

Invitation to bid to furnish and deliver a **Sickness and Accidental Health Insurance Plan for International Students for the Enrollment Services Department**

**State Of Louisiana
Southeastern Louisiana University
Hammond, Louisiana**

Cover Page

Issuing Agency:

Southeastern Louisiana University
Purchasing Department
SLU 10800
Hammond, LA 70402-0800

Director of Purchasing: Richard Humber

Procurement Specialist: Misty Betz

Telephone: (985) 549-5414

Requisitioned By: Amber Siless

Telephone: (985) 549-2360

Release Date: April 30, 2026

Deadline for Fax Inquiries: May 7, 2026

Fax To: 985-549-3810

Attn: Misty Betz

Bid Opening Date: May 20, 2026

Bid Opening Time: 4:00 p.m., Central Time

Bid Opening Location:

Southeastern Louisiana University
Purchasing Department
Property Control & Supply Building
2400 North Oak Street
Hammond, Louisiana

This ITB is available in electronic form at

<https://wwwcfprd.doa.louisiana.gov/OSP/LaPAC/dspBid.cfm?search=department&term=42>

It is available in PDF format or in printed form by submitting a written request to the Procurement Specialist listed above. It is the Bidder's responsibility to check the Office of State Purchasing LaPAC website frequently for any possible addenda that maybe issued. Southeastern is not responsible for a bidder's failure to download any addenda documents required to complete an Invitation to Bid.

**State Of Louisiana
Southeastern Louisiana University
Hammond, Louisiana**

The Southeastern Louisiana University (SLU) Purchasing Department will receive sealed bids until 4:00 P.M. on the bid opening date specified in the solicitation document. No bid responses will be considered by the SLU Purchasing Department after 4:00 P.M. Beginning at that time, bids shall be publicly opened and read aloud to those present in the SLU Purchasing Department.

Mailing Address:

Southeastern LA University
Purchasing Department
SLU 10800
Hammond, LA 70402

Delivery Address:

Southeastern LA University
Purchasing Department
Property Control & Supply Bldg.
2400 North Oak St.
Hammond, LA 70402

Bids submitted are subject to LA R.S. 39:1551-1736; Purchasing Rules and Regulations; Executive Orders; General Conditions; any Special Conditions; and Specifications listed in the solicitation document.

The purpose of this solicitation is to set forth the requirements and specifications of Southeastern Louisiana University. The contents of this solicitation and the Bidder/ Vendor/ Contractor's bid response shall become contractual obligations if a contract (purchase order) ensues.

Instructions to Bidders

- 1) Bid Forms: Per LA R.S. 39:1556, all written bids, unless otherwise provided for, must be submitted on, and in accordance with, forms provided, properly signed in ink or electronic signature by an authorized representative of the bidding entity. Bids submitted in the following manner will not be accepted: (1) Bid contains no signature indicating intent to be bound; (2) Bid filled out in pencil; (3) Bid sent by facsimile equipment or email. Price alterations to bid responses received before bid opening time will be considered provided the written price alteration has been received and timestamped before bid opening time. Any other alterations of the bid response form or foreign conditions attached thereto may cause rejection of the bid response without further consideration.
- 2) Standard of Quality: Any product or service bid shall conform to all applicable Federal and State laws and regulations and specifications contained in the solicitation document. Unless otherwise specified in the solicitation document, any manufacturer's name, trade name, brand name, or catalog number used in the specifications is for the purpose of describing the quality level and characteristic required. Bidder should specify the brand and model number of the product

- offered in his bid. Bids not specifying brand and model number shall be considered as offering the exact products specified in the solicitation document.
- 3) Descriptive Information: Bidders proposing an equivalent brand or model should submit with the bid response information (such as illustrations, descriptive literature, and technical data) sufficient for the University to evaluate quality, suitability, and compliance with the specifications of the solicitation document. Failure to submit descriptive information may cause bid to be rejected. Any change made to a manufacturer's published specification submitted for a product shall be verifiable by the manufacturer. If item(s) bid does not comply with specifications (including brand and/or product number), bidder should state in what respect the item(s) deviate. Failure to note exceptions on the response form will not relieve the successful bidder(s) from supplying the actual products requested.
 - 4) 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 72 hours after request is made. Information pertaining to completed files may be secured by visiting the SLU Purchasing Department during normal working hours. Written bid tabulations will not be furnished.
 - 5) Louisiana Preference: Preference is hereby given to products produced, manufactured, harvested, grown or assembled in Louisiana which are equal in quality to products produced, manufactured, harvested, grown or assembled outside of Louisiana. The bidder shall state his right to claim the ten percent (10%) preference in his bid response and the bidder should state the respective Louisiana location where each qualifying item is produced, manufactured, harvested, grown or assembled.
 - 6) Notice of Special Programs Available for Small Business: <https://www.opportunitylouisiana.com/small-business/special-programs-for-small-business>
 - 7) Signature Authority: In accordance with LA Revised Statute 39:1594 (Act 121), the person signing the bid must be: (1) A current corporate officer, partnership member or other individual specifically authorized to submit a bid as reflected in the appropriate records on file with the Secretary of State; or (2) An individual authorized to bind the vendor as reflected by an accompanying or as provided upon request a corporate resolution or affidavit. By signing the bid, the bidder certifies compliance with the above.

General Conditions

The SLU Purchasing Department 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.

- 1) Prices: Unless otherwise specified in the solicitation, bid prices shall be complete, including transportation and handling prepaid by the bidder to destination - SLU, Hammond, LA. Bids other than FOB destination may be rejected. Bid prices should be quoted in the unit of measure stated. Bid prices shall be firm for a minimum of thirty (30) calendar days, unless otherwise specified by SLU in the solicitation document.
- 2) Payment Terms: Cash discounts for less than 30 days may be offered, but will not be considered in determining awards. Bids containing "payment in advance" or "COD" requirements may be rejected. Payment is to be made within 30 days after receipt of properly executed invoice or delivery, whichever is later.
- 3) Delivery: Bids may be rejected if the delivery time indicated is longer than that specified in the solicitation document.
- 4) Taxes: Bidder is responsible for including all applicable taxes in the bid price. The University is currently exempt from Louisiana State Sales and Use Taxes, and local parish and city taxes. An exemption certificate for state sales and use tax can be provided upon request.
- 5) New Products: Unless specifically called for in the solicitation document, 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 document. The manufacturer's standard warranty will apply unless otherwise stated in solicitation.
- 6) Default of Contractor: Failure to deliver within the time specified in the solicitation document will constitute a default and may cause cancellation of the contract. Where the University has determined the contractor to be in default, the state reserves the right to purchase any or all products or services covered by the contract on the open market and to charge the contractor with cost in excess of the contract price. Until such assessed charges have been paid, no subsequent bid from the defaulting contractor will be considered.
- 7) Contract Cancellation: The University shall have the right to cancel any contract, in accordance with Purchasing Rules and Regulations, for cause, including but not limited to, the following: (1) failure of the vendor 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 contractor; (4) fraud, collusion, conspiracy or other unlawful means of obtaining any contract with the state; (5) conflict of contract provisions with constitutional or statutory provisions of state or federal law; (6) any other breach of contract.

- 8) Applicable Law: All contracts shall be construed in accordance with and governed by the laws of the State of Louisiana.
- 9) Equal Opportunity: By submitting and signing this bid, bidder agrees that he will not discriminate in the rendering of services to and/or employment of individuals because of race, color, religion, sex, age, national origin, handicap, disability, veteran status, or any other non-merit factor.
- 10) By submitting a response to this solicitation, the bidder or proposer certifies and agrees that the following information is correct: In preparing its response, the bidder or proposer has considered all proposals submitted from qualified, potential subcontractors and suppliers, and has not, in the solicitation, selection, or commercial treatment of any subcontractor or supplier, refused to transact or terminated business activities, or taken other actions intended to limit commercial relations, with a person or entity that is engaging in commercial transactions in **Israel** or **Israeli-controlled** territories, with the specific intent to accomplish a boycott or divestment of **Israel**. The bidder also has not retaliated against any person or other entity for reporting such refusal, termination, or commercially limiting actions. The state reserves the right to reject the response of the bidder or proposer if this certification is subsequently determined to be false, and to terminate any contract awarded based on such a false response.
- 11) Louisiana Revised Statute 39:1753.1 requirements shall apply to any equipment component which enables any form of connectivity.
- 12) Piggyback: Other Louisiana Governmental Agencies may purchase at the same terms and conditions if agreed upon by awarded vendor.
- 13) 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:
 - a. 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;
 - b. 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.



Bid Response Form

Bidder's Name: _____
Mailing Address: _____ Telephone Number: _____
City, State, Zip Code: _____ Fax Number: _____
Email Address: _____

Scope: To Furnish and Deliver a Sickness and Accidental Health Insurance Plan for International Students for the Enrollment Services Department

I/we do hereby acknowledge receipt of the following addenda (if any):

Addendum number and date:

Addendum number and date:

Other Requirements:

Bidder shall include the cost of transportation and handling in the unit price of item offered -- F.O.B. University, Hammond, LA.

If bidding other than the specified make and model, then the bidder should attach illustrations and descriptive literature of the item(s) offered to the bid response form for evaluation purposes.

The attached Instructions to Bidders/General Conditions shall be a part hereof.

To the Vendor:

Whenever brand name specifications or catalogue numbers are used to describe the standard of quality, performance and other characteristics, the use of such specifications shall not restrict unless otherwise specified, the submission of equivalent products.

This solicitation is a sealed bid and must be returned by mail or delivered in person. Bid response forms cannot be faxed and any fax responses shall be rejected.

Terms: Net 30 Prox., F.O.B., Hammond, Louisiana.

Taxes: Any taxes, other than state sales and use tax, shall be included within the bidder's unit price. The University is currently exempt from state sales and use tax.

Signature to the Bid Response Form shall be construed of acceptance of the Invitation to Bid in its entirety.

Authorized Officer Signature: _____

Printed Name: _____

Title: _____ Date: _____

Bid Response Page

Minimum qualification to bid: The PPO network must include North Oaks Medical Center, an inpatient general hospital in Hammond, Louisiana, and LSUHSC-Lallie Kemp Medical Center, an inpatient and outpatient facility in Independence, Louisiana, within a 10-mile radius of Southeastern Louisiana University, for the life of the contract period unless any change that becomes necessary is agreed to in writing by the University.

BASE BID: SICKNESS and ACCIDENTAL INSURANCE, meeting Affordable Care Act

Mandated for International Students with hard waiver for a one (1) year period from **August 12, 2026 through August 11, 2027** in compliance with your invitation for Bids, the undersigned having read and examined all of the specifications for the Plan, hereby proposes to furnish Student Health Insurance during the 2026-2027 school year for the Students Southeastern Louisiana University as called by said documents for the sum of:

Student Coverage (per enrolled student):

Premium rates must be consistent for all groups without age limits.

Fall Semester Coverage only:

Level of Coverage	Unit	Weight	Subtotal
Student Only		100	
Student & Spouse		1	
Student, Spouse, & Child(ren)		1	
Student & Child(ren)		1	
Total			

Spring Semester Coverage only:

Level of Coverage	Unit	Weight	Subtotal
Student Only		100	
Student & Spouse		1	
Student, Spouse, & Child(ren)		1	
Student & Child(ren)		1	
Total			

Summer Semester Coverage only:

Level of Coverage	Unit	Weight	Subtotal
Student Only		100	
Student & Spouse		1	
Student, Spouse, & Child(ren)		1	
Student & Child(ren)		1	
Total			

Dependent Coverage: Voluntary basis on the part of each student. (The following **will not** be used in calculating the low bid.)

I/We propose to furnish sickness and accidental insurance coverage to the spouse and/or dependent children of the insured international students at the Southeastern Louisiana University, according to the schedule.

All quoted prices to remain firm for the length of the contract.

Is this policy compliant with the Affordable Care Act Federal Rules and Regulations?

Yes___ No___

Bidder's Initials:_____

Date:_____

SPECIFICATIONS

Objective: To provide sickness and accidental insurance coverage that meets the requirements as set by the Federal Health Care legislation for the international students of Southeastern Louisiana University beginning August 12, 2026.

Base Bid: Sickness and Accidental Insurance, meeting Affordable Care Act Specifications

Mandated for F-1 International Students with hard waiver, available for J-1 exchange visitor.

For a one (1) year period from August 12, 2026 through August 11, 2027.

QUALIFICATIONS OF BIDDERS:

The Bidder shall submit, as part of this 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. Evidence of sufficient net worth to be able to meet the requirements of the plan as outlined.
3. A list of Universities and Colleges which are served at the present time, with the number of students insured at each institution.
4. A list of Universities and Colleges to whom the bidder as provided sickness and accidental insurance for international students.
5. Best's Key Rating Guide rating of A- or better, which includes A, A+, and A++.
6. Evidence the insurance company is authorized to do business in the State of Louisiana.
7. Evidence the insurance company is authorized to do insurance business in the State of Louisiana.
8. 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.
9. "Insurance Company Declaration" as outlined below.

Insurance Company Declaration:

Please reply to the following. All items must be answered and all forms requested must be submitted with bid.

- 1) Name of insurance company
- 2) Insurance company's address
- 3) Insurance company's telephone number, toll free and/or collect
- 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 for 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 or a number that can be used to call collect by the University in reference to any claim, questions, or problems;
 - d. Will claims' office provide copies of all claim's 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 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 copies of all claim forms necessary for payment of claims, for both *sickness* and *accident*, in the form of a 'hard copy' to be made available to the Insurance Office at the Student Health Service, and to have the availability of 'on line' access with either providing claim forms or submittal of claim forms.

Dates of Semesters - Subject to Change

Fall 2026: August 12, 2026 until January 12, 2027

Spring 2027: January 13, 2027 until May 17, 2027

Summer 2027: May 18, 2027 until August 11, 2027

Fall 2027: August 12, 2027 until January 12, 2028

Spring 2028: January 13, 2028 until May 17, 2028

Summer 2028: May 18, 2028 until August 11, 2028

Fall 2028: August 12, 2028 until January 12, 2029

Spring 2029: January 13, 2029 until May 17, 2029

Summer 2029: May 18, 2029 until August 11, 2029

Fall 2029: August 12, 2029 until January 12, 2030

Spring 2030: January 13, 2030 until May 17, 2030

Summer 2030: May 18, 2030 until August 11, 2030

History: The following data is obtained from the four (4) current policies. All information pertaining to numbers of insured is supplied for the use of the bidder as an aid in preparing a bid response, but should in no way be considered a guarantee on the part of the University

International Basic Insurance Policy

Enrollment History: The information pertaining to numbers of insured is supplied for the use of the bidder as an aid in preparing a bid response, but should in no way be considered a guarantee on the part of the University.

Premium/ Claim History for Past (3) Years:

Academic Year	Premiums	Claims & Expenses
2024-2025	\$69,882.00	\$56,045.00
2023-2024	\$69,978.00	\$42,651.57
2022-2023	\$50,330.00	\$51,425.00

Annual Policy Premium Rate History for Past (3) Years:

Annual Premium	Student Only	Student & Spouse	Student ,Spouse & Child(ren)	Student & Child(ren)
2024-2025	\$1,219.00	\$7,310.95	\$9,749.15	\$3,657.30
2023-2024	\$1,149.24	\$6,895.20	\$9,193.68	\$3,447.72
2022-2023	\$1,146.00	\$5,164.00	\$7,131.50	\$3,113.50

TOTAL INTERNATIONAL STUDENT ENROLLMENT PARTICIPATION:

Year	Number of Students	Premiums
2024-2025	F(78) S(67)	\$69,882.00
2023-2024	F(91) S(48) SU(30)	\$69,978.00
2022-2023	F(57) S(48) SU(14)	\$50,330.00

Base Bid – Sickness and Accidental Insurance Specifications for Insurance Policy to meet requirements of the Affordable Care Act

Base Bid – Mandatory for all F-1 Graduate and Undergraduate International Students (with hard waiver) and non F-1 Intensive English Students; available for J-1 Exchange Visitor for a one (1) year period from August 12, 2026 through August 11, 2027

Method of Enrollment

The University will be the collecting agent at registration. The method of enrollment of each student in the group insurance plan will be as follows:

Base Bid:

International

All F-1 – non-immigrant graduate and undergraduate international students and non F-1 Intensive English students (IEP), regardless of the number of hours enrolled, will be assessed in their tuition through the International Student Insurance Fees. Students enrolled for the preceding semester will be covered by the policy during the semester break if the student registers for the following semester. Students registering in the spring and planning to continue in the fall will be considered a continuing student; in order to keep the policy enforced, they must pay the summer premiums.

Hard Waiver: Each semester a refund will be considered for those international students with documented insurance coverage by their Sponsors that meet the requirements as set by ACA.

All J-1 International Exchange Visitor / J-2 Dependents will be offered coverage under this policy as these benefits will surpass the current compliance requirements.

Reporting to the University:

Upon request the Company shall report to the University in a manner acceptable to the University a “Statement of Experience” details on any claim received by the Company. These details shall include:

- 1) Data that would be found in an Explanation of Benefits (EOB), which includes:
 - a) Date of receipt of claim.
 - b) Amount being claimed itemized by each vendor.

- c) Any payments made, and where differences of amount claimed and payments made to be clearly indicated.
- 2) Data that would be needed to evaluate plan and to generate a 'loss ratio'.
 - a) General information to include:
 - i) Total number of students enrolled per semester
 - ii) Enrollment by age
 - iii) Total amount of premium paid to Insurance Company
 - iv) Total Benefits paid by Diagnosis, by listing in columns
 - (1) Diagnosis group
 - (2) Dollar amount of Benefits paid
 - (3) % of total
 - v) Total Benefits paid by Benefit Group, by listing in columns
 - (1) Benefit Groups
 - (a) Accidental Death and Dismemberment
 - (b) Medical evacuation and repatriation
 - (c) Accident
 - (d) Maternity
 - (e) Mental Health
 - (f) Motor Vehicle
 - (g) Sickness
 - (h) Wellness
 - (2) Dollar amount of Benefits paid
 - (3) % of total
 - vi) List the 25 largest providers by the dollar amount paid, by listing in columns
 - (1) Provider name
 - (2) Number of claims
 - (3) Dollar amount paid
 - vii) Claims arranged by size by listing in columns:
 - (1) Number of claims
 - (2) Category
 - (a) Claims pending
 - (b) No benefits
 - (c) \$1 – 1,000

- (d) \$1001 – 5,000
- (e) \$5001 – 15,000
- (f) \$15,001 – 25,000
- (g) >\$25,001

(3) Dollar amount paid

- b) Experience data must be in such detail so as to indicate what is included in the phrase 'loss ratio' and be itemized to report all claims whether incurred or pending and any provision for incurred but not reported, claims paid and any administrative or overhead which is included in the 'loss ratio', a monthly breakdown of claims, by listing in columns:
- i) Policy month / year
 - ii) Actual premium paid YTD
 - iii) Total projected premium
 - iv) Claims paid YTD
 - v) Claims 'Incurred But Not Reported' YTD
 - vi) Expense Factor
 - vii) Total Claims paid and expenses
 - viii)% Total Claims and expenses to Total projected premium
- 3) The Company shall have printed, at their expense, a brochure which explains to the students the extent of the coverage of this policy. The layout and contents of this brochure must be approved by the University so as to ensure that all pertinent data is included. This brochure is to be made available to the Admissions Office by July 1st of the bid year and in the case of a multiyear bid, by January 1st each year thereafter. The Company is to provide enough brochures to accommodate 100% of the international fall enrollment. A brochure should also be available by linking from the Student Health Center website to the Vendor's website.
- 4) The Company will provide a toll free line or accept collect calls from Southeastern Louisiana University representative and/or students in reference to claims, invoicing, payments or other problems or questions in regard to this contract, for the life of the contract.

General Student Coverage:

Base bid will provide protection to cover registered F-1 non-immigrant international students, non F-1 Intensive English (IEP) students and the J-1 Exchange Visitors and their J-2 dependents. These participating students of Southeastern Louisiana University will be covered at home, school, or while traveling for twenty-four (24) hours a day throughout the school year, provided (s)he is enrolled on a continuous basis, with the following exception:

IEP has 5 scheduled sessions per year (two in the Fall and Spring and one in the Summer). Enrollment will begin six (6) days before the first day of class and will be continuous for each subsequent session as long as the student is registered in the program and will end six (6) days after the student has completed the program.

Coverage shall be on a continuous basis commencing three (3) days prior to the opening of the fall semester and ending at the close of the third day after the end of the summer semester. The coverage is to be in effect during the interim semester break periods.

Effective and termination date on a *non-continuous basis* include six (6) days travel time to school and six (6) days travel time returning from school. Protection is to be in effect during all interim vacation and holiday periods during semester.

Coverage will become invalid for students who voluntarily leave school *within* thirty-one (31) days of their effective date of coverage.

Coverage will remain in effect for the applicable semester if a student leaves *after* the thirty-one (31) days of coverage, unless the insured student enters a military service, in which case coverage would terminate upon such entrance. If an insured student would enter the armed forces, the Company will make a pro-rata refund or premium.

In the event a student should resign before the end of the semester as a result of an accident or illness, (s)he will continue to receive benefits for the particular illness / injury until the treatment is completed, or has received payment of the maximum limits, or the time of the policy has expired, whichever comes first.

When the covered Injury or Sickness requires treatment by a Physician, this Policy will provide benefits for 52 weeks from the date of the Injury or the date of first treatment of a Sickness, for the Preferred Allowance (PA) or Usual and Customary Charges (U&C) scheduled below.

Dependent Coverage:

Eligible dependents include the spouse (husband or wife) or Domestic Partner of the Named Insured and their dependent children. Children shall cease to be dependent at the end of the month in which they attain the age of 26 years.

Dependents must be enrolled at the same time and in the same Plan as the Insured Student.

This coverage is to be on a voluntary basis on the part of each student. The University will not assess the student for this portion of the contract. All arrangements and billing for this section are to be made directly between the successful bidder and students.

Coverage will include all the benefits as itemized in the Plan (except for the use of the Student Health Center).

Coverage for an Insured Student's newborn child will be effective from the moment of birth and paid according to the Plan. Notification and additional premium for a new born child must be received by the Company within 31 days after the child's birth for coverage to continue beyond this 31 day period.

Definitions:

Accidental Death is a death caused by a covered injury.

Accidental Injury is a condition occurring as a direct result of a traumatic bodily injury sustained solely through accidental means from an external force. With respect to injuries to teeth, injuries caused by the act of chewing do not constitute an injury caused by external force

Admission is the period from entry (Admission) into an approved facility for Inpatient care until discharge. In counting days of care, the date of entry and the date of discharge are counted as one (1) day.

Allowable charge relates to the lesser of the billed charge or the amount established by the Company or negotiated as the maximum amount allowed for all Provider services covered under the terms of this Benefit Plan.

Ambulance Service relates to Medically Necessary transportation by means of a specially designed and equipped vehicle used for transporting the sick and injured.

Benefit period deductible amount is the dollar amount, as shown in the Schedule of Benefits before the Benefit Plan starts paying Benefits.

Benefits is the agreed coverage for health care services, treatment, procedures, equipment, drugs, devices, items or supplies provided under the specific Benefit Plan.

Claim is a written or electronic proof in a form acceptable to the Company, of charges for Covered Services that have been incurred by a Member during the time period the Member was insured under the specific Benefit Plan. The provisions in effect at the time the service or treatment is received shall govern the processing of any Claim expense actual incurred as a result of the service or treatment rendered.

Copayment (Copay) relates to the amount of charges for a Covered service for which a Member must pay.

Company is the successful bidder of the said policy.

Covered Person: any person insured under the coverage type you applied for: individual (named insured listed in the Policy Schedule), named insured/Spouse only (named insured and Spouse), one-parent family (named insured and Dependent Children), or two-parent family (named insured, Spouse, and Dependent Children). Spouse is defined as the person to whom you are legally married and who is listed on your application. Newborn children are automatically covered under the terms of the policy from the moment of birth. If coverage is for individual or named insured/Spouse only, and you desire uninterrupted coverage for a newborn child, you must notify Company in writing within 31 days of the birth of your child (or within 31 days of the date of the release from the hospital), and Company will convert the policy to one-parent

family or two-parent family coverage and advise you of the additional premium due. Coverage will include any other Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental or physical handicap and who became so incapacitated prior to age 26 and while covered under the policy. Dependent Children are your natural children, stepchildren, grandchildren (who are in the legal custody of and residing with the covered grandparent), or legally adopted children who are under age 26. A Dependent Child (including persons incapable of self-sustaining employment by reason of mental or physical handicap) must be under age 26 at the time of application to be eligible for coverage.

Covered Service is a service or supply specified in this Benefit Plan for which Benefits are available when rendered by a provider.

Deductible Amount defines the dollar amount, as shown in the Schedule of Benefits, of charges for Covered Services that a Member must pay within a Benefit Period before the Benefit Plan starts paying Benefits.

Effective Date is the date that the coverage begins as shown in the Policy Schedule and corresponds to Semester dates.

Elective means surgery or medical treatment, which is not necessitated by a pathological change occurring after the effective date of coverage and for which a reasonable delay will not unfavorably affect the outcome of the treatment.

Elective surgery includes but is not limited to: tubal ligation; circumcision; vasectomy; breast reduction; sexual reassignment surgery; and services or supplies rendered for the purpose or with the intent of inducing conception; temporomandibular joint dysfunction (TMJ); cosmetic procedures; and submucous resection and/or other surgical corrections for deviated nasal septum other than for treatment of covered acute purulent sinusitis.

Elective treatment includes but is not limited to: allergy testing; treatment of acne; biofeedback-type services; Infertility; hypnotherapy; learning disabilities and weight reduction.

Generic Drug is a prescription drug that is equivalent to a brand-name drug in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use.

Guaranteed-Renewable is the right to renew the policy as long as the Enrollment qualifications are met.

Hazardous Activity Accident: an accident that occurs on or after the Effective Date of coverage, while coverage is in force, and while a Covered Person is participating in sky diving, scuba diving, hang gliding, motorized vehicle racing, cave exploration, bungee jumping, parachuting, or mountain or rock climbing, or while a Covered Person is a pilot, an officer, or a member of the crew of an aircraft and has any duties aboard an aircraft,

or while giving or receiving any kind of training or instruction aboard an aircraft. A Hazardous Activity Accident does not include any Common-Carrier Accidents.

Injury means accidental bodily injury which is: 1) directly and independently caused by a specific accidental contact with another body or object; 2) unrelated to any pathological, functional or structural disorder; 3) a source of loss; 4) treated by a Physician within thirty (30) days after the date of the accident. All injuries sustained in one accident, including all related conditions and recurrent symptoms of these injuries will be considered one injury. Injury does not include loss, which results wholly or in part, directly or indirectly, from disease, or other bodily infirmity.

Mandated Benefits – The plan will pay benefits for specific mandated services in accordance with current Louisiana Insurance Laws under the same circumstances and conditions as for other diagnoses and sicknesses.

Medically Necessary relates to health care services, treatment, procedures, equipment, drugs, devices, items or supplies that a Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluation, diagnosing or treating an illness, injury, disease or its symptoms.

Pre-existing condition relates to a condition, which has been treated within the previous six (6) months without insurance coverage. Coverage of pre-existing conditions will follow the guidelines of ACA.

Preferred Allowance relates to the amount a Preferred Provider will accept as payment for Covered Medical Expenses. Preventive or Wellness Care describes services designed to effectively prevent or screen for a disease for which there is an effective treatment when discovered in an early stage.

Sickness means bodily sickness, mental sickness or maternity, which is not a pre-existing condition and which loss occurred while the coverage was in force. Sickness includes pregnancy, complications of pregnancy and trauma related disorders due to injuries which otherwise do not meet the definition of an injury. All related sicknesses and recurrent symptoms of the same or similar condition would be considered one sickness.

Usual and customary charges (U&C) means charges for medical services or supplies that are legally liable and which do not exceed the average rate charged for the same or similar services or supplies in the geographic region where the services or supplies are received. U&C are determined by referencing the 75th percentile of the most current survey published by Medical Data Research (MDR) for such services or supplies.

Base bid Specifications for Insurance Policy to Meet Requirements of the Affordable Care Act

The University reserves the right to extend the contract agreement for four (4) additional one (1) year periods at the same prices, terms and conditions if mutually acceptable to the Contractor. Any renewal shall be subject to continued appropriation of funding to the University by Louisiana State Legislature. In the event the Legislature fails to appropriate sufficient funding, the contract agreement shall be considered canceled

Policy Limits

When the covered Injury or Sickness requires treatment by a Physician, this policy will provide benefits for 52 weeks from the date of first treatment of a sickness for the Preferred Allowance (PA) or Usual and Customary Charges (U&C) scheduled below.

Schedule of Medical Expense Benefits

Injury and Sickness

Lifetime Maximum Benefit (Per Injury) (Per Sickness): Unlimited

Annual Maximum Benefit (Per Injury) (Per Sickness): Unlimited

Deductible Preferred Providers: \$100 (Per injured Person) (Per Policy Year)

Deductible Out-of-Network Providers: \$250 (Per Injured Person) (Per Policy Year)

Co-Pays for Student Health Center: \$0

Co-Insurance Preferred Providers: 90% of Preferred Allowance (PA) except as noted below.

Co-Insurance Out-of-Network Providers: 60% of Usual & Customary Charges (U&C) except as noted below.

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

The company will pay Covered Medical Expenses incurred at 90% for Preferred Providers and 60% for Out-of-Network. The Insured must pay the \$ 100 Preferred Provider Deductible before the benefits start. If Out-of-Network, the insured must pay the \$ 250 deductible before benefits start.

Inpatient	In-Network Preferred Allowance	Out-of-Network Usual and Customary
Hospital Expense: Daily semi-private room rate; general nursing care provided by the hospital. Hospital Miscellaneous Expenses, such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs, (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the day of admission will be counted, counted, but not the date of discharge	90% of PA	60% of U&C
Intensive Care	Under Hospital Expense	Under Hospital Expense
Routine Newborn Care: While hospital confined; and routine nursery care provided	Paid as any other Sickness	Paid as any other Sickness
Physiotherapy	90% of PA	60% of U&C
Surgeon's Fees: If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	90% of PA	60% of U&C
Assistant Surgeon	No Benefits	No Benefits
Anesthetist: professional services administered in connection with inpatient surgery.	90% of PA	60% of U&C
Registered Nurse's Services: private duty nursing care	90% of PA	60% of U&C
Physician's Visits: benefits are limited to one visit per day and do not apply when related to surgery.	90% of PA	60% of U&C

Inpatient	In-Network Preferred Allowance	Out-of-Network Usual and Customary
Pre-Admission Testing: payable within 3 working days prior to admission.	90% of PA	60% of U&C
Psychotherapy: 30 days maximum. Benefits are limited to one visit per day. Psychiatric Hospitals are not covered.	Paid as any other Sickness	Paid as any other Sickness
<p>Day Surgery Miscellaneous: related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and x-ray examinations, including</p> <p>Professional fees; anesthesia; drugs or medicines; and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.</p>	90% of PA	60% of U&C
Urgent Care / Walk-in Clinic	\$25 Copay 90% PA	\$25 Copay 60% of U&C
Medical Emergency Expenses: use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury or first onset of Sickness.	\$100 Copay 90% PA	\$100 Copay 60% of U&C
Diagnostic X-ray and Laboratory Services	90% of PA	60% of U&C
Injections: when administered in the Physician's office and charged on the Physician's statement. Allergy injections are not payable.	90% of PA	60% of U&C
Tests & Procedures: diagnostic services and medical procedures performed by a Physician, other than Physician's Visits, Physiotherapy, X- Rays and Lab Procedures. The following therapies will be paid under this benefit inhalation therapy, infusion therapy, pulmonary therapy and respiratory therapy	90% of PA	60% of U&C

Inpatient	In-Network Preferred Allowance	Out-of-Network Usual and Customary
Chemotherapy & Radiation Therapy	90% of PA	60% of U&C
Prescription Drugs	50% of Actual Charge	50% of Actual Charge

Other	In-Network Preferred Allowance	Out-of-Network Usual and Customary
Mental Illness Treatment: services received on an inpatient and outpatient basis. Institutions specializing in or primarily treating Mental Illness and Substance Use Disorders are not covered	Paid as any other Sickness	Paid as any other Sickness
Substance Use Disorder Treatment: services received on an inpatient and outpatient basis. Institutions specializing in or primarily treating Mental Illness and Substance Use Disorders are not covered.	Paid as any other Sickness	Paid as any other Sickness
Psychotherapy: Benefits are limited to one visit per day. Including all related or ancillary charges incurred as a result of Mental & Nervous Disorder.	50% of PA / \$10 Co-pay per visit	50% of U & C / \$10 Deductible per visit
Ambulance Services	90% of PA	60% of U&C
Maternity and Complications of Pregnancy	Paid as any other Sickness	Paid as any other Sickness
Elective Abortion	No Benefits	No Benefits
Consultant Physician Fees: when requested and	90% of PA /	60% of U &

approved by the attending Physician.	\$10 Co-pay per visit	C / \$10 Deductible per visit
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Inpatient	In-Network Preferred Allowance	Out-of-Network Usual and Customary
Durable Medical Equipment: A written prescription must accompany the claim when submitted. Benefits are limited to the initial purchase or one replacement purchase per Policy Year. Durable Medical Equipment includes external prosthetic devices that replaces a limb or body part but does not include a device that is fully implanted into the body. (\$400 maximum Per Policy Year, as these benefits are not subject to the \$500,000 Maximum Benefit)	90% of PA	60% of U&C
Dental Treatment: made necessary by Injury to Sound, Natural Teeth only (\$500 maximum Per Policy Year, as these benefits are not subject to the \$500,000 Maximum Benefit)	90% of PA	60% of U&C
Motor Vehicle Injuries:	90% of PA	60% of U&C
<p>Repatriation: - If, as a result of an <i>injury</i> or <i>sickness</i>, a covered person is hospitalized for five (5) consecutive days or more, upon the recommendation and agreement of the attending licensed physician, the covered person, and the administrator of this policy, the company will pay for the evacuation of the covered person:</p> <ol style="list-style-type: none"> (1) To his or her home country; or (2) To a facility for the treatment of injured or ill persons in his or her home country; or (3) To another medical facility. <ul style="list-style-type: none"> • All expenses incurred under this benefit require the prior approval of the administrator. <p>Medical evacuation to the covered person's home country will terminate any further coverage under this insurance.</p>	<p>Benefits shall meet or exceed the current minimum required for J-1 visas</p> <p>Minimum \$7,500</p>	<p>Benefits shall meet or exceed the current minimum required for J-1 visas</p> <p>Minimum \$7,500</p>

Inpatient	In-Network Preferred Allowance	Out-of- Network Usual and Customary
<p>Medical Evacuation: If a covered person's injury or sickness results in loss of life payable under this insurance, the company will pay the expenses for the cremation of the deceased's body or for the preparation of the deceased's body for burial, and transportation of the deceased's body to his or her home country, provided that the covered person's death occurred outside his or her home country. The administrator must approve any expenses incurred under this benefit before the body is prepared for transportation.</p>	<p>Benefits shall meet or exceed the current minimum required for J-1 visas (1) Minimum of \$10,000 (2) repatriation of remains in the amount of \$25,000</p>	<p>(3) expenses associated with medical evacuation of the exchange visitor to his or her home country in the amount of \$50,000</p>
<p>Preventive Care Services / Wellness: medical services that have been demonstrated by clinical evidence to be safe and effective in either the early detection of disease or in the prevention of disease, have been proven to have a beneficial effect on health outcomes and are limited to the following as required under applicable law: 1) Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the <i>United States Preventive Services Task Force</i>; 2) immunizations that have in effect a recommendation for the <i>Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention</i>; 3) with respect to infants, children and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the <i>Health Resources and Services Administration</i>; and 4) with respect to women, such additional preventive care and screenings provided for in comprehensive guidelines supported by the <i>Health Resources and Services Administration</i>.</p>	<p>100% of PA</p>	<p>No Benefit</p>

Inpatient	In-Network Preferred Allowance	Out-of- Network Usual and Customary
<p>Accidental Death and Dismemberment Benefits: If such Injury shall independently of all other causes and within 180 days from the date of injury, solely result in any one of the following specific losses, the Insured Person or beneficiary may request the Company to pay the applicable amount listed in addition to payment under the Medical Expense Benefits.</p>	<p>Life \$5,000</p> <p>Two or more members \$5,000</p> <p>One member \$2,500</p>	<p>Life \$5,000</p> <p>Two or more members \$5,000</p> <p>One member \$2,500</p>

Mandated: The plan will pay benefits for specific mandated services in accordance with current Louisiana Insurance Laws under the same circumstances and conditions as for other *diagnoses* and *sicknesses*.