

July 28, 2022

ADDENDUM NO. 2

PROPOSAL FOR FURNISHING A RENEWABLE CONTRACT FOR AN INTERNATIONAL STUDENT SICKNESS & ACCIDENT GROUP INSURANCE PLAN, LOCATED ON THE CAMPUS OF THE UNIVERSITY OF LOUISIANA AT LAFAYETTE, LAFAYETTE, LOUISIANA.

Due Tuesday, August 2, 2022 2:00PM Solicitation No. 23013

The following clauses/alterations shall be made part of the original specifications as though issued at the same time and shall be incorporated integrally therewith.

Item No. 1 - Responses to vendor questions:

Vendor question:	Department response:
<p><u>Question 1:</u> Can we obtain the experience data by month for 2-3 years of total data?</p> <ul style="list-style-type: none"> ○ Membership enrolled in insurance by month ○ Premium by month ○ Claims by month 	<p>We do not have this data in a “by month” report.</p>
<p><u>Question 2:</u> For the experience periods provided, have there been any plan changes; if so, when were they effective and what were the exact changes made?</p>	<p>2019-20 Plan Changes: 1. Inpatient hospitalization, surgery and some outpatient services will require precertification</p> <p>2020-21 Plan Changes: 1. Pre-certification is required for inpatient hospital, surgery and select outpatient services. 2. Out-of-Network will be same cost share as In-Network for Ambulance Services.</p> <p>2021-22 Plan Changes: No Changes</p>
<p><u>Question 3:</u> For the experience periods provided, please provide large claimant data in excess of \$25K with diagnosis and prognosis.</p>	<p>See EXHIBIT A below.</p>
<p><u>Question 4:</u> For the claims, please confirm if they are paid or incurred claims. If incurred, what is the paid through date?</p>	<p>The dollar amount is paid, not incurred.</p>

For questions related to bidding these projects, please contact the UL Lafayette Purchasing Department at roxanne.formeller@louisiana.edu or 337.482.2955.

Business hours are: Mon-Thu 7:30am – 5:00pm CST (lunch 11:45-12:30); Fri 7:30am -12:30pm.

ACKNOWLEDGEMENT: If you have already submitted your bid, and this Addendum creates a need to revise your bid, you must indicate any change(s) below, identify your business name and sign where shown.



Purchasing Office
P.O. Box 40197 • Lafayette, LA 70504-0197
Office: (337) 482-5396
Fax: (337) 482-5059

EXHIBIT A

2020 CLAIMANTS EXCEEDING \$25,000 IN PAID CLAIMS					
HIGHEST PAID DIAGNOSIS	RELATIONSHIP	GRAND TOTAL	INPATIENT AMOUNT	OUTPATIENT AMOUNT	RX AMOUNT
PRESCRIPTION DRUGS	MEMBER	\$ 84,156		\$ 4,167	\$ 79,989
SEPSIS, UNSPECIFIED ORGANISM	MEMBER	\$ 38,467	\$ 19,425	\$ 16,304	\$ 2,739
TOTAL		\$ 122,623	\$ 19,425	\$ 20,471	\$ 82,728
2021 CLAIMANTS EXCEEDING \$25,000 IN PAID CLAIMS					
HIGHEST PAID DIAGNOSIS	RELATIONSHIP	GRAND TOTAL	INPATIENT AMOUNT	OUTPATIENT AMOUNT	RX AMOUNT
PREGNANCY, CHILDBIRTH AND THE PUERPERIUM	DEPENDENT	\$ 35,071	\$ 31,594	\$ 2,243	\$ 1,234
PRESCRIPTION DRUGS	MEMBER	\$ 41,275		\$ 573	\$ 40,702
PRESCRIPTION DRUGS	MEMBER	\$ 66,199		\$ 54	\$ 66,145
HB-SS DISEASE WITH CRISIS, UNSPECIFIED	MEMBER	\$ 45,694	\$ 27,564	\$ 11,358	\$ 6,773
ABNORMALITY IN FETAL HEART RATE AND RHYTHM COMPLICATIONS	MEMBER	\$ 53,691	\$ 40,274	\$ 11,950	\$ 1,467
TOTAL		\$ 241,929	\$ 99,431	\$ 26,178	\$ 116,320

Revisions shall be submitted/delivered PRIOR to bid due date and time, by email. Bid revisions received after bid due date and time cannot be considered, whereupon the bidder must either honor or withdraw its original bid. If you have already submitted your bid and this addendum does not cause you to revise your bid, acknowledge receipt of this addendum by signing below and returning it to the Purchasing Department prior to bid due date.

Marie C. Frank, MPA, CPPB
Assistant Vice President for Administration & Finance
University of Louisiana at Lafayette
Department of Purchasing

Firm Name: _____ **Signature:** _____