

Solicitation Amendment No. 003

Page 1 of 1

To:	Date:
Prospective Bidders	October 29, 2010
Project Title:	Project No.:
International Student Health Insurance	11-07
<p>Description of Solicitation Amendment:</p> <p>The Request for Proposals for International Student Health Insurance (Project # 11-07) is hereby amended as set forth below:</p> <p>I. <u>Attachment No. 2, Schedule of Items and Prices:</u> The Schedule of Items and Prices (Attachment No. 2) contained in the solicitation document is hereby deleted in its entirety and is being replaced by the revised Schedule of Items and Prices dated October 29, 2010, attached hereto and made a part hereof.</p> <p>II. <u>Attachment No. 3A, Scope of Coverage:</u> The Scope of Coverage (Attachment No. 3A) contained in the solicitation document is hereby deleted in its entirety and is being replaced by the revised Scope of Coverage dated October 29, 2010, attached hereto and made a part hereof.</p>	
Acknowledgement of Amendment No. by:	Date:
Company Name (Bidder/Offerer):	
Signed by:	
Name (Type or Print):	Title:

ATTACHMENT NO. 2

SCHEDULE OF ITEMS AND PRICES FOR INTERNATIONAL STUDENT HEALTH INSURANCE

Revised: October 29, 2010

The Proposer/Contractor shall furnish all resources and services necessary and required to provide health insurance coverage to all of its international students, in accordance with the **scope of services**, and the general terms and conditions of the sample contract documents for the price(s) listed below.

<u>DESCRIPTION OF COVERAGE</u>	<u>RATE/PREMIUM</u>
1. Blanket Accident and Sickness Insurance to be provided on an Annual Basis .	Student \$ _____ Per Year Spouse \$ _____ Per Year Each Child \$ _____ Per Year
2. Blanket Accident and Sickness Insurance To be provided for the Fall Semester . (September through December)	Student \$ _____ Per Semester Spouse \$ _____ Per Semester Each Child \$ _____ Per Semester
3. Blanket Accident and Sickness Insurance to be provided for the Spring Semester (January through May)	Student \$ _____ Per Semester Spouse \$ _____ Per Semester Each Child \$ _____ Per Semester
4. Blanket Accident and Sickness Insurance to be provided for the Summer Term (June through August)	Student \$ _____ Per Term Spouse \$ _____ Per Term Each Child \$ _____ Per Term

ATTACHMENT 3A

**SCOPE OF COVERAGE
FOR
INTERNATIONAL STUDENT HEALTH INSURANCE**

Revised: October 29, 2010

INTERNATIONAL TRAVEL INSURANCE

Description of Coverage:	Blanket Accident and Sickness Insurance (hereinafter called "plan" or "Plan"). This insurance plan provides continuous protection, 24 hours a day, anywhere in the world during the period of coverage for which the proper premium has been paid.
Student Eligibility:	All F-1 international students or scholars enrolled in three or more credit hours in academic or vocational courses in international educational activities, temporarily outside of the home country or country of regular domicile as a non-resident alien in the United States, and possess a current passport or student visa, are eligible to enroll in the insurance plan. Home study, correspondence, or television courses that are semester-based do not fulfill the eligibility requirement that the student actively attend classes.
Coverage for Dependents:	Students who enroll in the insurance plan may also enroll their eligible dependents. Dependents must enroll when the student first enrolls in the insurance plan and must enroll for the same coverage as the student.
Periods of Coverage:	Annual Basis Fall Semesters Spring Semesters Summer Term
Extensions of Coverage:	<ul style="list-style-type: none"> • Continuous Coverage • In-Network & Out-of-Network Benefit Programs • Scholastic Emergency Services (Travel Assistance) • Ask May Clinic (Nurse-Line)
Basic Lifetime Maximum Policy Year Benefit-per injury or sickness:	<ul style="list-style-type: none"> • \$100,000 In-Network Benefit • \$100,000 Out-Of-Network Benefit
Basic Deductible - per person – per injury or sickness:	<ul style="list-style-type: none"> • \$100 In-Network • \$100 Out-of-Network
Percentage of Benefit Participation:	<ul style="list-style-type: none"> • 80% In-Network • 70% Out-of-Network

Covered Services & Benefit Limit:	INPATIENT: Hospital Room and Board Benefit is payable for semi-private room rate
	Hospital Intensive Care includes general and 24-hour nursing care
	Hospital Miscellaneous Benefit – Minimum \$4,000. Provide options up to \$25,000
	Surgical Treatment Benefit – Minimum \$4,000. Provide options up to \$25,000
	Assistant Surgeon
	Anesthesia
	Physician's Non-Surgical Visits 1 visit/day, not paid pay of surgery;

	Consultant Physician when requested by attending physician
	Pathology and Radiology
	Private Duty Nurse when medically necessary
	Maternity Benefits are payable the same as any sickness.
	Mental and Nervous Disorders and Substance Abuse Benefit is payable up to maximum \$5,000

Covered Services & Benefit Limit:	OUTPATIENT: Hospital Emergency Room – Benefit is payable after \$100 co-pay per visit; co-pay is waived if admitted to hospital
	Hospital Outpatient Surgical Miscellaneous Benefit is payable up to maximum \$4,000
	Surgical Treatment Benefit is payable up to maximum \$4,000
	Physician's Non-Surgical Visits 1 visit/day, not paid day of surgery; Benefit is payable after \$25 co-pay per visit
	Consultant Physician when requested by attending physician
	Physiotherapy when prescribed by the attending physician; 1 visit per day; Benefit includes spinal manipulation and acupuncture; Benefits are payable up to maximum \$500
	Diagnostic, X-Ray, & Lab Services Benefit is payable up to maximum \$500
	Chemotherapy and Radiation Therapy
	Mental and Nervous Disorders and Substance Abuse Benefit is payable up to maximum \$500
	Maternity Benefits are payable the same as any Sickness
	Prescription Drugs: 30 day supply per prescription; Benefit is payable up to maximum \$300
	Other Inpatient or Outpatient Ambulance Services Benefit is for ground service only
	Dental Treatment coverage is limited to Injuries to sound natural teeth; does not include biting or chewing injuries; Benefit is payable up to \$100 per Tooth
	Orthopedic Appliances when prescribed by a physician
	Motor Vehicle Injury Benefit is payable up to a maximum \$10,000

Explanation of Benefits:	
Payments:	<ul style="list-style-type: none"> ▪ Benefits are payable only for expenses incurred during the policy benefit period. No benefits are payable for expenses incurred prior to or after the date the Insured person's effective coverage or expiration dates respectively. ▪ Medical expenses under Basic Injury and Sickness benefits are payable for at the co-insurance for the in network negotiated fee or the co-insurance for the usual and customary charges for an out-of-network provider, less any deductible or co-pay
Pre-Certifications & Referrals:	<ul style="list-style-type: none"> ▪ This insurance plan does not require pre-certification or referrals for any covered service prior to the date the service is performed. Covered services will be evaluated for benefits when the claim is submitted to Student Assurance Services, Inc. for payment.
Deductible, Copay, and Co-Insurance:	<p>Covered services are subject to co-insurance, co-pay, and deductible unless indicated otherwise, up to the Schedule of Benefits Policy year maximum per Injury or Sickness.</p> <ul style="list-style-type: none"> ▪ Co-insurance is the percentage of covered expense the Policy pays, after the deductible or co-pay is satisfied. Refer to the Schedule of Benefits for the amount. ▪ Co-pay is the amount the insured person must pay to the physician or hospital for each procedure, office visit, or confinement, each time he or she receives a covered service. ▪ Deductible is the amount subtracted from eligible expenses for each Injury or Sickness before benefits are considered. Each insured person must satisfy the deductible.
Hospital Expenses:	<p>The following medically necessary hospital expenses should be identified:</p> <ul style="list-style-type: none"> ▪ Hospital Room & Board ▪ Hospital Miscellaneous (Inpatient) ▪ Hospital Outpatient Surgical Miscellaneous ▪ Hospital Emergency Room (Outpatient) ▪ Surgical Expenses <ul style="list-style-type: none"> ○ Surgical Treatment ○ Assistant Surgeon ○ Anesthetist (anesthesia) ▪ Physician Expenses <ul style="list-style-type: none"> ○ Physician's Non-Surgical Visits (Inpatient) ○ Physician's Non-Surgical Visits (outpatient) ○ Consultant Physician
	<ul style="list-style-type: none"> ▪ Other Outpatient Medical Expenses <ul style="list-style-type: none"> ○ Outpatient Diagnostic, X-ray and Lab Services ○ Ambulance Services ○ Physical Therapist (Physiotherapy) ○ Orthopedic Appliances ○ Prescription Drugs ○ Dental Treatment ▪ Maternity Expenses
Pre-existing Condition	<p>The Policy does not cover any condition for which medical advice or treatment was received or recommended within the Six (6) months immediately prior to insured person's effective date of coverage.</p>

<p>Benefits Mandated by State of Texas</p>	<ul style="list-style-type: none"> ▪ Cognitive Therapy ▪ Breast Reconstruction ▪ Prescription Contraceptive Drug or Device ▪ Temporomandibular Joint Disorder ▪ Inpatient Care for Treatment of Breast Cancer ▪ Telehealth Service ▪ Well Child Care ▪ Prostate Cancer Screening ▪ Colon Cancer Screening ▪ Craniofacial Abnormalities of a Covered Dependent ▪ Off-Label Prescription Drug Use ▪ Diabetes
---	--

GLOBAL EMERGENCY SERVICES

<p>Description of Coverage:</p>	<p>Services providing assistance with immediate connection with doctors, hospitals, pharmacies and other services needed as a result of a medical emergency while traveling 100 miles or more away from your permanent residence, campus location or in another country.</p>
<p>Key Services</p>	<ul style="list-style-type: none"> ▪ Medical Consultation, Evaluation & Referral ▪ Hospital Admission Guarantee ▪ Emergency Medical Evacuation ▪ Medical Monitoring ▪ Medical Repatriation – Minimum of \$25,000 ▪ Prescription Assistance ▪ Emergency Message Transmission ▪ Compassionate Visit ▪ Care of Minor Children ▪ Return of Mortal Remains ▪ Emergency Trauma Counseling ▪ Lost Luggage or Document Assistance ▪ Interpreter & Legal Referrals ▪ Pre-trip information
<p>Program Guidelines:</p>	<ul style="list-style-type: none"> ▪ U.S. students studying in a U.S. location are eligible for services when traveling more than 100 miles away from their permanent residence, campus location, or in another country for up to a semester. Medical repatriation and return of mortal remains services are available at campus location. ▪ U.S. students studying abroad are eligible for services both on and away from their new campus location up to a semester. ▪ Foreign national students studying in the U.S. are eligible for services, both on or away from campus or while traveling in a country that is not their country of origin.