING 1-29, 700 UNIVERSITY AVE, MONROE LA 71209. TO INQUIRE WHETHER YOUR FAX WAS RECEIVED, PLEASE CALL 318/342-5206.**
7. **TO ASSURE CONSIDERATION OF YOUR BID, ALL BIDS OVER \$25,000 AND ADDENDA SHOULD BE RETURNED IN AN ENVELOPE OR PACKAGE CLEARLY MARKED WITH THE BID OPENING DATE AND THE BID NUMBER.**
8. BIDS OR QUOTATIONS MAY BE CONSIDERED FOR ALL OR PART OF TOTAL QUANTITIES.
9. NOTE: A COMPLETE RECORD OF ALL BIDS IS KEPT ON FILE IN THE PURCHASING DEPARTMENT SUBJECT TO THE INSPECTIONS OF ANY CITIZEN. EVERY COURTESY WILL BE AFFORDED ANY CITIZEN WHO IS INTERESTED IN INVESTIGATING FOR ANY PURPOSE THE RECORD OF STATE PURCHASES. **COPIES OF EVALUATION CAN BE FAXED TO YOU ONLY AFTER RECEIPT OF WRITTEN REQUEST.**
10. IMPORTANT: BY SIGNING THE BID, THE BIDDER CERTIFIES COMPLIANCE WITH ALL INSTRUCTIONS TO BIDDERS, TERMS, CONDITIONS AND SPECIFICATIONS, AND FURTHER CERTIFIES THAT THIS BID IS MADE WITHOUT COLLUSION OR FRAUD. THIS BID IS TO BE MANUALLY SIGNED IN INK BY A PERSON AUTHORIZED TO BIND THE VENDOR. ALL BID INFORMATION SHALL BE MADE WITH BLUE INK OR TYPEWRITTEN.

**For questions regarding this bid, please contact Rose Joseph at **318/342-5210**.**

<b>TO THE VENDOR:</b> Advise Delivery will be made in this number of days after receipt of order.	<b>THIS QUOTATION IS SUBMITTED BY</b>
	Name of Vendor (Firm or Individual) _____
	Signature _____
	Name (Printed) _____
	Telephone # _____
Terms Are Net 30 Days	Fax # _____
	Title _____
	Quote # _____
	Date Submitted _____

ADVERTISEMENT FOR BIDS”

Sealed bids will be opened and publicly read by the Purchasing Department of The University of Louisiana at Monroe, Coenen Hall #140, 700 University Avenue, Monroe LA 71209 at 2 PM Thursday, July 21, 2016 for the following bid(s):

Bid #50006-005 – Printing of the Chacahoula  
Bid #50006-010 – Student Insurance

Vendor inquiries must be reduced to writing and submitted to the Director of Purchasing via personal delivery, USPS, email or other approved method no later than 5 PM on Monday, July 18, 2016

Bids must be returned to the Purchasing Office in sealed envelopes. Bids must be submitted on the forms enclosed and in strict conformity with the intent of same without modifications. Bids must be signed in ink, dated, and the title of person signing bid must be shown on bid.

Complete bidding documents may be obtained from the Director of Purchasing, The University of Louisiana at Monroe, Monroe LA 71209-2250, via fax request at 318-342-5218 or State of Louisiana LaPac site: <http://wwwprd.doa.louisiana.gov/osp/lapac/pubmain.asp>. Please use bid: Bid #50006-005 or Bid #50006-010 respectively.

No bid may be withdrawn for a period of thirty (30) days after receipt of bids.

The Owner reserves the right to reject any and all bids and to waive any informalities incidental thereto.

The University of Louisiana at Monroe adheres to the equal opportunity provisions of federal civil rights laws and regulations.

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BID #10  
DUE: 07/21/16  
@ 2 PM CST

THE UNIVERSITY OF LOUISIANA AT MONROE  
PURCHASING DEPARTMENT  
Coenen Hall #140. 700 UNIVERSITY AVENUE  
MONROE LA 71209-2250  
Phone: 318-342-5205 / FAX: 318-342-5218

SPECIAL CONDITIONS:

1. PLEASE SUBMIT YOUR QUOTE ON THE FOLLOWING ITEMS. ALL ITEMS ARE AS SPECIFIED OR APPROVED EQUAL. THE BRAND NAME GIVEN IS TO ESTABLISH THE QUALITY DESIRED AND DOES NOT EXCLUDE OTHER BRANDS.
2. IF BIDDING OTHER THAN SPECIFIED, SUFFICIENT INFORMATION SHOULD BE ENCLOSED WITH THE BID IN ORDER TO DETERMINE QUALITY, SUITABILITY, AND COMPLIANCE WITH THE SPECIFICATIONS.
3. FAILURE TO COMPLY WITH THIS REQUEST MAY ELIMINATE YOUR BID FROM CONSIDERATION.
4. ANY ADDITIONS, DELETIONS, OR VARIATIONS FROM THE SPECIFICATIONS SHOULD BE NOTED IN WRITING.
5. ANY INTERPRETATION OF THE DOCUMENTS WILL BE MADE BY ADDENDUM ONLY ISSUED BY THE PURCHASING DEPARTMENT. YOU MAY FX UESTIONS TO THE PURCHASING DEPARTMENT AT 318/342-5218.
6. ALL INQUIRIES MUST BE REDUCED TO WRITING AND SENT TO THE PURCHASING DEPARTMENT. INQUIRIES MAY BE PROVIDED BY MAIL, FAX, E-MAIL, HAND DELIVERY, ETC. ANSWERS TO ALL INQUIRIES WILL BE PROVIDED BY THE PURCHASING DEPARTMENT UPON WRITTEN REQUEST.
7. ALL LINE ITEMS BID MUST HAVE A BRAND SPECIFIED.
8. ALL SHIPPING AND HANDLING CHARGES MUST BE INCLUDED IN UNIT BID QUOTE PRICE.
9. PLEASE STATE ESTIMATED DELIVERY TIME AFTER RECEIPT OF ORDER  
\_\_\_\_\_.
10. ANY CLAIMS OR CONTROVERSIES ASSOCIATED WITH THE CONTRACT ISSUED AS A RESULT OF THIS SOLICITATION WILL BE RESOLVED IN ACCORDANCE WITH THE LOUISIANA PROCUREMENT CODE, R.S. 39:1673.
11. UNLESS OTHERWISE SPECIFIED, BIDS ON THIS CONTRACT WILLB E ASSUMED TO BE FIRM FOR ACCEPTANCE FOR A MINIMUM OF 30 DAYS. IF ACCEPTED, PRICES MUST BE FIRM FOR THE SPECIFIED CONTRACT PERIOD.

## Part I

### GENERAL INFORMATION

#### 1.1 PURPOSE

This Request for Proposal (RFP) provides interested vendors with information to enable them to prepare and submit proposals for consideration by The University of Louisiana at Monroe to satisfy its needs for Student Medical, Hospital and Surgical Insurance. It should be noted that many of the conditions established in the RFP are mandatory and failure of the proposer to comply with these mandatory requirements will cause that vendor's proposal to be rejected from further consideration.

#### 1.2 GOVERNING PROPOSAL REGULATIONS

This contract will not involve the expenditure of funds by the University. As a result, the LA Procurement Code - LRS 39:1551, et seq., LA Administrative Code - LAC 34:III.301, et seq., LA Executive Order No. BJ 08-67, and LA Revised Statute - LRS 17:3355, et seq., shall not be applicable to this solicitation. Request for Proposals are solicited in an effort to obtain the offering determined by the University as being in ULM's overall best interest.

#### 1.3 SCOPE

This RFP solicits proposals for the purchase, on a non-compulsory basis for domestic students and a mandatory basis for International students, Basic Student Medical, Hospital, and Surgical Insurance, henceforth referred to as SMI, for The University of Louisiana at Monroe. The successful proposer will be afforded an opportunity to market additional coverage to the students. This additional opportunity will be sole responsibility of the successful proposer and the University will not take an active role in the marketing, collection, OR claims process.

#### 1.4 PREVIOUS ENROLLMENT

The following lists the enrolled students carrying student insurance through ULM:

<b>YEAR</b>	<b>International students</b>	<b>Domestic students</b>
2013/2014	99	38
2014/2015	31	31
2015/2016	18	41
Total	148	110

## 1.5 ISSUING OFFICE

This RFP is issued for The University of Louisiana at Monroe, henceforth referred to as ULM. ULM is the sole contract for this RFP.

## 1.6 REJECTION OF PROPOSALS

ULM reserves the right to reject any and all proposals and to waive any informality.

## 1.7 PROPOSAL PREPARATION FORMAT

The proposal response shall be in four (4) parts. **PRF-1, PRF-2, PRF-3, and PRF-4, and shall be sealed.**

## 1.8 NUMBER OF COPIES

To be considered, vendors must submit five (5) copies and one signed original of a response both to Part I and II of the RFP.

Erasures, write-overs, corrections, or other changes must be explained or noted by the proposer. Failure to do so may result in rejection of the proposal without further consideration.

## 1.9 INCURRING COSTS

ULM is not liable for any cost incurred by the vendors prior to the issuance of a contract and a Purchase Order.

## 1.10 MANDATORY ADMINISTRATIVE REQUIREMENTS

Proposals not conforming to the following requirements will be rejected without further consideration or evaluation.

## 1.11 PROPOSAL SUBMISSION AND OPENING

The entire proposal should be sealed. The name and address of the Proposer should appear on the outside of the proposal envelope. In the event the proposal contains bulky subject material, the special proposal envelope should be firmly affixed to the mailing envelope.

Proposals shall be opened and read aloud on the specified time and date. All proposals shall become a matter of public record at that time. Each Proposer is solely responsible for the timely delivery of their proposal by the RFP opening deadline.

Proposals received after the specified time and date will not be considered, whether delayed in the mail or for any other causes whatsoever.

Proposals may be withdrawn by Proposers upon written request prior to the designated time for opening of proposals. Withdrawal notification must be by original signature and received by the ULM Purchasing Department prior to the designated time for opening of proposals.

All formal proposals shall be binding for a minimum of sixty (60) calendar days and shall not be withdrawn after the specified proposal opening time.

#### 1.12 PROPOSAL CONFIRMATION

Unless otherwise stated by the proposer, all proposals will be considered valid until final contract award is made. If an exception is taken to provision by the proposer, it shall be incumbent upon the proposer to insure that his/her proposal does not expire prior to final contract award.

#### 1.13 NOTICE TO PROPOSERS

Each proposer is solely responsible for the accuracy and completeness of his/her proposal. Errors or omissions may be grounds for rejection, or may be interpreted in favor of the State of Louisiana. Any conditions, exceptions, variations, or disclaimers must be specified, cross-referenced to the RFP, must be clearly identified.

#### 1.14 SUBMISSION PROCEDURES

The following procedures are mandatory. Failure to comply will result in rejection of the proposal without further consideration or evaluation. Variation, if any, will be implemented at the sole discretion of ULM and will apply equally to all prospective Proposers.

#### 1.15 SCHEDULE OF EVENTS

The following schedule defines the important dates associated with the RFP:

- |    |                     |                         |
|----|---------------------|-------------------------|
| 1. | RFP released:       | Tuesday, June 28, 2016  |
| 2. | Inquiry deadline:   | Monday, July 18, 2016   |
| 3. | Proposal due date:  | Thursday, July 21, 2016 |
| 4. | Proposals evaluate: | 07/21/16 to 07/28/16    |
| 5. | Contract Awarded:   | Approximately 07/29/16  |

#### 1.16 PROPOSER INQUIRIES

No negotiations, decisions, or actions shall be executed by any vendor as a result of discussions with any ULM employee. Only written inquiries received at or prior to the inquiry deadline will be considered. Inquiries to the RFP must be submitted in writing to Purchasing Department by mail, by fax 318-342-5218 or clay@ulm.edu. ULM will only provide answers to inquiries in writing that change or substantially clarify the RFP and provide such answers to all prospective Proposers.

#### 1.17 CHANGES, ADDENDA, WITHDRAWALS

Proposers may submit changes or addenda in writing, signed in BLUE ink by the original proposal signatory, cross referenced clearly to the relevant proposal section, in a sealed envelope, prior to the proposal opening. Such submissions must meet all requirements for the proposal. No changes or withdrawals are permitted after proposal opening. Withdrawal notice must be in writing and received prior to proposal opening.

#### 1.18 DECLARATIONS OF THE INSURANCE COMPANY AND THE AGENT

Attachment A must be completed and signed.

#### 1.19 DELIVERY OF PROPOSALS

All copies of each proposal shall be mailed or hand delivered, with signature of receipt acknowledgement to:

The University of Louisiana at Monroe  
Purchasing Department  
Coenen Hall #140  
700 University Avenue  
Monroe, LA 71209-2250

#### 1.20 PROPOSAL OPENING

Proposals will be opened and the prices read aloud at the Purchasing Department in Coenen Hall Room #140 @ 2:00 p.m. on Thursday, July 21, 2016. All proposals become a matter of public record at that time. Proposals with information marked confidential will be rejected and returned to proposer immediately upon discovery of such statement.

#### 1.21 ACCEPTANCE OF PROPOSAL CONTENT

The contents of the proposal of the successful proposer will become contractual obligations if a contract ensues.

#### 1.22 EXPERIENCE DATA

Policy Year Ratio	Premium Collected	Paid Claims	Loss
2013/2014	\$153,365	\$82,819	54%
2014/2015	\$ 68,073	\$55,618	82%
2015/2016	\$ 47,387	\$29,981	63.3%

1.23 ENROLLMENT HISTORY

UNIVERSITY OF LOUISIANA AT MONROE

ENROLLMENT

SUMMER 2015

Gender	Undergraduate	Graduate	Total
Female	1172	595	1767
Male	634	250	884
Total	1806	845	2651

FALL 2015

Gender	Undergraduate	Graduate	Total
Female	4783	876	5659
Male	2723	422	3145
Total	7506	1298	8804

Spring 2016

Gender	Undergraduate	Graduate	Total
Female	4542	833	5375
Male	2549	392	2941
Total	7091	1225	8316

## Part II

### STANDARD TERMS AND CONDITIONS

#### 2.0 ACCESS TO RECORDS

The Vendor agrees that the University and the Legislative Auditor for the State of Louisiana shall have access to, and the right to audit and examine, any pertinent books, documents, papers, and records of the Vendor related to this solicitation and any resulting agreement during the period of the agreement and for three years thereafter.

#### 2.1 ASSIGNMENT

The contract or any portion thereof or any interest therein shall not be assigned, transferred, conveyed, sublet or disposed of without the previous consent, in writing, of the Director of Purchasing. Any attempted assignment under the agreement shall be void and of no effect.

#### 2.2 AVAILABILITY OF FUNDS

Contract award and any contract extensions shall be contingent upon the continued funding of University operations by the Louisiana State Legislature. The University reserves the right to cancel the SMI policy upon thirty (30) calendar days written notice by registered or certified mail during the term of the contract period. However, in the event of cancellation, all policies currently in effect will continue in force through the end of the policy period.

#### 2.3 CANCELLATION CONDITIONS

In any of the following cases, ULM shall have the right to cancel the agreement due to: (1) Breach of contract; (2) Wherever the Vendor is guilty of misrepresentation; (3) Wherever the agreement was obtained by fraud, collusion, conspiracy or other unlawful means, or the agreement conflicts with any statutory and constitutional provision of the State of Louisiana or the United States; (4) In case of default by the Vendor, the University reserves the right to purchase any/all items/services in default in open market, charging the Vendor with any excessive costs.

#### 2.4 CONTRACT EXTENSION PERIOD

Based upon mutual agreement between the successful Proposer and The University of Louisiana at Monroe, this contract may be extended for two (2) additional twelve (12) month periods. The successful Proposer will have the privilege, upon mutual agreement of the University, to adjust premium rates either upward or downward as their loss experience may indicate prior to the anniversary date. Any premium increase proposed

must be consistent with the change in the medical care portion of the Consumer Price Index. Written notice to adjust premium rates upward for the next policy year shall be given to the Director of Purchasing not less than 150 days prior to the anniversary date. The continuation of this contract at all times is contingent upon appropriation of funding to the University by the Louisiana State Legislature.

## 2.5 COPYRIGHTS AND PATENTS

The Vendor shall indemnify and hold harmless the State, the University, its officers, agents and employees harmless from liability of any nature or kind for the use of any copyrighted or non-copyrighted composition, secret process, patented or non-patented, invention, article or appliance furnished or used in the performance of the agreement of which Vendor is not the patentee, assignee, or licensee.

## 2.6 EQUAL EMPLOYMENT OPPORTUNITY

The Vendor shall be an equal employment opportunity employer. The Vendor shall neither discriminate nor permit discrimination in its operations or employment practices against any person or group of persons on the grounds of race, color, religion, national origin, sex, disability or in any manner prohibited by law.

## 2.7 LAWS

The Contractor shall comply with all applicable laws, ordinances, and regulations of the local, state and federal government in the performance of the contract.

## 2.8 PERMITS AND LICENSES

The Vendor shall, at its sole expense, procure and keep in effect all necessary permits and licenses required for performance under the contract.

## 2.9 PUBLICITY

The Vendor shall not in any way or in any form publicize or advertise in any manner the fact that the Vendor is providing services to the University without the express written approval of the Director of Purchasing, obtained in advance, for each item of advertising or publicity. However, nothing herein shall preclude the Vendor from listing the University on its routine client list for matters of reference.

### Part III

## EVALUATION, SELECTION and AWARD

All responses received as a result of this RFP shall be subject to evaluation by a committee of qualified personnel from ULM duly authorized for the purpose of selecting the proposer with whom a contract will be established.

### 3.1 BASIS OF EVALUATION AND SELECTION

- A. Proposals will be evaluated to ensure that all mandatory administrative requirements have been met. Failure to meet all these requirements will result in rejection of the entire proposal without further consideration.
- B. The proposals will be evaluated to ensure that all mandatory policy benefits requirements are met. Failure to meet all these requirements will result in rejection of the entire proposal.
- C. The proposals will be evaluated to determine student cost per Spring, Summer, Fall, and annual basis.
- D. The proposals will be evaluated for accuracy of information and the University reserves the right to request further information from the proposer and conduct investigations to determine accuracy and reliability of the proposer.

### 3.2 EVALUATION OF PROPOSALS

100 POSSIBLE POINTS

A.	Low Proposal Formula: Points = (L/B X 50) L = Lowest submitted student cost proposal B = your submitted student cost proposal	50 points
B.	Claim Service Time frame for processing claims Procedure for filing claims Procedure for acquiring information	20 points
C.	Experience with collegiate student insurance	20 points
D.	Available participant health care providers/plan within 15 mile radius of university	10 points
	Total	<b><u>100 points</u></b>

### 3.3 AWARD NEGOTIATIONS

Upon the selection of a vendor who has accumulated the highest point total, ULM will enter into negotiations of contract terms. If negotiations fail ULM will cancel negotiations and enter into negotiations with the proposer having the next highest point total.

### 3.4 REJECTION AND LIABILITY

- A. ULM reserves the right to reject any/all proposals received as a result of this RFP.
- B. ULM is not liable for any cost incurred by the Proposers prior to execution of a contract, and the issuance of a purchase order.

## **Part IV**

### **SMI POLICY SPECIFICATIONS AND REQUIREMENTS**

#### **4.1 SCOPE**

These specifications establish the technical requirements for the SMI. Proposers are cautioned that all stated requirements are mandatory unless otherwise indicated.

#### **4.2 LICENSE**

Proposer must be licensed by the State of Louisiana

#### **4.3 RATING QUALIFICATION TO SUBMIT A PROPOSAL**

Proposer must provide proof of an **{A - }** as determined by A.M. Best's Rating.

#### **4.4 REPORTING TO THE UNIVERSITY**

The company shall report quarterly to the University on claims received by the company. Each report shall contain the following data:

- A. Date of receipt of claim.
- B. Amount being claimed itemized by each vendor.
- C. Payment made by and show differences of amount claimed and actual paid.
- D. Grand total of amount claimed versus total of amount paid, itemized by vendor.

#### **4.5 PAYMENT FOR SMI**

The University will collect all international insurance fees at registration and make one deposit during the first month of the semester to the insurer. After final registration is complete, a report of those International students insured will be given to the carrier along with any balance due as soon after registration as possible (minimum 14 days).

**NOTE:** Proposer must make arrangements with domestic students who elect to enroll for the collection of premiums.

#### **4.6 COVERAGE**

4.6.1 Coverage will commence at the beginning of registration on the first day of the

fall semester, and continue through the end of the summer semester. Specific beginning dates will be issued by Procurement Manager.

4.6.2 Written notice of intention by the insurance company to adjust premium rates for the next policy year shall be given to the Procurement Manager not less than 150 days prior to the anniversary date.

4.6.3 Protection is to cover students of ULM at home, school, or while traveling for twenty-four hours a day. Coverage remains in effect even though a student may leave school, except that coverage terminates if a student enters military service. If an insured student should enter the armed forces, a pro-rate refund of premium will be made.

#### 4.6.3.1 2016 - 2017 ACADEMIC CALENDAR

Fall	August 22, 2016 – January 16, 2017
Spring	January 74, 2017 – May 31, 2017
Summer Semesters	June 1, 2017 – August 21, 2017
Annual	August 22, 2016 –August 21, 2017

#### 4.6.4 THREE DAY OVERLAP

Students are covered for three days prior to and three days after the respective effective and terminations dates. Protection is to be in effect during all interim vacation periods, including the period between semesters provided they register for the upcoming semester.

#### 4.6.5.1 PREMIUM REFUND

Students may receive a premium refund provided they apply within a 14 day period after first day that classes begin.

Students resigning after the 30 day period will be fully covered for the remainder of the current semester and will not be eligible for refund.

#### 4.6.6 INTRAMURAL, CLUB SPORTS, AND SPIRIT UNITS

Participants in intramural activities, club sports, and spirit units (Cheerleaders and Dance) are to be covered.

#### 4.6.7 STUDENT ELIGIBILITY

Every student enrolled for 3 or more semester hours in the Fall, Spring and/or Summer semesters will automatically be eligible to participate. Student's spouse and dependents will also be eligible to participate.

#### 4.6.8 BENEFITS IN ADDITION TO OTHER COVERAGE

Benefits must be payable in excess of coverage the student may have.

Policies shall not have any cancellation clause for the duration of the agreement.

#### 4.6.9 PRE-EXISTING CONDITION

Pre-existing condition is defined as an illness which previously has been treated within 90 days of the inception of the date on the policy. Students previously covered as provided by the State of Louisiana Insurance Code Provisions.

#### 4.6.10 RESOLUTION OF GRIEVANCES REGARDING MEDICAL NECESSITY

Proposers must include in their bid proposal remedies relating to resolution of grievances regarding Medical Necessity.

#### 4.6.11 CONTINUANCE OF BENEFITS

In respect to replacement by the SMI of this RFP of a previous carrier's plan, any limitations on benefits, otherwise payable because of pre-existing condition clauses, in the SMI, shall be the lesser of:

- a. the benefits of the SMI determined without applications of the pre-existing conditions limitation, OR
- b. the benefits of the prior carrier's plan.

#### 4.7 LENGTH OF CONTRACT

The contract will be for a period of one year with an option to renew for two (2) additional 12- month periods if approved by both parties 45 days prior to the scheduled end date. The successful proposer must guarantee rates for 36 months in order to activate the two (2) renewals.

#### 4.8 PROTECTION

Protection is for coverage twenty-four hours daily whether students are at home, school or in travel status. Coverage must remain in effect according to the University Insurance calendar.

#### 4.9 CANCELLATION CLAUSE

Policy shall not have any cancellation clause for the duration of this contract.

#### 4.10 BROCHURE AND ID CARD

Successful proposer shall provide each student with a policy brochure citing benefits and restrictions of the coverage and procedure for filing claims. The brochure must

be available within 20 days after receipt of purchase order. The successful proposer **MUST provide each insured with a member ID card both in “hard copy” and online.**

The brochure must address the required steps to address the resolution of grievances regarding Medical Necessity.

#### 4.11 LOUISIANA LICENSURE

Proposers must be licensed in the State of Louisiana. The successful proposer will have an assigned service representative available for the University's use for claim and service matters.

#### 4.12 CLAIMS LOSS RATIO REPORT

At the end of each semester the successful proposer must furnish a claims loss ratio report to ULM personnel located in ULM's Library Room 201-D. Monroe, LA 71209.

#### 4.13 TOLL FREE LINE AND WEB SERVICE

The successful proposer must provide a toll free line and web site service for the University to access student insurance information. Proposers must also have a website and toll free line for ULM student inquiries and information in general.

#### 4.15 The successful proposer must provide access to 24 hour/7 days per week phone triage coverage by a registered nurse.

#### 4.16 ACCIDENTAL DEATH AND DISMEMBERMENT

Provision for accidental death and accidental dismemberment for loss occurring within (100) days of the date of the accident according to the following schedule:

- A. Life, both eyes, both hands, both feet or legs \$2,000.00 minimum
- B. One (1) hand, one foot, one leg, or either eye \$1,000.00 minimum
- C. Loss of thumb and index finger \$750.00 minimum

#### 4.17 INTRAMURAL, CLUB SPORTS, AND SPIRIT UNITS INJURIES

Injuries sustained while participating in intramural, club sports, and spirit units (Cheer and Dance) activities will be covered under the terms of this policy.

#### 4.18 INTERCOLLEGIATE ATHLETIC INJURIES

Injuries sustained while participating in intercollegiate athletics will not be covered under the provisions of this policy.

#### 4.19 ALLIED HEALTH STUDENTS

All students enrolled in allied health clinical courses will be covered with regard to injury or illness sustained in the clinical environment.

#### 4.20 REPATRIATION AND MEDICAL EVACUATION - MANDATORY

If the insured dies while insured under this policy, benefits will be paid for preparing and transporting the remains of the deceased to his/her home country.

Medical evacuation: When recommended by the attending physician, benefits will be paid for the evacuation of the insured to his/her home country.

All International students will be required to purchase this insurance. However, a waiver may be granted by the ULM Office of International Student Services after the student(s) provide documentary evidence of a primary and excess health coverage plan that includes repatriation and evacuation clauses.

#### 4.21 BENEFITS

The policy will provide benefits for the usual, reasonable, and customary charges incurred within fifty-two (52) weeks from the date of accident by an insured person for loss due to a covered injury. The policy will provide for the usual, reasonable, and customary charges incurred by an insured person for loss due to a covered sickness. Benefits will be paid up to the maximum benefit for each service as scheduled.

#### 4.22 DENTAL & VISION AVAILABILITY

Dental and vision options are be offered in the proposal.

See attached Schedule of Benefits

**ELIGIBILITY  
(SEE GENERAL INFORMATION SHEET)**

All students, attending the University of Louisiana at Monroe are eligible for coverage with this plan anywhere at any time during the dates of the school's semesters – Fall, Spring and Summer. (This is a non-mandatory policy) Coverage shall provide twenty-four (24 hours-a-day) protection at home, at school, or while traveling. Protection will be in effect during all vacation periods occurring within a semester period.

(a) For insurance coverage, the student is covered when they enroll and pay the premium to the carrier.

(b) Should a student pay the insurance premium directly to the carrier and drop his classes, the insurance coverage would remain in effect until the official date of termination of the policy.

(c) The University shall provide a mass e-mail to the student population regarding the insurance policy as well as posting the information on the University Web Site. The successful proposer shall provide a link to their web page where the student may enroll and pay for the policy directly to the carrier.

**EXCLUSIONS APPLICABLE TO ALL PLANS**

This policy does not cover any loss caused by or contributed to, nor is any premium charged for:

1. Acne; acupuncture; allergy, including allergy testing; except as specifically provided in the policy;
2. Addiction, such as: nicotine addiction;
3. Learning disabilities;
4. Biofeedback;
5. Circumcision;
6. Congenial conditions; except as specifically provided in the Benefits for Cleft Lip and Cleft Palate;
7. Cosmetic procedures, except cosmetic surgery required to correct and Injury for which benefits are otherwise payable under this policy; removal of warts, non-malignant moles and lesions;
8. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
9. Elective Surgery or Elective Treatment, except cosmetic surgery made necessary as the result of covered Injury or to correct a disorder of a normal bodily function;
10. Elective abortion;

11. Eye examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting or eyeglasses or contact lenses, except when due to a disease process;
12. Foot Care including: care of corns, bunions (except capsular or bone surgery) and calluses;
13. Hearing examinations or hearing aids; or other treatment for hearing defects and problems, except as specifically provided under Benefits for Newborn Infant, Adopted or Foster Child and Benefits for Cleft Lip, and Cleft Palate. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
14. Hirsutism; alopecia;
15. Immunizations; preventive medicines or vaccines, except where required for treatment of a covered Injury; except as specifically provided in the policy;
16. The use of alcohol, illegal drugs, or any drugs or medicines that are not taken in the recommended dosage or for the purpose prescribed by the Insured Person's Physician;
17. Injury or Sickness for which benefits are paid under any Worker's Compensation or Occupational Disease Law, or Act, or similar legislation;
18. Injury sustained while (a) participating in any club, intercollegiate, professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest, or competition;
19. Experimental organ transplants; if not experimental in nature, organ transplants will be covered as any other Sickness; organ donation;
20. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting, except in self-defense;
21. Pre-existing Conditions, will apply for the first 6 months, except for individuals who have been continuously insured under the school's student insurance policy for at least 12 consecutive months. Credit will be given for the time the Insured was covered under a previous similar plan if the previous coverage was continuous to a date not more than 63 days prior to the Insured's Effective Date under this policy;
22. Prescription Drugs, services or supplies as follows, except as specifically provided in the policy:
  - a. Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use;
  - b. Immunization agents, biological sera, blood or blood products administered on an outpatient basis;

- c. Drugs labeled, "Caution – limited by federal law to investigational use" or experimental drugs;
- d. Products used for cosmetic purposes;
- e. Drugs used to treat or cure baldness; anabolic steroids used for body building;
- f. Anorectics – drugs used for the purpose of weight control;
- g. Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
- h. Growth hormones; or
- i. Refills in excess of the number specified or dispensed after (1) year of date of prescription;

23. Reproductive/infertility services including but not limited to: family planning; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; premarital examinations; impotence, organic or otherwise; tubal ligation; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;

24. Routine Newborn Infant Care, well-baby nursery and Physician charges in excess of 48 hours for vaginal delivery or 96 hours for cesarean delivery;

25. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness; except as specifically provided in the policy;

26. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;

27. Nasal and sinus surgery;

28. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planning, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;

29. Sleep disorders;

30. Suicide or attempted suicide while or insane (including drug overdose); or intentionally self-inflicted Injury;

31. Supplies, except as specifically provided in the policy;

32. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;

33. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;

34. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered); and

35. Weight management, weight reduction nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.

### Base Plan

### NON-MANDATORY

**Proposer Note:**

Plan shall be for a Non-Mandatory, Excess Coverage and shall require pre-certification. Plan shall include a reduction of the deductible if referred for treatment by the University Health Service professional staff. Must have an established PPO arranged with the five (5) area hospitals and with local doctors.

Maximum Benefit: \$500,000 (Per Insured Person) (Per Policy Year)  
(Was \$100,000 under previous plan – changed as) (per required changes in the Federal Health Care Law)

Deductible Preferred Providers: \$500 (per Insured Person) (Per Policy Year)

Deductible Out-of-Network: \$1,000 (per Insured Person) (Per Policy Year)

Coinsurance Preferred Providers: 80% except as noted below

Coinsurance Out-of-Network 60% except as noted below

The Plan is responsible for paying the covered percentage (80%) for the In-Network negotiated fee or (60%) for the Out-of-Network usual and customary charge until \$5,000 in Out-of-pocket expenses (does not include deductible or co-pay) has been paid by the insured; then the plan pays 100% for the In-Network negotiated fee or 80% for the Out-of Network usual and customary charge up to the aggregate maximum benefit.

If care is received from a Preferred Provider any Covered Medical Expenses will be paid at the Preferred Provider level of benefits. If the Covered Medical Expense is incurred due to a Medical Emergency, benefits will be paid at the Preferred Provider level of benefits. In all other situations, reduced or lower benefits will be provided when Out-of-Network provider is used.

The Company will pay Covered Medical Expenses incurred at 80% for Preferred Providers and 60% for Out-of Network. The insured must pay the \$500 Preferred Provider Deductible before the benefits start. If Out-of-Network, the Insured must pay the \$1,000 deductible before benefits start. Benefits not to exceed the Maximum Benefit of \$500,000.

**All benefit maximums are combined Preferred Provider and Out-of Network, unless noted below. The benefits payable are as defined in and subject to all provisions of this policy**

**and any endorsements thereto. Benefits will be paid up to the maximum Benefits for each service as scheduled below:**

**Description of Benefits**

*(No Deductible, co-pay or coinsurance will be applied to Preventive Care Services when treatment is received by a Preferred Provider. Preventive Care Services are limited to the following recommended preventive services: 1) U.S. Preventive Services Task Force (USPSTF) recommendations of "A" or "B"; 2) immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) of the CDC; 3) with respect to Insureds who are infants, children*

<b>Inpatient</b>	<b>SCHEDULE OF BENEFITS Preferred Provider</b>	<b>Out-of-Network Provider</b>
<b>Room &amp; Board:</b>	Preferred Allowance	Usual and Customary Charges
<b>Hospital Miscellaneous:</b>	Preferred Allowance	Usual and Customary Charges
<b>Routine Newborn Care:</b> <i>(4 days Hospital Confinement Expense maximum)</i>	Paid as any other Sickness	Paid as any other Sickness
<b>Physiotherapy:</b>	Preferred Allowance	Usual and Customary Charges
<b>Surgery:</b>	Preferred Allowance	Usual and Customary Charges
<b>Assistant Surgeon:</b>	50% of Preferred Allowance	50% of Usual and Customary Charges
<b>Anesthetist:</b>	Preferred Allowance	Usual and Customary Charges

### **INJURY AND SICKNESS BENEFITS**

<b>Inpatient</b>	<b>Preferred Provider</b>	<b>Out-of-Network Provider</b>
<b>Registered Nurse's Services</b>	Preferred Allowance	Usual and Customary Charges
<b>Physician's Visits:</b>	Preferred Allowance	Usual and Customary Charges
<b>Pre-admission Testing:</b>	Preferred Allowance	Usual and Customary Charges
<b>Psychotherapy:</b>	Paid as any of other Sickness	Paid as any other Sickness
<b>Outpatient</b>	<b>Preferred Provider</b>	<b>Out-of-Network Provider</b>
<b>Surgery:</b>	Preferred Allowance	Usual and Customary Charges
<b>Day Surgery Miscellaneous:</b>	Preferred Allowance	Usual and Customary Charges
<b>Assistant Surgeon:</b>	50% of Preferred Allowance	50% of Usual and Customary Charges
<b>Anesthetist:</b>	Preferred Allowance	Usual and Customary Charges
<b>Physician's Visits:</b>	Preferred Allowance	Usual and Customary Charges
<b>Physiotherapy:</b>	Preferred Allowance	Usual and Customary Charges
<b>Medical Emergency:</b>	Preferred Allowance	80% of Usual and Customary Charges
<b>X-rays:</b>	Preferred Allowance	Usual and Customary Charges
<b>Radiation Therapy &amp; Chemotherapy</b>	Preferred Allowance	Usual and Customary Charges
<b>Laboratory:</b>	Preferred Allowance	Usual and Customary Charges
<b>Injections:</b>	No Benefits	No Benefits
<b>Prescription Drugs</b>	Provider Network Pharmacy \$15 copay per prescription for Tier 1 \$30 copay for Tier 2 \$50 copay for Tier 3 up to a 31-day supply per prescription	No Benefits

<b>Psychotherapy:</b>	Paid as any other sickness	Paid as any other sickness
<b>Other</b>	<b>Preferred Provider</b>	<b>Out-of-Network Provider</b>
<b>Ambulance:</b>	Preferred Allowance	80% of Usual Customary Charges
<b>Durable Medical Equipment:</b> <i>(\$2,500 maximum per policy year) (Durable Medical Equipment benefits payable under the \$5,000 maximum per policy year are not included in the \$500,000 Maximum Benefit)</i>	Preferred Allowance	Usual and Customary Charges
<b>Consultant:</b>	Preferred Allowance	Usual and Customary Charges
<b>Dental:</b> <i>(\$100 maximum Per tooth) (Benefits paid on Injury to Sound, Natural Teeth Only. Dental benefits are not subject to the \$500,000 Maximum Benefit.)</i>	80% of Usual and Customary Charges	80% of Usual and Customary Charges
<b>Alcoholism/Drug Abuse:</b>	Paid as any other Sickness	Paid as any other Sickness
<b>Maternity:</b>	Paid as any other Sickness	Paid as any other Sickness
<b>Elective Abortion:</b>	No Benefits	No Benefits
<b>Complications of Pregnancy:</b>	Paid as any other Sickness	Paid as any other Sickness
<b>Repatriation:</b> <i>(Benefits for repatriation should meet or exceed current minimums required for J-1 visas)</i>		
<b>Medical Evacuation:</b> <i>(Benefits for evacuation should meet or exceed current minimum for J-1 Visas)</i>		
<b>AD &amp;D:</b>	No Benefits	No Benefits
<b>Preventive Care Services</b>	100% of Preferred Allowance	No Benefits

*GENERAL INFORMATION*

1. This plan is mandatory for all international students and is optional for all other students registered at the University. Insurance fees for international students are collected by the university at registration and will be remitted to the carrier. All other students shall enroll directly with the carrier and pay the premium directly to the carrier.
2. Contract will be between the insurance company and the University of Louisiana at Monroe. Contract will be signed by an authorized University employee.

## Attachment A

### Insurance Company Declaration

Please reply to the following. All items must be answered and all forms requested must be submitted with your proposal. **Response must be numbered as per the following questions.**

1. Insurance company's name, address and telephone number:

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2. A.M. Best's policyholders rating. (Attach proof)
3. A.M. Best's financial size category classification. (Attach proof)
4. List of each college insured during three consecutive school years and contact person responsible for the administration of such insurance.  
(Attach list)
5. List of participant service providers per plan in Monroe and West Monroe, La.  
( Attach List)
6. What is the projected loss ratio upon which the student premium rates for the proposed student insurance plan are based?  

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7. Provide the location of the office where claims will be processed.  

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8. Provide the toll free service liaison phone number to be utilized by ULM Student Health Services personnel.  

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9. Provide the toll free number and web address to be used by The University of Louisiana at Monroe in reference to any claim questions, or problems.  

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10. Provide the 24 hour/7 day per week toll free registered nurse phone line.  

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11. Provide the average time frame for the processing of claims.  

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12. Provide the company's plan and reporting format for reporting claim status to ULM.

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13. Provide the company's procedure and policy for processing claims filed beyond the policy time limit.

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14. Provide a sample of the company's quarterly reports, that will be sent to The University of Louisiana at Monroe, that include claim, insured's name, date claim incurred, date claim paid, amount of claim, and vendor paid. (Attach sample to this document)

15. Provide most recent financial report as filed with the Louisiana State Insurance Commission (Attach report to this document)

16. Provide a sample of company's claim form necessary for payment of claims. (Attach sample form to this document)

17. Provide the additional coverage options that your company will market to the students of The University of Louisiana at Monroe and identify the premium cost for any additional coverage's.

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18. Provide documentation that the Board of Directors or equivalent has given signature authority to the individual signing the proposal.

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We, the undersigned, submit the above proposal for furnishing Student Medical, Hospital, and Surgical Plan for the students of The University of Louisiana at Monroe. I understand that if I do not comply with all requests listed above, my proposal may be rejected as an incomplete proposal.

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Name of Insurance Company

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Address

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City, State, Zip

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Official Signature

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Date

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Telephone

**ATTACHMENT B**  
**C E R T I F I C A T E**

The undersigned, \_\_\_\_\_, Secretary/Assistant  
Secretary of \_\_\_\_\_, does hereby certify that  
pursuant to action duty taken by the Board of Directors of  
\_\_\_\_\_, \_\_\_\_\_, has the  
authority to sign contracts in favor of \_\_\_\_\_.

IN WITNESS WHEREOF, the undersigned has executed this Certificate as of  
\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

**PRF – 1**

**PROPOSAL FORM  
(BASE PROPOSAL-NON MANDATORY POLICY)**

In compliance with your Request For Proposals, the undersigned having read and examined specifications for the Plan, "Conditions and Instructions to Proposers", and "General Information Sheet", hereby proposes to furnish Student Health Insurance during the 2016-2017 school year for Students at the University of Louisiana at Monroe, LA, as called by said documents for sum of:

***Student Coverage (per enrolled student)***

*Per Semester* \_\_\_\_\_ *Dollars and* \_\_\_\_\_ *Cents \$* \_\_\_\_\_

*Per Summer Session* \_\_\_\_\_ *Dollars and* \_\_\_\_\_ *Cents \$* \_\_\_\_\_

**Dependent Coverage**

***"Spouse Only"***

*Per Semester* \_\_\_\_\_ *Dollars and* \_\_\_\_\_ *Cents \$* \_\_\_\_\_

*Per Summer Session* \_\_\_\_\_ *Dollars and* \_\_\_\_\_ *Cents \$* \_\_\_\_\_

***"Children Only"***

*Per Semester* \_\_\_\_\_ *Dollars and* \_\_\_\_\_ *Cents \$* \_\_\_\_\_

*Per Summer Session* \_\_\_\_\_ *Dollars and* \_\_\_\_\_ *Cents \$* \_\_\_\_\_

***"Spouse and Children"***

*Per Semester* \_\_\_\_\_ *Dollars and* \_\_\_\_\_ *Cents \$* \_\_\_\_\_

*Per Summer Session* \_\_\_\_\_ *Dollars and* \_\_\_\_\_ *Cents \$* \_\_\_\_\_

***"Per Each Child"***

*Per Semester* \_\_\_\_\_ *Dollars and* \_\_\_\_\_ *Cents \$* \_\_\_\_\_

*Per Summer Session* \_\_\_\_\_ *Dollars and* \_\_\_\_\_ *Cents \$* \_\_\_\_\_

**PRF – 2**

**PROPOSAL FORM  
(OPTION I TO BASE PROPOSAL-NON MANDATORY POLICY)**

Includes all coverages of the base Proposal with the exception of the following coverage changes:

Include \$35 Co-Pay for In-Network Doctor visits and change In-Network Deductible from \$500 to \$1,000, and Out-of-Network Deductible from \$1,000 to \$2,000

In compliance with your invitation for Bids, the undersigned having read and examined specifications for the Plan, "Conditions and Instructions to Bidders", and "General Information Sheet", hereby proposes to furnish Student Health Insurance during the 2016-2017 school year for Student at the University of Louisiana at Monroe, LA., as called by said documents for sum of:

**Student Coverage (per enrolled student)**

Per Semester \_\_\_\_\_ Dollars and \_\_\_\_\_ Cents \$ \_\_\_\_\_

Per Summer Session \_\_\_\_\_ Dollars and \_\_\_\_\_ Cents \$ \_\_\_\_\_

**Dependent Coverage**

**"Spouse Only"**

Per Semester \_\_\_\_\_ Dollars and \_\_\_\_\_ Cents \$ \_\_\_\_\_

Per Summer Session \_\_\_\_\_ Dollars and \_\_\_\_\_ Cents \$ \_\_\_\_\_

**"Children Only"**

Per Semester \_\_\_\_\_ Dollars and \_\_\_\_\_ Cents \$ \_\_\_\_\_

Per Summer Session \_\_\_\_\_ Dollars and \_\_\_\_\_ Cents \$ \_\_\_\_\_

**"Spouse and Children"**

Per Semester \_\_\_\_\_ Dollars and \_\_\_\_\_ Cents \$ \_\_\_\_\_

Per Summer Session \_\_\_\_\_ Dollars and \_\_\_\_\_ Cents \$ \_\_\_\_\_

**"Per Each Child"**

Per Semester \_\_\_\_\_ Dollars and \_\_\_\_\_ Cents \$ \_\_\_\_\_

Per Summer Session \_\_\_\_\_ Dollars and \_\_\_\_\_ Cents \$ \_\_\_\_\_

PRF – 3

**PROPOSAL FORM  
(OPTION II TO BASE PROPOSAL – NON-MANDATORY POLICY)**

Include coverages for Base Proposal and Option I and add the following:

The Insurance Company will pay covered medical expenses incurred at 80% for Preferred Providers and 60% for Out-of-Network Providers up to \$1,000 before the insured person is responsible for the deductible. Co-Pays or deductibles do not apply to the first dollar coverage.

In compliance with your invitation for Bids, the undersigned having read and examined specifications for the Plan, "Conditions and Instructions to Bidders", and "General Information Sheet", hereby proposes to furnish Student Health Insurance during the 2016-2017 school year for Students at the University of Louisiana at Monroe, LA, as called by said documents for sum of:

**Student Coverage (per enrolled student)**

Per Semester \_\_\_\_\_ Dollars and \_\_\_\_\_ Cents \$ \_\_\_\_\_

Per Summer Session \_\_\_\_\_ Dollars and \_\_\_\_\_ Cents \$ \_\_\_\_\_

**Dependent Coverage**

**"Spouse Only"**

Per Semester \_\_\_\_\_ Dollars and \_\_\_\_\_ Cents \$ \_\_\_\_\_

Per Summer Session \_\_\_\_\_ Dollars and \_\_\_\_\_ Cents \$ \_\_\_\_\_

**"Children Only"**

Per Semester \_\_\_\_\_ Dollars and \_\_\_\_\_ Cents \$ \_\_\_\_\_

Per Summer Session \_\_\_\_\_ Dollars and \_\_\_\_\_ Cents \$ \_\_\_\_\_

**"Spouse and Children"**

Per Semester \_\_\_\_\_ Dollars and \_\_\_\_\_ Cents \$ \_\_\_\_\_

Per Summer Session \_\_\_\_\_ Dollars and \_\_\_\_\_ Cents \$ \_\_\_\_\_

**"Per Each Child"**

Per Semester \_\_\_\_\_ Dollars and \_\_\_\_\_ Cents \$ \_\_\_\_\_

Per Summer Session \_\_\_\_\_ Dollars and \_\_\_\_\_ Cents \$ \_\_\_\_\_

**PRF – 4**

**PROPOSAL FORM  
(OPTION III TO BASE PROPOSAL – NON MANDATORY POLICY)**

Include coverages for Base Proposal and Option I and Option II and add the following:

Change In-Network Deductible to \$3,500 and Out-of-Network Deductible to \$7,000

In compliance with your invitation for Bids, the undersigned having read and examined specifications for the Plan, “Conditions and Instructions to Bidders”, and “General Information Sheet”, hereby proposes to furnish Student Health Insurance during the 2016-2017 school year for Students at the University of Louisiana at Monroe, LA, as called by said documents for sum of:

***Student Coverage (per enrolled student)***

*Per Semester* \_\_\_\_\_ *Dollars and* \_\_\_\_\_ *Cents \$* \_\_\_\_\_

*Per Summer Session* \_\_\_\_\_ *Dollars and* \_\_\_\_\_ *Cents \$* \_\_\_\_\_

**Dependent Coverage**

**“Spouse Only”**

*Per Semester* \_\_\_\_\_ *Dollars and* \_\_\_\_\_ *Cents \$* \_\_\_\_\_

*Per Summer Session* \_\_\_\_\_ *Dollars and* \_\_\_\_\_ *Cents \$* \_\_\_\_\_

**“Children Only”**

*Per Semester* \_\_\_\_\_ *Dollars and* \_\_\_\_\_ *Cents \$* \_\_\_\_\_

*Per Summer Session* \_\_\_\_\_ *Dollars and* \_\_\_\_\_ *Cents \$* \_\_\_\_\_

**“Spouse and Children”**

*Per Semester* \_\_\_\_\_ *Dollars and* \_\_\_\_\_ *Cents \$* \_\_\_\_\_

*Per Summer Session* \_\_\_\_\_ *Dollars and* \_\_\_\_\_ *Cents \$* \_\_\_\_\_

**“Per Each Child”**

*Per Semester* \_\_\_\_\_ *Dollars and* \_\_\_\_\_ *Cents \$* \_\_\_\_\_

RECEIPT OF THE FOLLOWING ADDENDA TO THE SPECIFICATIONS, IF ANY,  
SHOULD BE ACKNOWLEDGED ON THIS PAGE, AND ARE MADE A PART OF THIS  
PROPOSAL:

**LIST BY DATE AND NUMBER ANY ADDENDA TO THIS PROPOSAL**

*SUBMITTED BY* \_\_\_\_\_

*TITLE* \_\_\_\_\_

*VENDOR NAME* \_\_\_\_\_

*ADDRESS* \_\_\_\_\_

*TELEPHONE NUMBER* \_\_\_\_\_

*FAX NUMBER* \_\_\_\_\_

*FEDERAL TAX ID NUMBER* \_\_\_\_\_

**THE UNIVERSITY IS SEEKING PROPOSALS ON A BASE BID AND THREE SEPARATE  
OPTIONS FOR NON MANDATORY POLICY. VENDORS MAY BID ON THE BASE BID  
AND ANY OF THE OPTIONS THEY SO CHOOSE. THE UNIVERSITY RESERVES THE  
RIGHT TO AWARD EITHER BASE BID, OR ANY OF THE OPTIONS TO THE BASE BID,  
OR NONE.**