



Return this **SIGNED** form to:
 Louisiana Tech University
 Office of Purchasing
 PO Box 3157
 208 Keeny Circle, RM 408
 Ruston, Louisiana 71272

INVITATION TO BID

DO NOT SHIP BASED UPON THIS BID

Bid Number: 50012-653-26	Bid Title: International Student Health Insurance
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Bid Schedule:

Pre-Bid Conference: N/A	Bidder agrees to comply with all conditions below and attached to this request.
Bid Submission Deadline / Opening: June 1, 2026 @ 2:00 PM	

Bidder Information: (Bidder to provide all required information)

(Full Company Name)			
(Full Street or Mailing Address)			
(City)	(State)	(Zip)	
(Phone)	(Email)	(Fax)	
(Company Quote Number if Applicable)		PRICES MUST BE FIRM FOR AT LEAST 30 DAYS FROM BID OPENING DATE	

FAILURE TO SIGN BELOW IN INK SHALL DISQUALIFY BID

 Typed or Printed Name / Title

 Authorized Signature

The Louisiana Tech University Office of Purchasing is seeking SEALED BIDS for the following:

International Student Health Insurance

* A bid bond in the amount of 5% of the official bid or total premiums paid for the year is required to be submitted for this solicitation *

** MINIMUM QUALIFICATIONS TO BID: The PPO network shall include Northern Louisiana Medical Center, an inpatient general hospital in Ruston, Louisiana along with Allegiance Medical Clinic, an inpatient and outpatient facility in Ruston, Louisiana within a ten-mile radius of Louisiana Tech University. The use of the on-campus student health center is a \$0 co-pay and is independent of the deductible being met. Protection from balance billing is also a minimum requirement. When a student receives care at a required in-network hospital or clinic, any separately billing physician or provider associated with that visit must be processed at no more than the student's in-network cost-sharing amount, and the student must be held harmless from balance billing. The company or administrator is expected to make reasonable and timely efforts to enforce applicable No Surprises Act protections and to work directly with providers to resolve balance billing issues without requiring the student to negotiate separately with the provider. **

See Attached Bid Specifications for additional details

ALL BIDS MUST BE RETURNED TO THE LOUISIANA TECH UNIVERSITY OFFICE OF PURCHASING VIA MAIL OR IN PERSON.
 The Bidder is solely responsible for ensuring that its courier service provider makes inside deliveries to our physical location. Louisiana Tech University is not responsible for any delays caused by the bidder's chosen means of delivery.

For questions regarding specifications, please contact the Office of Purchasing at 318-257-4205 or purchasing@latech.edu. Please ensure that the above bid number appears on all communications.

IMPORTANT: If bidding other than requested brand and product number (or style), enclose sufficient literature to determine compliance with specifications. Failure to comply with this request may eliminate your bid from consideration. Any manufacturer's names, trade names, brand names, or catalog numbers used in the specifications are for the purpose of describing and establishing general quality levels. Such references are not intended to be restrictive. Bids will be considered for any brand which meets or exceeds the quality of the specifications listed for any items.

The Louisiana Tech University Office of Purchasing is now accepting Sealed Bid solicitations for International Student Health Insurance to provide sickness and accidental insurance coverage for the international students at Louisiana Tech University beginning August 11, 2026.

Solicitation Timeline:

April 24, 2026 – Initial posting of the solicitation

May 8, 2026 @ 5:00 PM – Deadline for submission of questions

May 15, 2026 @ 5:00 PM – Deadline for answers to submitted questions to be posted as an addendum

June 1, 2026 @ 2:00 PM – Deadline to receive sealed bids and bid opening

The Base Bid for this solicitation shall include Student Health Insurance Plan (sickness and accidental coverage), mandated for F-1 International Students with hard-waiver, available for J-1 Exchange Visitors (and the dependents of F-1 International Students and J-1 Exchange Visitors). Also included in this Base Bid shall be Dental Coverage and Vision Coverage for eligible students and eligible dependents, if covered under the plan. This insurance coverage shall cover the timeframe August 11, 2026 to August 10, 2027 with the option to renew for two (2) additional one (1) year periods if both parties mutually agree.

Louisiana Tech University is a state supported university offering degrees at the associates, bachelors and graduate levels. The student population comes from across the United States and roughly 64 foreign countries. Total enrollment is approximately 12,000, with approximately 500 international students as of Fall 2025-2026. More than 95% of these international students were on F-1 visas. There were also twelve (12) research scholars and five (5) international students who were in Exchange Programs (J-1) and were not here for the full academic year.

The University has an on-campus student health center staffed by Advanced Practice Registered Nurses (APRNs), registered nurses and certified nursing assistants from 7:30 a.m. to 4:30 p.m. Monday through Friday.

Information related to the current contract is available in attachments to this solicitation. The following attachments are also part of this solicitation.

Attachment A: Academic Calendar

Attachment B: Member Guide from current plan

Attachment C: Utilization Report

Attachment D: Enrolled students by country for Fall 2025

Attachment E: Bid Submission Checklist

Dates of Academic Periods (Quarters) – Subject to Change

Fall 2026 September 9, 2026 until November 21, 2026 (Coverage August 11 to Nov 29)

Winter 2026 December 1, 2026 until March 6, 2027 (Coverage Nov 30 to March 6)

Spring 2027 March 9, 2027 until May 22, 2027 (Coverage March 7 to May 29)

Summer 2027 June 2, 2027 until August 14, 2027 (Coverage May 30 to August 14)

Eligibility & Coverage Period:

It is the policy of Louisiana Tech University that the following populations are required to have health insurance coverage while they are engaged in educational activities:

- F-1 students enrolled at Louisiana Tech University
- J-1 exchange visitors sponsored by Louisiana Tech University (and J-2 dependents, if applicable)

Hard waivers will be granted to students who have insurance through their parents, government or other extenuating circumstances. A qualified student under the policy will be covered in any country outside their country of citizenship and/or usual domicile.

The policy will also allow the following individuals to purchase coverage, although it is not a requirement for them:

- Spouses (F-2 or J-2) of F-1 students or J-1 exchange visitors.
- Children under the age of 21, of a registered F-1 student.

The plan may also offer enrollment for F-1 students in the following categories:

- F-1 students on 12-month Optional Practical Training (OPT) or 24-month STEM OPT extension, if permitted by carrier underwriting and plan design.

A person who is eligible for coverage shall become an Insured Certificate Holder on the first day of the academic quarter or the effective date specified by the Policyholder. Coverage should be in effect during the interim quarter break period, provided the student reenrolls and pays the premium for the following quarter. Coverage is to be in effect during all vacation and holiday periods during an academic period (quarter).

Coverage should remain in effect for an applicable academic period (quarter) even though a student may leave school, unless the insured student enters military service, in which coverage would terminate upon entrance.

Students who institutionally withdraw (formerly resignation) after the premium is paid will be fully covered for the remainder of the academic period (quarter). Should a student institutionally withdraw (formerly resign) from the University while a claim is pending, the coverage should continue until payment of the maximum amount applicable or until the student is fully recovered, whichever comes first.

Participation in intramural activities and club sports is to be covered. Intercollegiate activities will not be covered.

ID Cards and Claims Handling Procedure:

The Awarded Vendor shall provide health insurance identification cards. These cards should include the University's name, the name and address of the Insurance Company, an insurance policy number and the telephone number of the Insurance Company to be accessed by the health care providers.

The Insurance Company shall provide a toll-free number and have claims representatives available during normal working hours. The Insurance Company shall agree to make a good-faith effort to process completed claim forms quickly and efficiently. The claim form must be simple and easy to complete. The Insurance Company must accept bills and statement forms generated by hospitals, clinics and attending physicians as supporting documentation.

The Insurance Company or administrator must maintain a clear process for identifying, escalating, and resolving potential balance billing issues. The Insurance Company or administrator is expected to make reasonable and timely efforts to enforce applicable No Surprises Act protections on behalf of covered students and to work directly with providers to resolve such issues without requiring the student to negotiate separately with the provider.

Deductible or Co-pay:

There shall be a deductible of no more than \$300 per coverage year per insured student, scholar, or dependent. Services provided by the on-campus student health center shall remain available at \$0 co-pay and without application of the deductible. If the insured is referred by the on-campus student health center, the plan shall provide reduced cost sharing for such referred services.

Payment of Premium:

After the ninth class day each academic period (quarter), the University will remit a check equal to 90% of the insurance premiums assessed along with a list of covered students. The University will remit the remaining 10% of the premiums, adjusting for any changes after the ninth class day, after the academic period (quarter) has ended.

An invoice from the insurance company is preferred but not required.

Qualifications of Bidder:

The bidder shall submit, as part of their bid, proof of the following:

1. Evidence of successful operation in providing insurance coverage at other universities for at least the last five (5) years.
2. Best Key Rating Guide of A- or better, which includes A, A+ and A++.
3. Evidence the insurance company is authorized to do business in the State of Louisiana.
4. Evidence the agent or agency submitting the bid is licensed to conduct insurance business in the State of Louisiana.
5. Evidence the following information pertaining to the Managing General Agency (MGA) is stated:
 - a. Years in business writing this program;
 - b. Number of years MGA has used present insurance carrier in the program.
6. "Insurance Company Declaration", as outlined below.

Insurance Company Declaration

Vendors shall submit all of the following as a part of their bid response. Failure to submit or provide the required information as a part of the bid response shall cause the vendor's bid to be deemed as non-responsive. A Declarations Page is provided as a part of this solicitation for the convenience of the vendor.

1. Name of insurance company.
2. Insurance company's address.
3. Insurance company's telephone number, toll free.
4. Best's policyholder's rating.
5. Best's financial size category classification.
6. List of each university or college insured during previous school year and attach a separate form listing the name of each university or college; approximate premium volume for each university or college; and the name and title of the administrator at each school responsible for the student health program. Denote those schools, which have been insured for three (3) years or more. Individual schools may be contacted.
7. If the insurance company is paying claims, please provide/answer the following:
 - a. List the location of the office where claims will be paid;
 - b. List the name, title, telephone number, and years of experience in administering student claims, of the persons responsible for the claim service;
 - c. List toll free number that can be used to call by the university in reference to any claims, questions or problems.;

- d. Will claims' office provide copies of all claims status to the university?
- e. Will claims' office provide information on all claims rejected and the reason(s) for the rejection?
- f. What is the average time for a claim to be processed after the date the insurance company receives it?
8. What are the insurance company's procedures in processing claims when notice of claim is submitted beyond the policy's time limit?
9. What are the insurance company's procedures in processing claims when written proof of loss is submitted more than ninety (90) days after the date of such loss?
10. Will the insurance company furnish the school with a monthly listing of all claims paid, including
 - a. Claim
 - b. Insured's name
 - c. Date of claim incurred
 - d. Date of claim paid
 - e. Amount of claim
 - f. Company paid
11. Provide online access to claim forms and capability of submitting claims.

Medical Benefits:

Subject to the exclusions, limitations, and other provisions of the policy; covered medical expenses shall be payable in accordance with the benefits, network provisions, and applicable cost-sharing terms of the plan when medically necessary and otherwise covered under the policy. Covered expenses under the policy shall include the following types of services and supplies, when prescribed or provided by a qualified healthcare provider for the diagnosis or treatment of a covered injury or sickness.

- Charges for diagnosis and treatment by a doctor, nurse practitioner, physician assistant, registered nurse (not a close relative of or with same legal residence as the Insured Individual), professional anesthetist, radiologist, or physiotherapist.
- Charges for daily hospital room and board not exceeding hospital's average semiprivate charge and intensive care unit charges. Charges for laboratory, x-ray, and other diagnostic examinations.
- Charges for prescription drugs required to be dispensed by a licensed pharmacist, including access to FDA-approved generic medications and a generic substitution policy when clinically appropriate, except the Plan will pay 100% of charges for such drugs used on an inpatient basis and 75% of charges for such drugs used on an outpatient basis.
- Hospital charges which include recovery room, electrocardiograms, basal metabolism test, surgical dressing.
- Charges from outpatient services.
- Charges for evaluation and treatment of substance use disorder, including drug and alcohol-related conditions, on an inpatient and outpatient basis, subject to policy terms.
- Charges for injuries arising from the use of bicycles, e-bikes, scooters, or similar personal transportation devices, to be covered as accident injuries subject to policy terms
- Charges for STD/STI testing and treatment, including related diagnostic services and prescription therapy
- Charges for ACIP-recommended immunizations, including catch-up immunizations when medically indicated
- Charges for preventive and medically necessary women's health services, including annual well-woman examinations, cervical cancer screening, breast screening and imaging, contraceptive services and devices when prescribed, pelvic ultrasounds, evaluation and treatment of abnormal bleeding, endometriosis, fibroids, ovarian cysts, colposcopy, and LEEP, subject to policy terms.
- Charges for emergency professional ambulance service by ground or air to a hospital
- Charges for the following listed types of orthopedic or prosthetic devices or hospital equipment
 - o Man-made limbs or eyes for the replacing of natural limbs or eyes
 - o Casts, splints, or crutches
 - o Purchase of a truss or brace

- Oxygen and rental of equipment for giving oxygen
- Rental of wheelchair or hospital bed
- Rental of dialysis equipment and supplies, and Colostomy bags and ureterostomy bags
- The policy shall not cover rental charges for equipment in excess of the purchase price of the equipment.

Dental Benefits:

The base plan shall include dental coverage for eligible students and eligible dependents, if covered under the plan. The bidder shall describe the dental benefits included in the base plan, including covered services, deductibles, copayments, coinsurance, annual maximums, frequency limits, exclusions, and network provisions.

Vision Benefits:

The base plan shall include vision coverage for eligible students and eligible dependents, if covered under the plan. The bidder shall describe the vision benefits included in the base plan, including covered services, deductibles, copayments, frequency limits, benefit maximums, exclusions, and network provisions.

Medical Evacuation Benefits:

The policy shall cover, up to a maximum benefit of (no more than) \$50,000, charges of air evacuation of the injured or sick Insured Certificate Holder to the individual's home country or country of regular domicile or to another medical facility, provided the air evacuation (a) is upon the recommendation and agreement of the attending licensed physician, (b) results from a covered injury or sickness, and (c) does not occur prior to the benefit approval.

Repatriation:

The policy shall cover, up to a maximum benefit (no more than) \$25,000 in the aggregate, reasonable expenses which are incurred in connection with the cremation or preparation and transportation of the body of a deceased Insured Certificate Holder to the individual's place of residence in the individual's home country provided the individual's death occurred outside their home country.

Affordable Care Act Compliance:

This policy does not need to comply with ACA (Affordable Care Act) requirements.

No Surprises Act / Balance Billing Protections:

Louisiana Tech University expects the Insurance Company and/or administrator to recognize, support, and make reasonable and timely efforts to enforce applicable No Surprises Act protections and other balance-billing protections available under law or provider contract. The Insurance Company and/or administrator shall work directly with providers and facilities to prevent or resolve improper balance billing and shall not require the student to negotiate separately with the provider as the primary means of resolution. For eligible services rendered at required in-network hospitals or clinics, any separately billing physician or provider associated with that visit shall be processed at no more than the student's in-network cost-sharing amount, and the student shall be held harmless from balance billing to the fullest extent permitted by law and contract. For purposes of this solicitation, the University will not interpret No Surprises Act protections as limited solely to ACA-compliant plans, and bidders taking a different position must clearly identify that exception in their response and provide the legal or regulatory authority supporting that position.

Pregnancy Benefit:

Covered expenses for pregnancy shall be payable on the same basis as covered expenses for any other sickness with respect to an Insured Certificate Holder whether that individual is a student, scholar or covered dependent spouse. No benefits are payable for any expenses which relate to the pregnancy of a dependent child. Elective abortion is not covered.

Newborn Infants:

A newborn child of an Insured Certificate Holder shall automatically be an Insured Individual for 31 days from the moment of his/her birth only for covered expenses which are due directly to injury or sickness, premature birth, or a congenital condition which exists at birth. In order to continue coverage of a newborn child beyond the 31st day following birth, (a) notice of the birth of the child will be provided to the Company or its authorized representative within 31 days from the date of birth, and (b) the required payment of the appropriate premium will be submitted.

Physiotherapy Expenses:

Covered expenses in connection with physiotherapy which are incurred while not confined in a hospital and which are billed by a doctor or physiotherapist, should not exceed the maximum amounts listed below. Charges in excess of these maximums should not be included as covered expenses in the policy.

Physiotherapy means treatment of sickness or injury by use of physical means, including, but not limited to, air, heat, light, water, electricity, massage, manipulation, or active exercise.

The physiotherapy benefit per calendar year will be (no more than) \$500.

Mental and Nervous Disorders/ Substance Abuse:

In-patient benefits are to be paid as any other covered illness up to an aggregate limit of 30 days in a 12-month period. Out-patient benefits are to be paid like any other covered illness up to an aggregate limit of 10 visits in a 12-month period. Coverage must include evaluation and treatment for substance use disorders, including drug and alcohol-related conditions, on an inpatient and outpatient basis, subject to medical necessity and policy terms.

Exclusions:

Submit exclusions as defined by your policy

The University reserves the right to withdraw this solicitation at any time and for any reason, reject any and all bids, and waives any informalities in the bidding process. Receipt of proposal materials by the University or submission of a proposal to the University confers no rights upon the proposer nor obligates the University in any manner. The University reserves the right to authenticate any and all information contained in the bid of each vendor. A contract based upon this solicitation, may or may not be awarded.

Contract Changes:

No additional changes, enhancements, or modifications to any contract resulting from this solicitation shall be made without the prior approval of Louisiana Tech University. Changes to the contract include any change in: compensation; beginning/ending date of the contract; scope of work; and/or Contractor change through the Assignment of Contract process. Any such changes, once approved, will result in the issuance of an amendment of the contract. Contract changes may only be made after the first year of the contract.

Any changes to premium rates or deductibles must be based on loss experience, must be reasonable in light of recognized medical trend benchmarks, including PwC medical cost trend projections, and must be shared with Louisiana Tech University via email to the Director of Purchasing at purchasing@latech.edu at least six (6) months prior to the intended effective date of such change. Written notice of intention by the Underwriter to extend the contract for the additional two-year period and to adjust premium rates for the next policy year shall be given to the Director of Purchasing and the Director of International Student Services at Louisiana Tech University by February 1 of that year.

Contract Termination:

Louisiana Tech University reserves the right to terminate this contract at any time for cause based upon the failure of the Awarded Vendor to comply with its terms and/or conditions of the agreement, or failure to fulfill its performance obligations pursuant of the agreement, provided that Louisiana Tech University shall give the Awarded Vendor written notice specifying the Awarded Vendor's failure. If within thirty (30) days after receipt of such notice, the Awarded Vendor has not corrected such failure or, in the case of failure which cannot be corrected in thirty days, begun correction, then the State may, at its option, place the Awarded Vendor in default and the Agreement shall terminate on the date specified in such notice.

Remedies for Default:

Any claim or controversy arising from this contract shall be resolved by the provisions of LSA-R.S. 39:1524 through 1526.

Indemnification:

The Awarded Vendor agrees to indemnify and hold the University harmless from any and all claims, demands, liabilities, lawsuits or damages in any way arising out of or based upon the activities or omissions of the Contractor, under this Agreement, including without limitation claims for refund of fees. The University agrees to indemnify and hold the Awarded Vendor harmless from any and all claims, demands, liabilities, lawsuits, or damages in any way arising out of or based upon the activities or omissions of the University's personnel.

Auditors:

It is hereby agreed that the Legislative Auditor of the University and/or the Office of the Governor, Division of Administration auditors of Louisiana shall have the option of auditing all accounts of Contractor which relate to this contract.

Question Period:

This solicitation allows for a period for vendors to ask questions of the University. The University will accept questions via **email only** to purchasing@latech.edu; please do not contact the Office of Purchasing by telephone with questions regarding this solicitation. Vendors shall include the solicitation number in the subject line of their email. The deadline for the University to receive questions will be May 8, 2026 @ 5:00 PM CST. Questions received after this date and time will not be answered.

The University will combine all questions received and provide a response by Addendum by May 15, 2026 @ 5:00 PM.

Proposal Submissions Requirements:

One (1) signed original bid form and all attachments and two (2) copies of the bid form and all attachments in a sealed envelope or packaging must be received by **June 1, 2026 @ 2:00 PM** in the Office of Purchasing (see below addresses).

The Bidder is solely responsible for ensuring that its courier service provider makes inside deliveries to our physical location. Louisiana Tech University is not responsible for any delays caused by the bidder's chosen means of delivery.

For United States Postal Service delivery:

Louisiana Tech University
Office of Purchasing
PO Box 3157
Ruston, LA 71272

For UPS, Fedex, or other courier services delivery:

Louisiana Tech University
208 Keeny Circle, Room 408
Ruston, LA 71270

The outside cover of the package containing the proposal shall be marked:

Bid Number: 50012-653-26
Bid Name: International Student Health Insurance
Name of Bidder

Response Requirements:

1. Cover Letter- Letter summarizing response signed by an authorized representative of the company.
2. Table of Contents.
3. Company Background- Provide background information on your company, including a statement clarifying whether the Vendor is a sole proprietor, a partnership, a corporation or other legal entity.
4. Plan Description- Provide a description of the proposed plan.
5. Premium- Provide a statement of the premiums for the proposed plan for the coverage period and as a quarterly rate.

6. Exclusions- Describe exclusions as defined by your policy.
7. References- Submit information to document successful and reliable experience and service, including reference information. Each vendor must furnish a list of a minimum of five (5) clients currently begin provided international student and scholar health insurance services.
8. Organizational Chart- Provide an organizational chart showing the staffing and lines of authority for key personnel to be used.
9. Supporting Documents - Documentation not included elsewhere including but not limited to, Power of Attorney certifying agent's authority to bind the vendor if response is submitted by an agent, a statement that vendor is authorized to do business in the State of Louisiana and has properly registered to do so.

Vendors shall complete all pages of this Invitation to Bid, including the printed name and signature of the person submitting the quotation and pricing on the Schedule of Items page. Bid received without this information shall be deemed as non-responsive. Vendors are encouraged to include their own quote for an explanation of your proposed pricing, BUT this vendor quote shall not be a substitute for this completed Invitation to Bid Form.

Bid Number: 50012-653-26	Bid Title: International Student Health Insurance
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Vendors shall complete all pages of this Invitation to Bid, including the printed name and signature of the person submitting the quotation and pricing on the Schedule of Items page. Bids received without this information shall be deemed as non-responsive.

Premium Rates must be consistent for all groups without age limits

Level of Coverage	Cost per Academic Term (Quarter)
Student Only*	_____
Student & Spouse	_____
Student, Spouse, & Child(ren)	_____
Student & Child(ren)	_____
J-1 Scholar Only*	_____
J-1 Scholar & Spouse	_____
J-1 Scholar, Spouse, & Child(ren)	_____
J-1 Scholar & Child(ren)	_____

Vendor Name: _____

Date: _____

***The award for this solicitation will be based upon the total overall low cost for the pricing options for Student Only and J-1 Scholar Only.**

Insurance Company Declarations Page

This page shall be submitted with Bid Response

Each Vendor submitting a bid related to this solicitation shall complete this Declarations Page and return along with their bid response. Failure to complete this declarations page completely and return with your response will cause your bid to be deemed as non-responsive.

Insurance Company Name: _____

Insurance Company Address: _____ City: _____ State: _____ Zip: _____

Insurance Company Main Telephone: _____ Toll Free Number: _____

OFFICIAL CONTACT. The University requests that the Bidder designate one person to receive all documents and communications regarding the University. Please identify the Vendor's Primary Point of Contact for the University. (Please print clearly)

Contact Name: _____ Contact Telephone Number: _____

Contact Secondary Telephone Number: _____ Contact Email Address: _____

Best's Policyholder's Rating: _____ Best's Financial Size Category Classification: _____

Please list each college or university insured during previous school year (attach additional pages if required).

College / University #1: _____

Primary Contact Name: _____ Contact Telephone Number: _____

Approximate Premium Volume: _____ Has Vendor insured this College / University for three (3) or more years: Yes No

College / University #2: _____

Primary Contact Name: _____ Contact Telephone Number: _____

Approximate Premium Volume: _____ Has Vendor insured this College / University for three (3) or more years: Yes No

College / University #3: _____

Primary Contact Name: _____ Contact Telephone Number: _____

Approximate Premium Volume: _____ Has Vendor insured this College / University for three (3) or more years: Yes No

College / University #4: _____

Primary Contact Name: _____ Contact Telephone Number: _____

Approximate Premium Volume: _____ Has Vendor insured this College / University for three (3) or more years: Yes No

College / University #5: _____

Primary Contact Name: _____ Contact Telephone Number: _____

Approximate Premium Volume: _____ Has Vendor insured this College / University for three (3) or more years: Yes No

Is the insurance company paying claims: Yes No

If Yes, complete the following related to claims service:

Office location where claims will be paid: _____

Person processing / paying claims: _____ Title: _____

Telephone Number: _____ Email Address: _____

Years of experience of this employee administering student claims: _____

Toll Free Number for claims service / questions / other issues: _____

Will the claim's office provide copies of all claim's status to the University: Yes No

Will the claim's office provide information on all claims rejected and the reason(s) for the rejection: Yes No

What is the average time for a claim to be processed after the date received by the insurance company: _____

Provide a summary of the insurance company's procedures in processing claims when notice of claim is submitted beyond the policy's time limit?

What at the insurance company's procedures in processing claims when written proof of loss is submitted more than ninety (90) days after the date of such loss:

Will the insurance company furnish the University with a monthly listing of all claims paid, including but not limited to:

Claim	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insured's Name	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of Claim incurred	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of Claim paid	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Amount of claim	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Company paid	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Will the insurance company provide online access to claims forms and the capability of submitting claims: Yes No

By signing this Declarations Page, the Vendor certifies that all information contained therein is true, correct, and accurate, and that the University can contact the listed University's above to obtain an evaluation of the vendor's performance.

Signature of Bidder's Authorized Representative: _____

(Signature SHALL be **HAND SIGNED** in ink. Typed signatures are not allowed)

Date of Signature: _____

Failure to return this completed and properly signed Declarations Page along with the bid response shall cause the vendor's bid to be deemed as non-responsive.



Louisiana Tech University

Division of Finance
Office of Purchasing

THIS IS A REQUEST FOR A SEALED BID INSTRUCTIONS TO BIDDERS

1. Read the entire bid, including all terms and conditions and specifications.
2. Louisiana Tech University is not liable for any cost incurred by the bidders prior to execution of a contract and the issuance of a purchase order. Any bidder who ships or otherwise expends time or money prior to award as defined does so at the bidder's own risk.
3. 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. If the bidder needs to submit a change, question, exception, or modification to any aspect of the bid specifications, terms, conditions, or bidder instructions, must do so in written form submitted to the Louisiana Tech University Office of Purchasing prior to the bid opening date. All responses and/or addenda will be officially submitted by the Louisiana Tech University Office of Purchasing 72 (seventy-two) business hours before the bid opening date. Business hours is defined as University operating hours while the University is open. Unless received as specified above, all bid information will remain unchanged.
4. This bid is to be manually signed in ink.
5. Bid prices shall include all delivery charges paid by the vendor, F.O.B. Destination, unless otherwise provided in the solicitation. Bids requiring deposits, "payment in advance" or "C.O.D" may be rejected. Bid prices shall also include all customs clearance, duties, and taxes into the United States; if applicable. This is to include, but is not limited to, customs broker fees, document fees, duties, taxes, etc. The University does not retain, nor will it retain a customs broker. All importation shall be the responsibility and at the cost of the Vendor. Payment is to be made within 30 days after receipt of properly executed invoice or delivery, whichever is later.
6. Amount of bid bond required: every bid submitted for in excess of fifty thousand dollars shall be accompanied by a bid bond guaranteed by a surety company qualified to do business in the state of Louisiana. The bid bond shall be for five percent of the official bid amount.
7. To assure consideration of your bid, all bids and addenda should be returned in an envelope or package clearly marked with the bid opening date and the bid number; or submitted in the special envelope, if furnished for that purpose. The Bidder is solely responsible for ensuring that its courier service provider makes inside deliveries to our physical location. The University is not responsible for any delays caused by the bidder's chosen means of delivery. Bidder is solely responsible for the timely delivery of its bid. Bids received after the due date and time will not be considered.
8. 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.
9. 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 (see no. 27). All bid information shall be in ink or typewritten.
10. Address all inquiries and correspondence to the Louisiana Tech University Office of Purchasing at the address and telephone number listed herein.

11. Bid forms: All written bids, unless otherwise provided for, must be submitted on, and in accordance with, forms provided, and properly signed (see no. 27). Bids submitted in the following manner will not be accepted:
 - A. Bid contains no signature indicating intent to be bound;
 - B. Bid sent by facsimile equipment;
 - C. Bid filled out in pencil; and
 - D. Bid not submitted on the designated bid forms.
12. Bids must be received at the address specified in the solicitation prior to bid opening time in order to be considered.
13. Standards of quality – Any product or service bid shall conform to all applicable federal, state, and local laws and regulations, and the specifications contained in the solicitation. If bidding other than the requested brand or product number (or style), enclose sufficient literature to determine compliance with specifications. Failure to comply with this request may eliminate your bid from consideration. Unless otherwise specified in the solicitation document, any manufacturer's name, trade name, brand name, or catalog number used in the specification is for the purpose of describing the standard of quality, performance, and characteristics desired; and is not intended to limit or restrict competition. Bidder must specify the brand and model name of the product offered in the bid. Bids not specifying brand and model number shall be considered as offering the exact product specified in the solicitation. See bid document for full requirements.
14. New Products: Unless specifically called for in the solicitation documents, all products for purchase must be new, never previously used, and the current model and/or packaging. No remanufactured, demonstrator, used or irregular product will be considered for purchase unless otherwise specified in the solicitation documents. The manufacturer's standard warranty will apply unless otherwise stated in the solicitation.
15. Louisiana Tech University reserves the right to award items separately, grouped or on an all-or-none basis and to reject any or all bids and waive any informalities.
16. This agreement is non-exclusive and shall not in any way preclude Louisiana Tech University from entering into similar agreements and/or arrangements with other vendors or from acquiring similar, equal, or like goods and/or services from other entities or sources.
17. Bid opening: Bidders may attend the bid opening, but no information or opinions concerning the ultimate contract award will be given at the bid opening or during the evaluation process. Bids may be examined within 72 hours after bid opening. Information pertaining to completed files may be secured by visiting the Louisiana Tech University Purchasing Office during normal working hours. Written bid tabulations will not be furnished prior to 72 hours.
18. Prices: Unless otherwise specified by Louisiana Tech University in the solicitation, bid prices must be complete, including transportation prepaid by bidder to destination and firm for acceptance for a minimum of 30 days. If accepted, prices must be firm for the contractual period.
19. Taxes: Vendor is responsible for including all applicable taxes, fees, and tariffs in the bid price. Louisiana Tech University is exempt from all Louisiana state and local sales and use taxes. By accepting an award, resident and non-resident firms acknowledge their responsibility for the payment of all taxes duly assessed by the State of Louisiana and its political subdivisions for which they are liable, including but not limited to: franchise taxes, privilege taxes, sales taxes, use taxes, ad valorem taxes, etc.
20. Contract renewals: In the event that bid specifications include a renewal option, a term contract may be extended for two additional 12-month periods at the same prices, terms, and conditions upon mutual agreement of the State of Louisiana agency and the contractor. In such cases, the total contract term cannot exceed 36 months.

21. Contract cancellation: Louisiana Tech University has the right to cancel any contract, in accordance with purchasing rules and regulations, including but not limited to: (1) failure to deliver within the time specified in the contract; (2) failure of the product or service to meet specifications, conform to sample quality or to be delivered in good condition; (3) misrepresentation by the vendor; (4) fraud, collusion, conspiracy or other unlawful means of obtaining any contract with the University; (5) conflict of contract provisions with constitutional or statutory provisions of state or federal law; (6) any other breach of contract. Louisiana Tech University has the right to cancel any contract for convenience at any time by giving thirty (30) days written notice to the vendor. In such cases, the vendor shall be entitled to payment for complaint deliverables in progress.
22. Applicable law: All contracts shall be construed in accordance with and governed by the laws of the State of Louisiana.
23. In accordance with Executive Order Number JBE 2018-15, effective May 22, 2018, for any contract for \$100,000 or more and for any contractor with five or more employees, Contractor, or any Subcontractor, shall certify it is not engaging in a boycott of Israel, and shall, for the duration of this contract, refrain from a boycott of Israel. The State reserves the right to terminate this contract if the Contractor, or any Subcontractor, engages in a boycott of Israel during the term of the contract.
24. The bidder agrees to abide by the requirements of the following as applicable: Title VI of the Civil Rights Act of 1964 and Title VII of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act of 1972, Federal Executive Order 11246 as amended, the Rehabilitation Act of 1973, as amended, the Vietnam Era Veteran's Readjustment Assistance Act of 1974, Title IX of the Education Amendments of 1972, the Age Discrimination Act of 1975, the Fair Housing Act of 1968 as amended, and bidder agrees to abide by the requirements of the Americans with Disabilities Act of 1990. Bidder agrees not to discriminate in its employment practices, and will render services under this contract without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, veteran status, political affiliation, disability, or age in any matter relating to employment. Any act of discrimination committed by bidder, or failure to comply with these statutory obligations when applicable shall be grounds for termination of any contract entered into as a result of this solicitation.
25. Special accommodation: Any "qualified individual with a disability" as defined by the Americans with Disabilities Act, who has submitted a bid and desires to attend the bid opening, must notify the Louisiana Tech University Office of Purchasing in writing not later than seven days prior to the bid opening date of their need for special accommodations. If the request cannot be reasonably provided, the individual will be informed prior to the bid opening.
26. Indemnity: Contractor agrees, upon receipt of written notice of a claim or action, to defend the claim or action, or take other appropriate measure, to indemnify, and hold harmless, the state, its officers, its agents and its employees from and against all claims and actions for bodily injury, death or property damages caused by the fault of the contractor, its officers, its agents, or its employees. Contractor is obligated to indemnify only to the extent of the fault of the contractor, its officers, its agents, or its employees. However, the contractor shall have no obligation as set forth above with respect to any claim or action from bodily injury, death or property damages arising out of the fault of the state, its officers, its agents or its employees.
27. Signature authority: Attention: R.S. 39:1594(c) (4) requires evidence of authority to sign and submit bids to the State of Louisiana. You shall indicate which of the following apply to the signer of this bid.

Please circle one:

- 1) The signer of this bid is either a corporate officer who is listed on the most current annual report on file with the Secretary of State or a member of a partnership or partnership in commendam as reflected in the most current partnership records on file with the Secretary of State. A copy of the annual report or partnership must be submitted to this office before contract award.

- 2) The signer of this bid is a representative of the bidder authorized to submit this bid as evidenced by documents such as Corporate Resolution, Certification as to Corporate Principal, etc. If this applies, a copy of the resolution, certification, or other supportive documents must be attached hereto.
 - 3) The bidder has filed with the Secretary of State an affidavit or resolution or other acknowledged/authentic document indicating that the signer is authorized to submit bids for public contracts. A copy of the applicable document must be submitted to this office before contract award.
28. In accordance with the provisions of R.S. 39:2182, in awarding contracts after August 15, 2010, any public entity is authorized to reject a proposal or bid form, or not award the contract to, a business in which any individual with an ownership interest of five percent or more, has been convicted of, or has entered a plea of guilty or nolo contendere to any state felony or equivalent federal felony crime committed in the solicitation or execution of a contract or bid awarded under the laws governing public contracts under the provisions of chapter 10 of Title 38 of the Louisiana Revised Statutes of 1950; professional, personal, consulting, and social services procurement under the provisions of Chapter 16 of Title 39, or the Louisiana Procurement Code under the provisions of Chapter 17 of Title 39.
29. It is agreed that the Legislative Auditor of the State of Louisiana and/or the Office of the Governor, Division of Administration auditors shall have the option of auditing all accounts which relate to this contract.
30. The continuation of this contract is contingent upon the appropriation of funds to fulfill the requirements of the contract by the legislature. If the legislature fails to appropriate sufficient monies to provide for the continuation of the contract, or if such appropriation is reduced by the veto of the Governor or by any means provided in the Appropriations Act to prevent the total appropriation for the year from exceeding revenues for that year, or for any other lawful purpose, and the effect of such reduction is to provide insufficient monies for the continuation of the contract.
31. Whenever a public entity enters in to a contract in excess of five-thousand dollars (\$5,000) for the construction, alteration, or repair of any Public Works, the official representative of the public entity shall reduce the contract to writing and have it signed by the parties. When an emergency as provided in R.S. 38:2212(D) is deemed to exist for the construction, alteration, or repair of any Public Works and the contract for such emergency work is less than fifty-thousand dollars (\$50,000), there shall be no requirement to reduce the contract to writing (R.S. 38:2241).
32. For each contract in excess of twenty-five thousand dollars (\$25,000) per project, the public entity shall require of the contractor a bond with good, solvent, and sufficient surety in a sum of not less than fifty percent (50%) of the contract price for the payment by the contractor or subcontractor to claimants as defined in R.S. 38:2242. The bond furnished shall be a statutory bond and no modification, omissions, additions in or to the terms of the contract, in the plans or specifications, or in the manner and mode of payment shall in any manner diminish, enlarge, or otherwise modify the obligations of the bond. The bond shall be executed by the contractor with surety or sureties approved by the public entity and shall be recorded with the contract in the office of the recorder of mortgages in the parish where the work is to be done not later than thirty days after the work has begun.
33. For construction projects falling within classifications of 37:2150 the bidder must be fully qualified under any state or local licensing law for contractors in effect at the time and at the location of the work before submitting his bid. In the state of Louisiana, revised statutes 37:2150, et seq. Will be considered, if applicable. The contractor shall be responsible for determining that all of his sub-bidders or prospective subcontractors are duly licensed in accordance with law. On any bid in excess of fifty thousand dollars (\$50,000), the Contractor shall certify that he is licensed under R.S. 37:2150-2163 and show his license number on the bid. The bid envelope shall be identified on the outside with the Name of the Project, Bid Number, Bid Time, the Name of the Bidder and the License Number of the Bidder.
34. Prohibited Contractual Arrangements – Per Louisiana R.S. 42:1113.A, no public servant, or member of such a public servant's immediate family, or legal entity in which he has a controlling interest shall bid on or enter into any contract,

subcontract, or other transaction that is under the supervision or jurisdiction of the agency of such public servant. See statute for complete law, exclusions, and provisions.

35. Prohibition of Companies That Discriminate Against Firearm and Ammunition Industries - In accordance with La. R.S. 39:1602.2, the following applies to any competitive sealed bids, competitive sealed proposals, or contract(s) with a value of \$100,000 or more involving a for-profit company with at least fifty full-time employees: Unless otherwise exempted by law, by submitting a response to this solicitation or entering into this contract, the Bidder, Proposer or Contractor certifies the following: 1. The company does not have a practice, policy, guidance, or directive that discriminates against a firearm entity or firearm trade association based solely on the entity's or association's status as a firearm entity or firearm trade association; 2. The company will not discriminate against a firearm entity or firearm trade association during the term of the contract based solely on the entity's or association's status as a firearm entity or firearm trade association. The State reserves the right to reject the response of the Bidder, Proposer or Contractor if this certification is subsequently determined to be false, and to terminate any contract awarded based on such a false response or if the certification is no longer true.

TO: Louisiana Veteran-Owned and Service-Connected Disabled Veteran-Owned Small Entrepreneurships

RE: Veteran Initiative – Act 167 of the 2009 Legislative Session

➤ **ARE YOU ELIGIBLE FOR PARTICIPATION?**

- Are you a veteran-owned small entrepreneurship or a service-connected disabled veteran-owned small entrepreneurship in accordance with documentation from the United States Department of Veteran Affairs or the Louisiana Department of Veteran Affairs?
- Are you a Louisiana domiciled business?
- Do you have less than fifty (50) full-time employees?
- Are your annual gross revenue receipts \$5,000,000 or less (for construction) or \$3,000,000 for (non-construction) for each of the previous three (3) tax years?

If your answers are yes, your company may be eligible for participation in the Louisiana Veteran-Owned and Service-Connected Disabled Veteran-Owned Small Entrepreneurship Program, also known as the Veteran Initiative.

➤ **WHAT IS THE VETERAN INITIATIVE?**

The Veteran Initiative, created by LRS 39:2171 through 2179 and LRS 51:931, provides additional opportunities for certified Louisiana-based small entrepreneurships to participate in contracting and procurement with the State. Key features of the programs are:

- This is a goal-oriented program
- It is race and gender neutral
- Participation is restricted to Louisiana-based certified veteran-owned and service-connected disabled veteran-owned small entrepreneurships

The rules governing the implementation of the program are located at <http://www.doa.louisiana.gov/osp/se/se.htm>.

➤ **WHY IS CERTIFICATION IMPORTANT?**

Certification is required for the participation in the Veteran Initiative. Under this program, you may be given increased opportunity to participate in Louisiana state contracts. Certain contracts may be awarded to your business without competition. And, certification is one of the methods that the State of Louisiana will utilize as a basis for benchmarking for annualized procurement and contracting goals.

➤ **WHAT AGENCY IS RESPONSIBLE FOR CERTIFICATION?**

The Louisiana Department of Economic Development (LED) is responsible for certifying Small Entrepreneurships for participation in the program. The (LED) Small Business Certification System may be accessed by <https://smallbiz.louisianaeconomicdevelopment.com/Account/Login>. For additional information regarding certification, please contact the LED at 800.450.8115 or 225.342.3000.

➤ **WHAT IS THE ROLE OF THE DEPARTMENT OF VETERANS AFFAIRS?**

The Louisiana Department of Veterans Affairs is responsible for disseminating information on this program and other veterans' benefits to Louisiana veterans. Information on this program and other veterans' benefits can be accessed at www.vetaffairs.louisiana.gov.

The State of Louisiana is committed to the success of this program and encourages your participation.

Attachment A

Bid Number: 50012-563-26	Bid Title: International Student Health Insurance
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The following pages include the schedule of classes for the 2026-2027 Academic Year.

Louisiana Tech University

[ARCHIVED CATALOG]

Fall Quarter 2026

FALL QUARTER 2026 (TERM 271)

approved November 1, 2024

Sep	7	M	LABOR DAY: UNIVERSITY CLOSED
	9	W	FALL QUARTER 2026 BEGINS
	9	W	General Registration/Fee Payment (for all new/readmitted students & those continuing students who did not complete early registration & fee payment): 8:15 am –5:00 pm (Keeny Hall 207 & 103)
	9	W	Placement Exams
	9	W	Payment Deadline 5 pm
	10	R	CLASSES BEGIN
	10	R	Late Registration and Drop/Add begins
	14	M	Late Registration ends: Last day for Drop/Add and “no-grade” drops
	22	T	9th class day, Census Date
	25	F	Last day to register for Fall graduation (F, Wk 3)
Oct	2	F	Deadline for completing “I” grade work from Spring/Summer (F, WK 4)
	9	F	Deadline for faculty submission of “I” grade work from Spring/Summer (F, Wk 5)
	26	M	Advising beings for currently enrolled students
	30	F	Last day to drop courses or resign with “W” grades (“F” grades after this date) (F, Wk 8)
Nov	2	M	Early Web Registration Begins for Winter Quarter 2026-2027 (for students enrolled in Fall Quarter 2026)
Nov	2	M	Veterans, and Degree Candidate Seniors ≥ 110 hours – Early Registration @ 9:00 am
	2	M	Honors Students, Grad Students, & Eligible Athletes – Early Registration @ 2:00 pm
	3	T	Seniors ≥ 100 hours – Early Registration @ 9:00 am
	3	T	Seniors ≥ 90 hours – Early Registration @ 2:00 pm
	4	W	Juniors ≥ 80 hours – Early Registration @ 9:00 am

4	W	Juniors ≥ 71 hours – Early Registration @ 2:00 pm
5	R	Juniors ≥ 60 hours – Early Registration @ 9:00 am
6	F	Sophomores ≥ 49 hours – Early Registration @ 9:00 am
6	F	Sophomores ≥ 41 hours – Early Registration @ 2:00 pm
9	M	Sophomores ≥ 30 hours – Early Registration @ 9:00 am
10	T	Freshmen ≥ 13 hours – Early Registration @ 9:00 am
10	T	Freshmen ≥ 9 hours – Early Registration @ 2:00 pm
11	W	Freshmen ≥ 1 hour – Early Registration @ 9:00 am
17	T	Degree candidate grades due by 3:30 p.m.
19	R	LAST DAY OF CLASSES
20	F	Early Web Registration Ends for Winter Quarter 2026-2027
21	S	Fall Commencement Exercises, Thomas Assembly Center @ 10 a.m.
21	S	FALL QUARTER 2026 ENDS
23	M	All other grades due by 3:30 p.m.
24	T	Grades “live” for Students
26	R	THANKSGIVING HOLIDAY: UNIVERSITY CLOSED
27	F	THANKSGIVING HOLIDAY: UNIVERSITY CLOSED

Louisiana Tech University

[ARCHIVED CATALOG]

Winter Quarter 2026-2027

WINTER QUARTER 2027 (TERM 272)

approved November 1, 2024

No	2	R	THANKSGIVING HOLIDAY: UNIVERSITY CLOSED
v	6		
	2	F	THANKSGIVING HOLIDAY: UNIVERSITY CLOSED
	7		
De	1	T	WINTER QUARTER 2026-2027 BEGINS
c			
	1	T	General Registration/Fee Payment (for all new/readmitted students & those continuing students who did not complete early registration & fee payment): 8:15 am –5:00 pm (Keeny Hall 207 & 103)
	1	T	Placement Exams
	1	T	Payment Deadline
	2	W	CLASSES BEGIN
	2	W	Late Registration and Drop/Add begins
	4	F	Late Registration ends: Last day for Drop/Add and “no-grade” drops
	1	M	9th class day, Census Date
	4		
	1	F	Last day to register for Winter graduation (F, Wk 3)
	8		
	2	M	CHRISTMAS HOLIDAY BEGINS: UNIVERSITY CLOSED
	1		
Jan	4	M	CHRISTMAS HOLIDAYS ENDS. Classes resume @ 8 a.m.
	8	F	Deadline for completing “I” grade work for Fall (F, Wk 4)
	1	F	Deadline for faculty submission of “I” grade work from Fall (F, Wk 5)
	5		
	1	M	MLK, Jr. BIRTHDAY OBSERVANCE: UNIVERSITY CLOSED
	8		
Feb	1	M	Advising beings for currently enrolled students
	5	F	Last day to drop courses or resign with “W” grades (“F” grades after this date) (F, Wk 8)
	8	M	Mardi Gras Holiday: University Closed
	9	T	Mardi Gras Holiday: University Closed

	10	W	University Offices Reopen - No Classes
	11	R	Early Web Registration Begins for Spring and Summer Quarter 2027 (for students enrolled in Winter Quarter 2026-2027)
	11	R	Veterans, and Degree Candidate Seniors \geq 110 hours – Early Registration @ 9:00 am
	11	R	Honors Students, Grad Students, & Eligible Athletes – Early Registration @ 2:00 pm
	12	F	Seniors \geq 100 hours – Early Registration @ 9:00 am
	12	F	Seniors \geq 90 hours – Early Registration @ 2:00 pm
	15	M	Juniors \geq 80 hours – Early Registration @ 9:00 am
	15	M	Juniors \geq 71 hours – Early Registration @ 2:00 pm
	16	T	Juniors \geq 60 hours – Early Registration @ 9:00 am
	17	W	Sophomores \geq 49 hours – Early Registration @ 9:00 am
	17	W	Sophomores \geq 41 hours – Early Registration @ 2:00 pm
	18	R	Sophomores \geq 30 hours – Early Registration @ 9:00 am
	19	F	Freshmen \geq 13 hours – Early Registration @ 9:00 am
	19	F	Freshmen \geq 9 hours – Early Registration @ 2:00 pm
	22	M	Freshmen \geq 1 hour – Early Registration @ 9:00 am
Ma	1	M	Degree candidate grades due by 3:30 p.m.
r	2	T	LAST DAY OF CLASSES
	3	W	Early Web Registration Ends for Spring Quarter 2027
	4	R	All other grades due by 3:30 p.m.
	5	F	Grades “live” for Students
	6	S	Winter Commencement Exercises, Thomas Assembly Center @ 10 a.m.
	6	S	WINTER QUARTER 2026-2027 ENDS

Louisiana Tech University

[ARCHIVED CATALOG]

Spring Quarter 2027

SPRING QUARTER 2027 (TERM 273)

approved November 1, 2024

Ma	9	T	SPRING QUARTER 2027 BEGINS
r	9	T	General Registration/Fee Payment (for all new/readmitted students & those continuing students who did not complete early registration & fee payment): 8:15 am –5:00 pm (Keeny Hall 207 & 103)
	9	T	Placement Exams
	9	T	Payment Deadline
	10	W	CLASSES BEGIN
	10	W	Late Registration and Drop/Add begins
	12	F	Late Registration ends: last day for Drop/Add and “no grades” drops
	22	M	9th class day, Census Date
	25	R	Last day to register for Spring graduation (F, Wk 3)
	26	F	EASTER HOLIDAY: UNIVERSITY CLOSED
	29	M	EASTER HOLIDAY ENDS. Classes resume @ 5:00 p.m.
Ap	2	F	Deadline for completing “I” grade work from Winter (F, Wk 4)
r	9	F	Deadline for faculty submission of “I” grade work from Winter (F, Wk5)
	26	M	Advising begins for currently enrolled students
	30	F	Last day to drop courses or resign with “W” grades (“F” grades after this date) (F, Wk 8)
Ma	3	M	Early Web Registration Begins for Fall Quarter 2027 (for students enrolled in Spring Quarter 2027)
y	3	M	Veterans, and Degree Candidate Seniors ≥ 110 hours – Early Registration @ 9:00 am
	3	M	Honors Students, Grad Students, & Eligible Athletes – Early Registration @ 2:00 pm

4	T	Seniors ≥ 100 hours – Early Registration @ 9:00 am
4	T	Seniors ≥ 90 hours – Early Registration @ 2:00 pm
5	W	Juniors ≥ 80 hours – Early Registration @ 9:00 am
5	W	Juniors ≥ 71 hours – Early Registration @ 2:00 pm
6	R	Juniors ≥ 60 hours – Early Registration @ 9:00 am
7	F	Sophomores ≥ 49 hours – Early Registration @ 9:00 am
7	F	Sophomores ≥ 41 hours – Early Registration @ 2:00 pm
10	M	Sophomores ≥ 30 hours – Early Registration @ 9:00 am
11	T	Freshmen ≥ 13 hours – Early Registration @ 9:00 am
11	T	Freshmen ≥ 9 hours – Early Registration @ 2:00 pm
12	W	Freshmen ≥ 1 hour – Early Registration @ 9:00 am
19	W	Degree candidate grades due by 3:30 p.m.
21	F	LAST DAY OF CLASSES
22	S	Spring Commencement Exercises, Thomas Assembly Center
22	S	SPRING QUARTER 2027 ENDS
25	T	All other grades due by 3:30 p.m.
26	W	Grades “live” for Students
31	M	MEMORIAL DAY HOLIDAY: UNIVERSITY CLOSED

[ARCHIVED CATALOG]

Summer Quarter 2027

SUMMER QUARTER 2027 (TERM 274)

approved November 1, 2024

Ma	3	M	MEMORIAL DAY HOLIDAY: UNIVERSITY CLOSED
y	1		
Jun	2	W	SUMMER QUARTER 2027 Begins
	2	W	General Registration/Fee Payment (for all new/readmitted students & those continuing students who did not complete early registration & fee payment): 8:15 am –5:00 pm (Keeny Hall 207 & 103)
	2	W	Placement Exams
	2	W	Payment Deadline
	3	R	CLASSES BEGIN: 12-week and 1st 6-week session (Sections 30-37)
	3	R	Late Registration and Drop/Add begins: 12 week and 1 st 6-week session
	7	M	Late Registration ends: last day for Drop/Add and “no grades” drops for 12-week and 1st 6-week session
	1	M	CLASSES BEGIN: 1st 3-week session (Sections 38-39)
	4		
	1	T	Last day for Drop/Add and “no-grade” drops for 1st 3-week session
	5		
	1	T	9th class day, Census Date
	5		
	1	F	Last day to register for Summer graduation (F, Wk 3)
	8		
	2	W	Last day to drop courses or resign with “W” grades for the 1 st 3-week session
	3		
	2	M	Last day to drop courses or resign with “W” grades for the 1 st 6-week session
	1		
Jul	2	F	LAST DAY OF CLASSES: First 3-week session (Sections 38-39)
	5	M	INDEPENDENCE DAY: UNIVERSITY CLOSED
	8	R	LAST DAY OF CLASSES: First 6-week session (Sections 30-37)
	1	M	CLASSES BEGIN: Second 6-week session (Sections 60-67)
	2		
	1	M	CLASSES BEGIN: Second 3-week session (Sections 68-69)
	2		

1 2	M	Late Registration and Drop/Add begins: second 3- and 6-week sessions only
1 3	T	Late Registration ends: Last day for Drop/Add and “no-grade” drops for 2nd 3- and 6-week sessions only
1 4	W	Grades for 1st 6-week and 3-week session classes due by 3:30 p.m. (W, Wk 7)
2 1	W	Last day to drop courses or resign with “W” grades for the 2 nd 3-week session
2 3	F	Last day to drop courses or resign with “W” grades for the 12-week session (F, Wk 8)
2 8	W	Last day to drop courses or resign with “W” grades for the 2 nd 6-week session
3 0	F	LAST DAY OF CLASSES: Second 3-week session (sections 38-39)
Au g 0	T	Degree candidate grades due by 3:30 p.m.
1 3	F	LAST DAY OF CLASSES: 12-week and second 6-week session
1 4	S	Summer Commencement Exercises, Thomas Assembly Center @ 10 a.m.
1 4	S	SUMMER QUARTER 2026 ENDS
1 7	T	All grades (including Degree Candidate grades) due by 3:30 p.m.
1 8	W	Grades “live” for Students

Attachment B

Bid Number: 50012-563-26	Bid Title: International Student Health Insurance
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The following pages reflect the Member Guide for 2025-2026.



HOW TO USE YOUR INSURANCE

2025-2026

Policy for International Students, Scholars, and OPT status



How to enroll ?

Enrollment and document fulfillment is administered by Compass Student Insurance.

LOUISIANA TECH INTERNATIONAL STUDENTS: For each quarter that you are enrolled in classes, including summer, you are automatically enrolled through your school; no action is needed to enroll yourself in the plan. Once enrolled, you will receive instructions on how to create an online MyInsurance Account. If you have dependents you need to enroll in the policy, you can do so in your MyInsurance Account.

LOUISIANA TECH INTERNATIONAL STUDENTS WHO DO NOT ATTEND CLASSES DURING THE SUMMER:

To extend your health insurance coverage through the summer without taking classes, you will need to extend your policy in your MyInsurance account. After logging into your MyInsurance account, you will see in the upper right corner a link to extend the policy over the summer and pay via credit card. The dates of the extension will be June 3, 2026 - August 15, 2026. Because this is an extension of the Spring policy, the portal in MyInsurance will read, 'Your new coverage dates are March 11, 2026 - August 15, 2026'. This option to extend will remain available until 5 pm EST on Friday, June 24, 2026.

LOUISIANA TECH J-SCHOLARS: Will self-enroll and pay via credit card using this link: <https://www.esecutive.com/ebs/latech>

LOUISIANA TECH OPT STATUS ON F-VISA: Will self-enroll and pay via credit card using this link: <https://www.esecutive.com/ebs/latechOPT>

STUDENTS THAT ARE ON A LOUISIANA TECH APPROVED QUARTER OFF will self-enroll and pay via credit card using this link: <https://www.esecutive.com/ebs/latechQO>

If you have dependents, they can also be enrolled using this link. The dates available must follow the same quarters as the students. If you need to extend coverage at the end of the quarter, you can do so by extending the policy in your MyInsurance Account. These self-enrollments and extensions are all subject to LA Tech approval.

For questions about enrollment, contact **Compass Student Insurance** at:
(781) 356 -1999 or at info@compassstudentinsurance.com
(Monday–Friday, 8:00 a.m. to 7:00 p.m. Central Time)





How to create your MyInsurance account with Compass Student Insurance?

Please follow these instructions. You have two options:

1. Locate the Welcome/Confirmation email sent to you when you were initially enrolled. The email would have been sent to you from 'Secutive - International/Cultural Exchange Insurance<welcome@secutive.com>' and titled 'You Have Been Enrolled in International Student Health Insurance by LOUISIANA TECH University.' **This option can be done on your cell phone.**

- a) The Welcome email provides a link "Create your MyInsurance account" Click the link.
- b) Your record is found and you enter the email address used by LATech to enroll you in the program
- c) Create your password
- d) Complete the registration

2. Click <https://www.esecutive.com/MyInsurance/> to log in or create your MyInsurance account. Please note that this link can only be used on a non-mobile device. **You cannot use your cell phone.**

- a. The policy/account number you will need to create the account is 10676A (refer to your ID card)
- b. Enter your last name as recorded on your insurance ID card
- c. Enter date of birth
- d. Enter first name as recorded on your insurance ID card
- e. Choose a Username
- f. Choose a Password



Underwritten by Cigna Global

Cigna Global is the insurer and claims administrator. You will contact Cigna Global for all medical benefit and claim inquiries. You can also access the Cigna Global claims portal through the Compass MyInsurance account, or you can login here:

[Cigna Envoy](#)

The Cigna Envoy claims portal contains a great deal of important information and all students are highly encouraged to register and create an account.

1.800.441.2668 or collect 1.302.797.3100





Your Insurance ID-Card

You will receive an email from Compass Student Insurance at the start of each semester/term notifying you to download your ID card. You may set up a MyInsurance account at:

<https://www.esecutive.com/MyInsurance/>

to access all of your documents, including ID card.

Carry your ID card with you at all times! You will need your card when you visit any medical provider - TechCare, doctor's office, urgent care, hospital, or pharmacy.



Where to seek Medical Care?

If you experience a sickness or an injury, you will need to seek care at one of the following types of medical providers. Each option is detailed on the following pages.

- TechCare, for minor illness or injuries
- Doctor's office, for medical concerns and sick visits
- Urgent care center, for non-emergency illnesses or injuries that need immediate care when TechCare is closed
- Hospital, for a medical emergency, scheduled surgery or hospitalization



What Does “In-Network” Mean and Why Does It Matter?

In-network means providers such as doctors, specialists, and hospitals that accept this insurance plan.

The network for this plan is [Cigna Open Access Plus \(OAP\) Network](#)

If you use a Cigna Open Access Plus (OAP) Network provider, medical providers will bill the insurance direct and not ask you to pay at the time of service. Eligible medical expenses are paid by the insurance company at 100% up to the benefit maximum. If you use an out-of-network provider, you may be asked to pay at the time of service. It will be your responsibility to file a claim for reimbursement.

Medical providers who are out of network (do not participate in the Open Access Plus (OAP) Network), their covered medical expenses are paid at 75%. *Deductibles and copays are not included in what the insurance company pays.*





Your responsibility to pay

- You must pay the insurance premium each quarter, which is \$350.33
- A \$200 deductible per policy year (waived at TechCare). Deductible means the dollar amount of a Covered Medical Expense that must be paid by the member. Unless otherwise specified, the deductible only applies when there isn't a copayment.
- A \$40 copay when you go to a Cigna Open Access Plus doctor's office (waived at TechCare). A copayment means a specified dollar amount a member must pay first for a specified covered expense.
- \$50 copay when you go to a Cigna Open Access Plus PPO urgent care center when TechCare or the doctor's office is closed
- \$200 copay when you are admitted to a Cigna Open Access Plus PPO hospital
- \$350 copay if you go to a Cigna Open Access Plus PPO emergency room (waived if you are admitted to the hospital)
- \$200 copayment for Advanced Radiology (MRI; MRA; CAT Scan; PET Scan) at a Cigna Open Access Plus PPO provider
- A \$20/\$50/\$75 copayment for each 30-day supply of prescription medication (depending on the class of the prescription)
- 25% out-of-network coinsurance if you do not use a Cigna Open Access Plus PPO provider. Coinsurance means the percentage of Covered Expenses that will be paid by the plan. The coinsurance is separate and not part of the deductible.
- Full amount for any services not covered by insurance (see exclusions and limitations in the Policy)



Find a doctor or facility

1. Visit [Cigna Open Access Plus](#)
2. Enter Address, City, or Zip where you need to search. We recommend you add zip code only.
3. Select Doctor by Type, Doctor by Name, or Health Facilities and Group Practices
4. Select from the drop-down menu or add a Physician's name; click Search
5. Click on Continue as Guest
6. Make your selection from the list and call to make an appointment. Confirm with the provider that they are in network with Cigna Open Access Plus PPO.
7. It is best to locate a Cigna Open Access Plus doctor, urgent care center, and emergency room near you before you get sick or injured. Always verify the provider is part of the Cigna Open Access Plus Network before you receive treatment.



What's covered?

(Treatment must be Medically Necessary)

- \$250,000 benefit year maximum for all eligible medical expenses
- Most doctor visits and hospital charges, paid at 100% (after copay and/or deductible) when you use a Cigna Open Access Plus provider; or 75% (after deductible) when you use an out-of-network provider
- Emergency expenses
- Surgery, inpatient and outpatient
- Tests, procedures, and lab services, such as X-rays and blood draws
- Physiotherapy, up to 20 visits
- Mental Health out-patient, up to 10 visits
- Mental Health, in-patient, up to 30 days
- Maternity and Pre-Natal Care covered
- Prescription medication (\$20/\$50/\$75 copay) per 30 day supply

Limitations, deductibles, coinsurance, and copays may apply. Please see the Plan Policy for full benefit details.



What's not covered?

- Dental care or treatment other than care of sound, natural teeth and gums due to a covered Accident
- Eyeglasses, contact lenses, hearing aids, braces, appliances
- Weak, strained or flat feet, corns, calluses, or toenails
- Elective or Cosmetic surgery and Elective Treatment Charges that are not medically necessary
- Routine and Preventive Care including immunizations, pap smears, mammograms, PSA testing, colorectal cancer screenings

Please see the policy for the full list of policy exclusions. This is only a partial list.



TechCare

For general medical care, please visit TechCare as there are no copays or deductible. The staff can treat many conditions or refer you to another doctor or specialist, if necessary.



TechCare

Located in the Lambright Sports & Wellness Center
921 Tech Dr, Ruston, LA 71270
(318) 257-4866

Hours

Monday – Friday 7:30 a.m. – 4:30 p.m.
Closed 12:00 p.m. – 1:00 p.m.



Doctor Visits

When you have a health care need, such as a sickness, injury, or other medical concern, schedule an appointment to see a doctor.

- Use a Cigna Open Access Plus (OAP) doctor whenever possible. Note: You are not required to see a Cigna Open Access Plus (OAP) doctor; however, if you choose to see a doctor who is not a Cigna Open Access Plus (OAP) provider, you will have to pay 25% of charges after the deductible.
- Arrive 15 minutes early for your appointment.
- Bring your insurance ID card with you.

Every visit to a health care professional, whether at TechCare, the doctor's office, emergency room, urgent care center, etc., is treated confidentially. No information will be released without your express written consent.



Urgent Care Center

Do not go to the hospital for minor illnesses or injuries! If you need to see a doctor immediately and cannot wait for a scheduled appointment, please go to an urgent care center. Hospital emergency rooms typically charge 2-3 times more than a doctor's office or urgent care center. Use an urgent care center instead of an emergency room to save time and money.

Here are some Cigna Open Access Plus (OAP) urgent care centers close to campus:

- Coastal Urgent Care, LLC 1009 S Service Rd W Ruston, LA 71270
(318) 242-1440
- Southstar Urgent Care 117 N Service Rd E Ruston, LA 71270
(318) 406-0360



Hospital Emergency Room

In the case of a life-threatening emergency, call 911 for an ambulance or go to the nearest hospital emergency room (ER).

Examples of life-threatening emergencies:

- Car accident
- Severe pain or excessive bleeding (especially from the head)
- Heart attack
- High fever or rash after surgery
- Broken bones
- Coughing up blood
- Signs of miscarriage

These are only a few examples of emergency medical conditions. These examples do not constitute medical advice. Please contact a medical professional if you have questions about any medical condition.



Where to get your Prescription Medications

If your doctor prescribes a medication, you must fill it at a Cigna Open Access Plus Rx participating pharmacy. The list of participating pharmacies is here:

[Cigna Open Access Plus Pharmacies in Ruston, LA](#)

Points to consider:

- ALWAYS ask for the generic form of the drug, if available; this will decrease the cost.
- Eligible Prescriptions: \$20/\$50/\$75 copayment for 30-day supply depending on the medication

Ruston, LA pharmacies to choose from: Walgreens, Walmart, Green Clinic Pharmacy, Sterling Pharmacy, Ruston Apothecare



Claims

If you visit a Cigna Open Access Plus provider, the doctor or provider will send a bill to the insurance company for the charges. The insurance company will review the doctor's statement and determine the payment for each itemized procedure. The insurance company will then send you an Explanation of Benefits. This is not a bill. It is a notification of what the insurance company will pay your doctor.

The doctor will receive payment from the insurance company and then bill you for any amount not covered by the insurance. Note: Most charges are covered at 100% (after copay and/or deductible) if you use a Cigna Open Access Plus provider.

If you go to a medical provider in the Cigna Choice Fund Network, the provider will submit the claim for you.

If you are required to pay for services up front, you will need to complete a claim form to be reimbursed by the insurance company. Download a claim form from

Cigna Envoy

and send the completed form with all bills and receipts for medical treatment to:

Cigna Global
PO Box 15111
Wilmington, DE 19850-5111



What if I am outside Louisiana or the U.S. and need medical treatment?

Coverage is valid worldwide as long as you are still eligible under the Policy.

Questions? We are happy to assist!

Please contact Compass if you have any questions about
enrollment, eligibility or fulfillment at:

(781) 356 -1999

info@compassstudentinsurance.com

(Monday–Friday, 8:00 a.m. to 7:00 p.m. Central Time)

For any **medical benefit or claim questions**,
please contact Cigna Global at:

1.800.441.2668

Attachment C

Bid Number: 50012-563-26 **Bid Title:** International Student Health Insurance

Top Providers 2023

Standard School Report	Enrollment Dashboard	Claims Dashboard	Medical Cost Per Member	Medical Cost Comparison	HighDollar Claimants	Top Provider	Diagnosis	Loss Ratio Dashboard	Rx Reporting
All	School Name	Plan Year	Report Type	Expand or Collapse	Utilization Metric	NetworkStatus		Division	Age Bracket
All		2023	Life to Date	Collapse	All	All		All	All

LOUISIANA TECH UNIV

Plan Year: 2023

Subset Labels	Provider	Paid	Claimants	Services	Running Total
Top 20 Providers	UNIVERSITY HEALTH SHREVEPORT L	\$127,334	2	73	\$127,334
	HENRY MAYO NEWHALL MEM HOSPI..	\$104,981	1	10	\$232,315
	CLHG RUSTON LLC	\$75,422	101	530	\$307,736
	THE CARLE FOUNDATION HOSPITAL	\$19,561	2	24	\$327,297
	LSU HEALTH SCIENCES CENTER	\$12,694	2	98	\$339,990
	GREEN CLINIC	\$12,560	14	97	\$352,550
	CARLE HEALTH CARE INCORPORAT..	\$8,160	2	7	\$360,711
	NORTHERN LA EMERGENCY PHYS L..	\$7,434	8	10	\$368,144
	CHRISTUS SANTA ROSA HEALTHCA..	\$4,678	1	19	\$372,823
	ARENA ANESTHESIA LLC	\$3,844	3	5	\$376,666
	NORTHERN VIRGINIA COMMUNITY	\$2,869	1	17	\$379,535
	CHRISTIE CLINIC LLC	\$2,582	1	14	\$382,118
	VIKING ENTERPRISES INC	\$2,241	1	3	\$384,359
	MOUNT SINAI MED CTR OF FLORIDA	\$2,127	1	11	\$386,486
	HOSPITALIST MEDICINE PHYSICIAN	\$1,273	1	8	\$387,759
	SINGLETON ASSOCIATES PA	\$1,160	1	9	\$388,918
	OCHSNER LSU HEALTH SHREVEPOR..	\$1,088	1	6	\$390,007
	HULIN URGENT CARE SERVICES LLC	\$936	8	28	\$390,943
	CEDAR PARK HEALTH SYSTEM LP	\$922	1	18	\$391,865
	SUTTER BAY MEDICAL FOUNDATION	\$847	1	12	\$392,712

Top Providers 2024

Standard School Report	Enrollment Dashboard	Claims Dashboard	Medical Cost Per Member	Medical Cost Comparison	HighDollar Claimants	Top Provider	Diagnosis	Loss Ratio Dashboard	Rx Reporting
All	School Name	Plan Year	Report Type	Expand or Collapse	Utilization Metric	NetworkStatus		Division	Age Bracket
All		2024	Life to Date	Collapse	All	All		All	All

LOUISIANA TECH UNIV

Plan Year: 2024

Subset Labels	Provider	Paid	Claimants	Services	Running Total
Top 20 Providers	CLHG RUSTON LLC	\$188,465	200	1,115	\$188,465
	UNIVERSITY HEALTH SHREVEPORT L	\$58,830	5	58	\$247,295
	ST FRANCIS MEDICAL CENTER	\$58,738	2	31	\$306,033
	OCHSNER LSU HEALTH SHREVEPOR..	\$20,083	1	43	\$326,116
	LSU HEALTH SCIENCES CENTER	\$16,402	5	98	\$342,518
	STANFORD HEALTH CARE	\$14,898	1	16	\$357,415
	WILLIS KNIGHTON MEDICAL CENTER	\$12,835	1	13	\$370,250
	NORTHERN LA EMERGENCY PHYS L..	\$10,037	20	31	\$380,287
	NATERA INC	\$9,185	2	13	\$389,472
	WOMANS CLINIC OF MONROE AMC	\$4,670	2	24	\$394,142
	GREEN CLINIC	\$4,583	21	69	\$398,726
	HULIN URGENT CARE SERVICES LLC	\$3,575	18	28	\$402,301
	SAN JOSE HEALTHCARE SYSTEM LP	\$3,325	1	7	\$405,626
	RUSTON LINCOLN AMBULANCE	\$3,181	4	10	\$408,806
	COASTAL URGENT CARE LLC	\$3,000	17	24	\$411,806
	WINN COMMUNITY HEALTH CENTER	\$2,907	23	73	\$414,713
	PAFFORD EMERGENCY MEDICAL SE..	\$2,579	1	6	\$417,293
	NEONATOLOGY ASSOCIATES	\$1,914	1	7	\$419,206
	BRFHH MONROE LLC	\$1,870	1	41	\$421,076
	KILLEEN EMERGENCY CENTER LLC	\$1,791	1	14	\$422,867

Attachment C

Bid Number: 50012-563-26 **Bid Title:** International Student Health Insurance

Diagnosis 2023

Standard School Report		Enrollment Dashboard	Claims Dashboard	Medical Cost Per Member	Medical Cost Comparison	HighDollar Claimants	Top Provider	Diagnosis	Loss Ratio Dashboard	Rx Reporting
All	School Name	2023	Plan Year	Report Type	Provider	Utilization Metric	NetworkStatus	All	Division	Age Bracket
				Life to Date	All	All			All	
LOUISIANA TECH UNIV										
						Paid Claims Amount		% of Total Paid		
						2023		2023		
	Unclassified					\$23,767				5.23%
	Rx					\$5,131				1.13%
A00 - B99	Infectious and parasitic diseases					\$3,136				0.69%
C00 - D49	Neoplasms					\$483				0.11%
D50 - D89	Blood and immune diseases					\$346				0.08%
E00 - E90	Endocrine, nutritional and metabolic diseases					\$1,882				0.41%
F01 - F99	Mental and behavioral disorders					\$107,520				23.65%
G00 - G99	Diseases of the nervous system					\$1,013				0.22%
H00 - H59	Diseases of the eye and adnexa					\$31,197				6.86%
H60 - H95	Diseases of the ear and mastoid process					\$1,332				0.29%
I00 - I99	Diseases of the circulatory system					\$4,340				0.95%
J00 - J99	Diseases of the respiratory system					\$6,143				1.35%
K00 - K99	Diseases of the digestive system					\$134,666				29.62%
L00 - L99	Diseases of the skin and subcutaneous tissue					\$1,763				0.39%
M00 - M99	Diseases of the musculoskeletal system and...					\$3,530				0.78%
N00 - N99	Diseases of the genitourinary system					\$1,345				0.30%
O00 - O9A	Pregnancy, childbirth and the puerperium					\$36,445				8.02%
P00 - P96	Certain conditions originating in the perinatal...					\$198				0.04%
Q00 - Q99	Congenital malformations, deformations and...					\$0				0.00%
R00 - R99	Symptoms, signs and abnormal clinical and f...					\$59,243				13.03%
S00 - T98	Injury, poisoning and certain other conseque...					\$4,605				1.01%
V00 - Y99	External causes of morbidity					\$0				0.00%
Z00 - Z99	Factors influencing health status and contact...					\$26,554				5.84%
Grand Total						\$454,637				100.00%

Diagnosis 2024

Standard School Report		Enrollment Dashboard	Claims Dashboard	Medical Cost Per Member	Medical Cost Comparison	HighDollar Claimants	Top Provider	Diagnosis	Loss Ratio Dashboard	Rx Reporting
All	School Name	2024	Plan Year	Report Type	Provider	Utilization Metric	NetworkStatus	All	Division	Age Bracket
				Life to Date	All	All			All	
LOUISIANA TECH UNIV										
						Paid Claims Amount		% of Total Paid		
						2024		2024		
	Unclassified					\$17,050				3.24%
	Rx					\$46,056				8.75%
A00 - B99	Infectious and parasitic diseases					\$9,700				1.84%
C00 - D49	Neoplasms					\$99				0.02%
D50 - D89	Blood and immune diseases					\$1,997				0.38%
E00 - E90	Endocrine, nutritional and metabolic diseases					\$16,282				3.09%
F01 - F99	Mental and behavioral disorders					\$2,331				0.44%
G00 - G99	Diseases of the nervous system					\$14,889				2.83%
H00 - H59	Diseases of the eye and adnexa					\$4,737				0.90%
H60 - H95	Diseases of the ear and mastoid process					\$1,207				0.23%
I00 - I99	Diseases of the circulatory system					\$6,768				1.29%
J00 - J99	Diseases of the respiratory system					\$7,262				1.38%
K00 - K99	Diseases of the digestive system					\$13,370				2.54%
L00 - L99	Diseases of the skin and subcutaneous tissue					\$13,667				2.60%
M00 - M99	Diseases of the musculoskeletal system and...					\$17,359				3.30%
N00 - N99	Diseases of the genitourinary system					\$13,611				2.59%
O00 - O9A	Pregnancy, childbirth and the puerperium					\$18,592				3.53%
P00 - P96	Certain conditions originating in the perinatal...					\$2,236				0.42%
Q00 - Q99	Congenital malformations, deformations and...					\$0				0.00%
R00 - R99	Symptoms, signs and abnormal clinical and f...					\$84,496				16.05%
S00 - T98	Injury, poisoning and certain other conseque...					\$122,669				23.30%
V00 - Y99	External causes of morbidity					\$1,091				0.21%
Z00 - Z99	Factors influencing health status and contact...					\$110,975				21.08%
Grand Total						\$526,444				100.00%

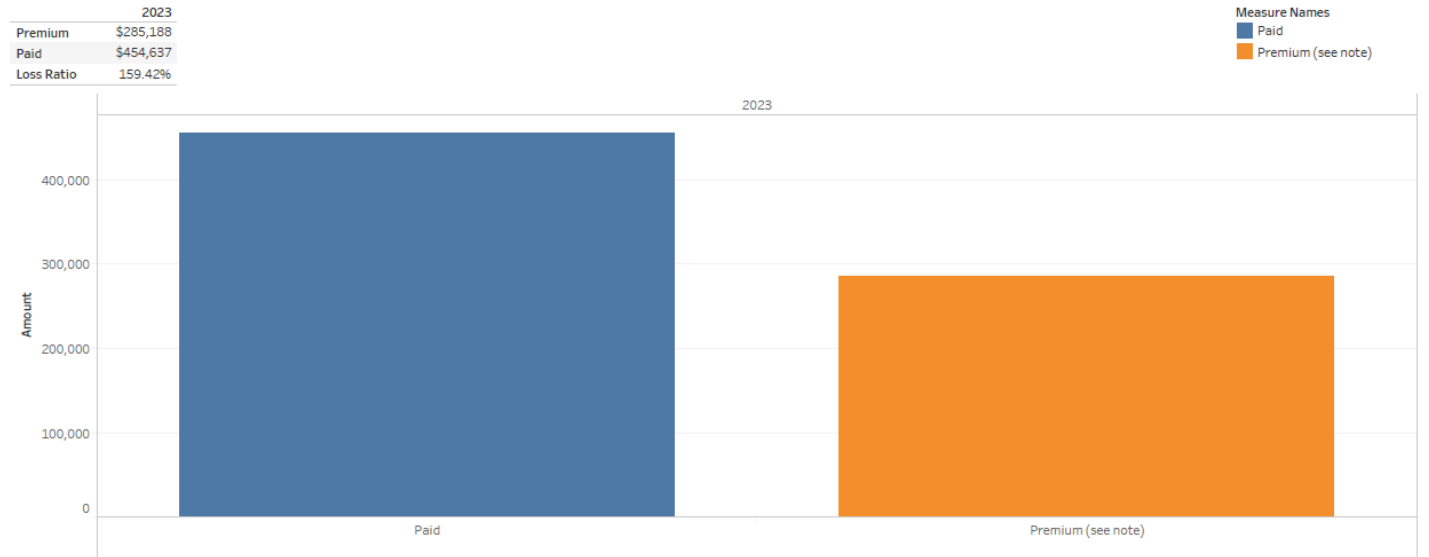
Attachment C

Bid Number: 50012-563-26	Bid Title: International Student Health Insurance
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Loss Ratio 2023

Standard School Report	Enrollment Dashboard	Claims Dashboard	Medical Cost Per Member	Medical Cost Comparison	HighDollar Claimants	Top Provider	Diagnosis	Loss Ratio Dashboard	Rx Reporting
All	School Name	2023	Plan Year						

Premium and Loss Ratio

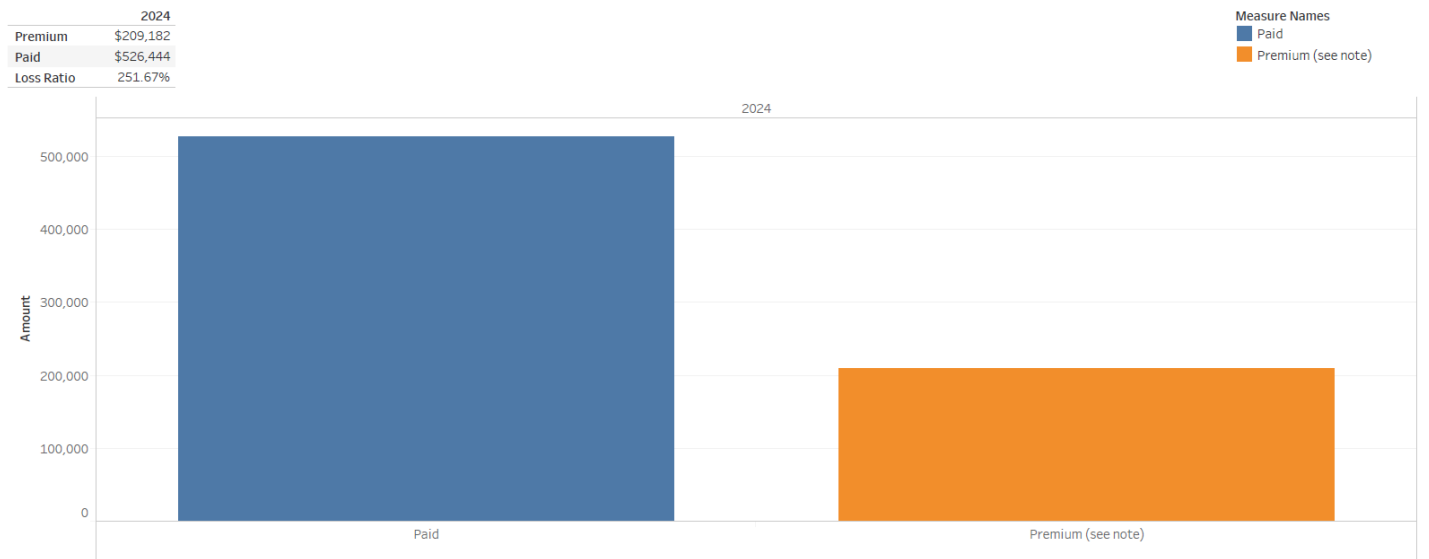


*Please Note : Premium comprises final policy year premium except for the current year where it comprises premium collected to date.

Loss Ratio 2024

Standard School Report	Enrollment Dashboard	Claims Dashboard	Medical Cost Per Member	Medical Cost Comparison	HighDollar Claimants	Top Provider	Diagnosis	Loss Ratio Dashboard	Rx Reporting
All	School Name	2024	Plan Year						

Premium and Loss Ratio



*Please Note : Premium comprises final policy year premium except for the current year where it comprises premium collected to date.

We also obtained information from Cigna Global for the current 2025-26 policy year. Their reporting is different than Wellfleet's, following is the current year loss information from Cigna Global:

9/1/2025 thru 2/28/2026	Students and Dependents	Students	Billed Premium	Claimants	# of Claims	In-Network Claims	Loss Ratio	% ER claims	% MN/SA claims	% Student Center
10676A Louisiana Tech University	319	318	\$275,724	165	681	95.4%	50.7%	30.3%	13.8%	31.7%

Claimants over \$20,000	2
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Top 5 Diagnosis Class	
10676A Louisiana Tech University	
Supplemental Factors Influencing Health	
Symptoms, Signs, And Ill-Defined Conditions	
Musculoskeletal System & Connective Tissue	
Injury And Poisoning	
Mental Disorders	

Attachment D

Bid Number: 50012-563-26	Bid Title: International Student Health Insurance
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The following pages reflect current and historical International Student populations.

Academic Year	25-26	24-25	23-24	22-23	21-22	20-21	19-20	18-19	17-18	16-17	15-16	14-15	13-14	12-13	11-12	10-11	09-10	08-09	07-08	06-07	05-06	04-05	03-04	02-03
Country	Students	Students	Students	Students	Students	Students	Students	Students	Students	Students	Students	Students	Students	Students	Students	Students	Students	Students	Students	Students	Students	Students	Students	Students
Unknown	1		1																					
Afghanistan		1							2	5	4	4	2	1					1					
Albania																		1	1	1	1			
Algeria																			1			1		
Angola	3	2	3	2	3	3	3	1	1												1	1	1	1
Antigua and Barbuda														1										
Argentina	2	2	1	1	1	2	2	1	1							3	4	4	3	2				
Aruba																			1	2	3	3	3	2
Australia	2	2	2	3	3	1	1	2	1	1	1	3	2	1							1	1		
Austria																							1	1
Azerbaijan																	1	1	1	1			1	2
Bahamas	2	2		1	1	1				2	4	4	5	4			1	2	2	1	4	5	5	5
Bangladesh	53	44	40	32	23	18	24	21	15	20	19	17	13	21	15	13	10	3	4	5	6	8	6	5
Barbados			1	1				1		1	1													
Belgium						1	2	2	1		1							1	1	1	1	2	1	1
Benin	1			1																				
Bermuda			1	1	1	1	1																	
Bolivia	1	3	2	5	6	7	10	7	8	8	11	13	8	7	5	4	3	3	2	2	1	2	2	
Bosnia and Herzegovina																		1						
Brazil	2	4	4	3	7	5	4	1		2	1	3	6	5	10	7	4	3	1	1	4	2	5	4
Bulgaria						1	1						1	2	3	2	1		1					
Burkina Faso													1						1					
Burundi													1	1	1	3	1							
Cameroon				2	2	2	4	4	6	7	9	12	17	15	14	14	11	4	6	4	2	1		
Canada	11	5	6	7	6	3	5	6	7	4	6	6	6	3	6	7	9	6	6	11	8	8	7	6
Chad						1	1	1																
Chile		1	2	2	1	1	1	1	1															
China	9	10	10	12	18	31	43	54	75	87	96	93	99	91	91	78	66	49	45	58	71	103	130	139
Colombia	1	1	2	2	5	4	4	4	3		1	1	1	1			1	2		1		1	2	1
Comoros			1	1	1	1	1																	
Cook Islands		1	1																					
Costa Rica																	1	1	1	1	1	1	1	1
Côte d'Ivoire	2	3	5	9	11	15	14	10	3	1	1	1		2	2	2	1							
Croatia			1	1	1	1	1															1		
Cyprus																		1	1	1	2	3	1	2
Czech Republic																								1
Democratic Republic of the Congo	1		2	1																				
Denmark		1	1																			1		
Dominica	3	1	2	1	1	1	2	3	3	1	1			2	3	2								
Dominican Republic	1																							1
Ecuador											1	1	2	1	1	1			1	3	3	2	1	2
Egypt	3	3	2	1	1	1	2	1	1	1	1								1	1	1	2	1	
El Salvador	3	3	3	4	5	4	3	2	2	3	2	3	4	2	2	1	1	1	2	1	1	2	2	1
Equatorial Guinea													2	2										
Ethiopia								1	2	2	2		1	3	4	5	5	3	4	3	3	3	2	1
Finland	1	2	1							1	1	1									1			
France	7	7	10	5	5	1	5	4	4	5	7	5	4	1	1	1	5		2	4	6	5	2	1

Academic Year	25-26	24-25	23-24	22-23	21-22	20-21	19-20	18-19	17-18	16-17	15-16	14-15	13-14	12-13	11-12	10-11	09-10	08-09	07-08	06-07	05-06	04-05	03-04	02-03
Country	Students	Students	Students	Students	Students	Students	Students	Students	Students	Students	Students	Students	Students	Students	Students	Students	Students	Students	Students	Students	Students	Students	Students	Students
Nigeria	38	34	29	18	19	18	25	28	25	17	24	21	29	32	22	28	28	29	28	25	30	29	25	17
Niue						1	1	1																
North Korea														1					1	1	2	2	2	3
North Macedonia													1	1	1	1							1	1
Norway	3			1	1	1	1							2						1				
Pakistan	14	10	4	3	2	1	1		1	1	1	1	1	1	2	2	3	1	4	4	6	4	3	4
Panama																					1	1	2	1
Paraguay										1	1	1	1											
Peru	1		1			1	1	1															2	
Philippines		1						2	4	1	2	4	5	12	11	18	13	1	2	2	3	1		1
Poland								1				1	1		1	1		1	2	1	1			
Portugal						1				1														1
Qatar							1	1																
Romania																	1	1	1	2	1	1		
Russia										1	1	2	1	2	2	2	2	1	1	1	3	3	2	2
Rwanda			1	1	1	1	1	2	2	2	2			2	1									
Saint Lucia								1	3	3	4	7	6	7	10	7	6	3	2					
Saint Vincent and the Grenadines	1																							
Saudi Arabia	2	5	6	11	14	24	30	32	28	28	26	34	37	36	26	20	12	7	3		1	1	1	2
Senegal								2	1	1		1		1	2	1	1							
Serbia				1	1	1	1	1													1	1	2	2
Sierra Leone						1	1																	
Singapore	1	1	1	1															1	1	1		1	1
Slovakia					1	1	1	1	2	1	1	2	2	1	1	1	1						2	2
South Africa						1	2	2	2	2	2	1	1	2	1	1	1	1	1				2	2
South Korea		3	2	2	2	1	2	3	3	6	6	7	5	9	8	6	6	5	8	3	2	5	5	3
Spain	3	3	6	7	7	2	3	5	2	5	3	2	2		1							2		
Sri Lanka	3	2	2	2	5	7	9	7	8	9	14	16	12	3	2			1	2	1	2	1	1	1
Sudan	1	1	1	1					1	1			1	1										
Sweden	1	1	1	1	1	2	2		2	2										1	1	2	3	5
Switzerland									1			1	1	1										
Syria														1	1			1	1	1	1			
Taiwan						1	3	4	3	8	6	9	14	10	5	7	5	5	6	6	6	4	4	9
Tajikistan	1	1			1	1	1	1	2	1	1	1												
Tanzania	1				1																		1	1
Thailand				1	1	2	2				1	2	3	2	5	5	6	5	4	2	2	1	1	2
Togo																							1	2
Trinidad and Tobago							1	2	2	1	2	1		1	1	1	2	3	2		1	2	2	2
Tunisia																								1
Türkiye		1	1	1	1				1	1			1	1	4	4	5	3	2	1	3	2		
Turkmenistan	2	2	2	1																				
Uganda				1			1	1	2	2	2	3	3	4	3	2						1	1	1
Ukraine	2	1				1	1	1	1							1	1	1	1	1		1	1	1
United Arab Emirates										3	4	4	2	2									1	3
United Kingdom	4	6	1	1	2	3	3	3	3	5	4	4	5	5	5	3	3	1		1	2	1	3	1
United States	7		1	1	1	1						1	1	2	2	2								1
Uruguay																		1	1	1	1			

Academic Year	25-26	24-25	23-24	22-23	21-22	20-21	19-20	18-19	17-18	16-17	15-16	14-15	13-14	12-13	11-12	10-11	09-10	08-09	07-08	06-07	05-06	04-05	03-04	02-03
Country	Students	Students	Students	Students	Students	Students	Students	Students	Students	Students	Students	Students	Students	Students	Students	Students	Students	Students	Students	Students	Students	Students	Students	Students
Venezuela					1	3	1	1	4	4	3	2	1	1		2	3	4	5	5	6	4	5	4
Vietnam	3	3			4	7	10	10	10	9	9	9	8	11	9	8	5	3	2	4	4	6	4	2
Virgin Islands																					1			2
Yemen										1	1	2	1								1	1	1	1
Zambia	1																					1	1	2
Zimbabwe		1													1	1	1	1			1	1	1	1
Total	497	542	344	295	280	312	388	387	396	409	469	567	631	665	647	660	598	534	510	508	646	728	715	529

Attachment E

Bid Number: 50012-563-26	Bid Title: International Student Health Insurance
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Bid Submission Checklist

The following checklist may be utilized by vendors submitting a bid. This form does NOT need to be returned with the vendor's submission, and is only provided as a resource. Please carefully read this solicitation in its entirety prior to submitting your response.

- Fully completed and signed (in ink) Invitation to Bid form
- Fully completed Bid Response Form for Pricing
- Fully completed and signed (in ink) Insurance Company Declarations Page
- Evidence that agent or agency is licensed to conduct insurance business in the State of Louisiana
- Evidence that Managing General Agency – Years in business
- Evidence that Managing General Agency – Number of years MGA has used present insurance carrier in the program
- Cover Letter (as per Response Requirements section)
- Table of Contents of Submission (as per Response Requirements section)
- Company background (as per Response Requirements section)
- Plan Description (as per Response Requirements section)
- Premium (as per Response Requirements section)
- Exclusions (as per Response Requirements section)
- Organizational Chart (as per Response Requirements section)
- Supporting Documents (as per Response Requirements section)