

The Purpose of this Addendum is to provide updates to the proposal timeline, changes to the proposal specific questions and scope of work, and responses to Q&A questions from potential vendors.

A second pre-proposal meeting will be held on **March 3, 2025, at 11:00 a.m.** via Microsoft Teams.

[Join the meeting now](#)

Meeting ID: 224 250 615 770

Passcode: D7hw9xt2

The solicitation due date is extended to **March 27, 2025, at 2:00 p.m. (CST)**.

The anticipated approval/award date is extended to **May 22, 2025, at 6:00 p.m. (CST)**.

The following has been added to proposal specific questions:

Proposal Specific Questions

- a) **Can the claims form be customized to fit the needs of the District?**
- b) **What is the process for submitting claims?**
- c) **Can claims be submitted online through a portal?**
- d) **If there is a portal, is there a way for parents and/or doctors to track claims and send additional information if needed?**
- e) **Do clinics, doctors, etc., need the claim form, or do they need the group insurance info from the form?**
- f) **Is there a way they can get this info without a Dallas ISD employee having to complete a full claim form?**
- g) **Are insurance cards available?**
Example: card with a lot # or (invoice type of number) and on one side it has the Insurance contact info and the backside of card has injury info such as student name, school, ID#, DOB, Injury info. This card could be completed on the sideline and handed to the student or parent. The parent could use this info to access the claim form in the online portal or provide info to the doctor's office.

The following addition has been made to the scope of work:

Please also include a quote for the additional benefit below:

- **Increased CAT Scan Services limit to \$800 and CAT Reading services to \$800 per injury**

Responses to the Q&A questions are as follows:

1. **Will overseas travel exposure be provided?**
Response: Yes, overseas travel exposure will be provided.
2. **Can claim details by claim be provided in an Excel format?**
Response: Yes, the document has been attached to this Addendum.

- 3. On page 4 in the “Coverage Requested” section the RFP states that copies of both Basic and Catastrophic policies have been included as an exhibit. I don’t believe the catastrophic policy was included in the attachments, could you please include a copy of the catastrophic policy?**
Response: The catastrophic policy has been attached to this addendum.
- 4. Who is the current insurance broker for your athletic insurance policy?**
Response: Health Special Risk, Inc.
- 5. How much does your current broker charge for their services?**
Response: A public information request ([PIR](#)) will have to be made to obtain this information.
- 6. Does your current broker or vendor utilize a M/WBE subcontractor?**
Response: A public information request ([PIR](#)) will have to be made to obtain this information.
- 7. How much does your current Third-Party Administrator charge for their services?**
Response: A public information request ([PIR](#)) will have to be made to obtain this information.
- 8. Could you please release a detailed claims report which includes the provider names on each payment?**
Response: A standard claims/loss run report was provided for the RFP which includes all claims dollars paid on the program. The Excel version of this document has been provided with this Addendum. The District does not have loss runs with payment information for the providers.
- 9. Could you please let us know your top 20 paid medical providers and how much they have been paid by the secondary policy over prior 5 policy periods?**
Response: This information is not available.
- 10. What network or repricer does your current third-party administrator currently utilize to discount claims?**
Response: This information is not available.
- 11. What does the network or repricer charge for discounting claims? Is the repricer paid a percentage of savings or per member per month charge?**
Response: This information is not available.
- 12. Do your athletic programs currently utilize an EMR (Electronic Medical Records) system or Injury Tracking Software? If so, what company does Dallas ISD utilize for this service?**
Response: Yes, the District utilizes Aktivite.
- 13. On page 37, the top of the form requests one single “Total Proposed Price.” Since Dallas ISD is requesting multiple options, is this spot referring to the total proposed price for the exact plan in place now?**
Response: Total proposed price for Year 1 Basic Benefits Premium and Year 1 Catastrophic Benefits premium.
- 14. Average number of trips per year?**
Response: This information is not available

15. Average number of days per trip?

Response: This information is not available

16. Is there an additional premium charge for each trip? If so, what is the rate per person?

Response: No, this cost is included in the annual premium

17. 4. Average number of travelers per year?

Response: The specific number is not available. The district has an enrollment of 138,867 students.

18. Who was the Third Party Administrator (TPA) prior to the 2020-2021 policy year when the carrier was Starr?

Response: Health Special Risk, Inc

The information in this Addendum is hereby incorporated and made part of any contract awarded pursuant to this solicitation.

Please sign this addendum and submit along with your copies of the proposal. ALL OTHER PROVISIONS, AND OTHER TERMS AND CONDITIONS REMAIN UNCHANGED. BIDDERS ARE REQUIRED TO ACKNOWLEDGE AND RETURN/SUBMIT A COPY OF THIS ADDENDUM WITH THEIR PROPOSAL.

Company Name: _____ Submitter's Name/Title: _____
Address: _____ City, State and Zip Code: _____
Email Address: _____
Submitter's Signature: _____ Telephone No. _____
Fax No. _____ 800 # (if available) _____
Date: _____

END OF ADDENDUM

POLICY SCHEDULE OF BENEFITS

POLICY NO.: [REDACTED]

POLICYHOLDER/SPONSORING ORGANIZATION INFORMATION:

Dallas ISD
9400 North Central Expressway
Dallas, TX 75231

Effective Date: August 1, 2024

Expiration Date: August 1, 2025

ANNUAL PREMIUM: [REDACTED]

The premium shown above is fully earned and non-refundable on the date the coverage goes into effect.

ELIGIBILITY:

Class 1: All interscholastic student athletes (grades 7 – 12) including football, to include Junior High sports including football, band, cheerleaders, majorettes, JROTC and participants in 7 on 7 football are covered under the Policyholder/Sponsoring Organization program for whom premium has been paid.

SCOPE OF COVERAGE:

<u>Class</u>	<u>Insured Risk</u>	<u>Benefits</u>
1	Athletics Coverage (IRCATK12001)	AME (AMECAT001) Special Expense (SPECXCAT001) CAT Cash (CCCAT001) Heart or Circulatory Malfunctions (HCMCAT001) AD&SL (ADSLCATPERC001) Seat Belt & Air Bag (SBABCAT001)

AGGREGATE LIMIT OF LIABILITY: \$6,000,000.00

DEDUCTIBLE (Reducing): \$25,000.00

DEDUCTIBLE ESTABLISHMENT PERIOD: 24 Months

BENEFITS:

Medical Expense Benefit - Full Excess	
Benefit Percentage	100% of Allowable Expense
Benefit Period	the sooner of the Date of Recovery or 10 Years
Maximum Benefit Amount	\$6,000,000.00
Maximum for Medically Necessary Hospital Inpatient Services and Supplies	Included in Medical Maximum
Maximum for confinement in an Extended Care Facility per Calendar Year	\$365,000.00
Daily Room and Board Limit	
Private or Semi-Private Room	Average Semi-Private Rate of Hospital in which confined
Intensive Care	Allowable Expense

Combined Home Health Care and Custodial Care Maximum Benefit per Calendar Year	\$100,000.00
Custodial Care Maximum Benefit per Calendar Year subject to the Combined Home Health Care and Custodial Care Maximum Benefit per Calendar Year	\$100,000.00
Home Health Care Maximum Benefit per Calendar Year subject to the Combined Home Health Care and Custodial Care Maximum Benefit per Calendar Year	\$100,000.00
Treatment of Mental or Nervous Disorders	
Doctor Fees –	
Amount per Visit	\$50.00
Visits per Day	1
Number of Visits per Calendar Year	50
Inpatient Hospital	Up To 45 Days
Maximum Benefit for Spinal Manipulation Maximum amount per Calendar Year	\$1,000.00
Maximum Outpatient Physical Therapy Benefit Maximum amount per Calendar Year	\$50,000.00
Prosthetic Benefit	Subject to Medical Maximum
Special Expense Benefit:	
Maximum Amount during first 2 Years after the Accident	\$150,000.00
Maximum Amount each 8 Year Period thereafter	\$25,000.00
Maximum Benefit Amount	\$250,000.00
Catastrophic Cash Benefit	
Maximum Benefit Amount	\$500,000.00
Traumatic Brain Deficit	100% of Maximum Benefit Amount
Quadriplegia (Paralysis of four limbs)	100% of Maximum Benefit Amount
Paraplegia (Paralysis of both lower limbs)	100% of Maximum Benefit Amount
Hemiplegia (Paralysis of an upper and lower limb)	100% of Maximum Benefit Amount
Loss Establishment Period	30 Days
Catastrophic Cash Payment Mode	
Lump Sum Amount Payable after the first twelve (12) months of Traumatic Brain Deficit OR after the first six (6) months of Paralysis:	\$100,000.00
Benefit Amount per Year Thereafter	\$40,000.00
Maximum Benefit Period	10 Years
Loss of Life Due To Heart or Circulatory Malfunctions Benefit	
Loss of Life Benefit Amount	\$10,000.00
Loss Establishment Period	90 Days

Accidental Death and Specific Loss Benefit

Principal Sum	\$10,000.00
Loss Establishment Period	365 Days

Seat Belt and Air Bag Benefit:

Seat Belt Benefit Amount	\$5,000.00
Air Bag Benefit Amount	\$5,000.00

The following riders are attached to and made a part of this policy:

Important Notice	M20273_0120
Exclusions and Limitations Amendment Rider	0PC7M
Acquired Brain Injury Benefits Rider	0KT0M Rev 06-15
Guaranty Association Notice	M20826_1219

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