

**ADDENDUM NO. 1
TO
REQUEST FOR PROPOSALS 055-EE10 FOR
STUDENT ACCIDENT AND ATHLETICS INSURANCE
FOR
THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA**

PURPOSE OF ADDENDUM

This Addendum has been prepared to answer specific questions submitted by proposers.

ACKNOWLEDGMENT OF ADDENDUM TO RFP

As required in the RFP, proposers are reminded that they should either acknowledge receipt of this Addendum on their proposal, or attach this Addendum to their proposal.

STATUS OF ADDENDUM

To date, this is the first Addendum that has been issued for the Request for Proposals for Casualty Actuarial Services. At this time, no additional addenda are anticipated.

ADDITIONAL INFORMATION

The following is provided in response to proposers' specific requests for additional information:

1. *Would you have utilization reports for the last three years of coverage for the Accident Insurance (24 hour plan and At-School plan) and the Athletic Accident Insurance?*

Utilization reports were requested for the Accident and Athletic Accident Insurance. Accident Insurance utilization reports are attached for the most recent year (2003-2004). Prior year reports are not available. Athletic Accident utilization reports have not been provided. The reports provided are attached.

2. *According to the RFP, there are approximately 357,000 students. Would you have the breakdown by the number of students in the Elementary (PreK-5), Middle (6-8), and High School (9-12)?*

Elementary (PreK – 5)	171,376
Middle (6 – 8)	88,608
High (9 – 12)	109,598

3. *There are approximately 25,000 in the Before/After School Care Programs. These students must purchase at least the "during school" accident insurance protection. Would you have a breakdown by the number of students in the Elementary, Middle, and High School?*

90% of the Before/After School Care enrollment is in elementary school. The remainder is for middle school. There are no programs for high school.

4. *Would you have information indicating the number of students, number of vocational students, number of adult education students, and the number of faculty insured in the At School plan, and the 24 Hour plan.*

This data is not available at this time.

5. *Exhibit C Student Accident indicates claims paid as of 11/04. Would you have claims paid as of Feb 2005? Exhibit C Athletic Accident indicates claims paid as of 1/14/2005. Would you have an updated claims information as of Feb 2005?*

Currently valued data was requested from the Accident Insurance and Athletic Insurance vendors. The reports provided are attached.

6. *Rate Guarantee: Is rate guarantee a requirement of the bid? Will the carrier be considered non-responsive if a rate guarantee is not provided? Will a maximum % increase for the second year be acceptable?*

Proposals which include a rate guarantee will be preferred over proposals with no guarantee. Proposals with clearly stated deviations regarding the rate guarantee will not be considered non-responsive. Proposals with a maximum percentage increase for the second year will be considered. All deviations should be clearly stated on the proposal forms.

7. *What is the amount of the current subsidy for football coverage?*

The fall subsidy is \$85.00 of the \$121.00 premium per student and the spring subsidy is \$13.00 of the \$25.00 premium.

8. *The surgical benefit lists Florida Workers Comp Health Care Reimbursement Manual as a basis for payment. Is this required?*

If an alternative fee schedule is provided, it must be as competitive as the Florida Workers' Compensation fee schedule which has been used for a numbers of years. Proposers should note all deviations on the proposal forms.

9. *Premium update for the 2004-2005 Student Accident plan.*

This data is not available at this time.

10. *Claims paid for all years through February 28, 2005, or at least through January 31, 2005.*

The available updates are attached.

11. *The 2001-2002 Football premium and claims information.*

This data is not available at this time.

12. *Claims utilization reports for the last two years by type of service.*

The available utilization reports are attached.

13. *Claims information by coverage purchased, i.e. School Time pre-K through 6 grade, School Time 7 -12, 24 Hour pre k to 12 grade, Football Fall vs. Spring.*

This data is not available at this time.

14. *Premium and participation broken out by the above categories for current and previous two years.*

This data is not available at this time.

15. *Claims paid greater than \$10,000 for the Student Accident, Football Accident respectively.*

This data is not available at this time.

**MIAMI-DADE COUNTY SCHOOL DISTRICT
K-12 STUDENT ACCIDENT (NFB)
PREMIUM/CLAIMS DATA
(Through 2/28/05 reports)**

2003/2004

Premium	\$648,898
Claims paid	\$213,017
Claims Reserve	\$326,052

2002/2003

Premium	\$628,408
Claims paid	\$657,069
Claims Reserve	\$ 9,012

2001/2002

Premium	\$616,321
Claims paid	\$597,891
Claims Reserve	\$ 3,072

Underwriter's Report for Miami-Dade County Schools
as of 3/08/2005

Benefit	School Year			School Year			School Year 2004		
	Accident Class	Sickness Class	Others	Accident Class	Sickness Class	Others	Accident Class	Sickness Class	Others
C HOSPITAL MISC/INPATIENT									
# Occurrences	0	0	0	0	0	0	0	0	1
# Days	0	0	0	0	0	0	0	0	0
# Claims	0	0	0	0	0	0	0	0	1
Total Benefit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,000.00
CT CT SCAN/BONE SCAN									
# Occurrences	0	0	0	0	0	0	0	0	1
# Days	0	0	0	0	0	0	0	0	0
# Claims	0	0	0	0	0	0	0	0	1
Total Benefit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	250.00
D HOSPITAL/MISC OUTPATIENT									
# Occurrences	0	0	0	0	0	0	0	0	1
# Days	0	0	0	0	0	0	0	0	0
# Claims	0	0	0	0	0	0	0	0	1
Total Benefit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DD HOSPITAL-OUTPATIENT SURGERY									
# Occurrences	0	0	0	0	0	0	2	0	22
# Days	0	0	0	0	0	0	0	0	0
# Claims	0	0	0	0	0	0	1	0	12
Total Benefit	0.00	0.00	0.00	0.00	0.00	0.00	3,000.00	0.00	33,837.75
E AGGREGATE HOSPITAL									
# Occurrences	0	0	0	0	0	0	0	0	12
# Days	0	0	0	0	0	0	0	0	10
# Claims	0	0	0	0	0	0	0	0	9
Total Benefit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14,648.03
ER EMERGENCY ROOM									
# Occurrences	0	0	0	0	0	0	0	0	186
# Days	0	0	0	0	0	0	0	0	0
# Claims	0	0	0	0	0	0	0	0	182
Total Benefit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	36,587.47
F SURGERY/FRACTURE CARE									
# Occurrences	0	0	0	0	0	0	1	0	26
# Days	0	0	0	0	0	0	0	0	0
# Claims	0	0	0	0	0	0	1	0	58
Total Benefit	0.00	0.00	0.00	0.00	0.00	0.00	745.00	0.00	35,238.36
FF ASSISTANT SURGEON									
# Occurrences	0	0	0	0	0	0	0	0	1
# Days	0	0	0	0	0	0	0	0	0
# Claims	0	0	0	0	0	0	0	0	1
Total Benefit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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	School Year			School Year			School Year 2004		
G ANESTHESIA									
# Occurrences	0	0	0	0	0	0	1	0	25
# Days	0	0	0	0	0	0	0	0	0
# Claims	0	0	0	0	0	0	1	0	25
Total Benefit	0.00	0.00	0.00	0.00	0.00	0.00	322.92	0.00	9,437.11
H PHYSICIAN/INITIAL DAYS VISIT									
# Occurrences	0	0	0	0	0	0	1	0	221
# Days	0	0	0	0	0	0	0	0	0
# Claims	0	0	0	0	0	0	1	0	220
Total Benefit	0.00	0.00	0.00	0.00	0.00	0.00	50.00	0.00	10,084.36
I PHYSICIAN - FOLLOW-UP VISITS									
# Occurrences	0	0	0	0	0	0	1	0	174
# Days	0	0	0	0	0	0	0	0	42
# Claims	0	0	0	0	0	0	1	0	116
Total Benefit	0.00	0.00	0.00	0.00	0.00	0.00	45.00	0.00	8,158.07
L PHYSIOTHERAPY									
# Occurrences	0	0	0	0	0	0	5	0	64
# Days	0	0	0	0	0	0	0	0	45
# Claims	0	0	0	0	0	0	1	0	38
Total Benefit	0.00	0.00	0.00	0.00	0.00	0.00	300.00	0.00	7,618.24
M X-RAY									
# Occurrences	0	0	0	0	0	0	3	0	292
# Days	0	0	0	0	0	0	0	0	0
# Claims	0	0	0	0	0	0	1	0	220
Total Benefit	0.00	0.00	0.00	0.00	0.00	0.00	520.00	0.00	36,579.70
MM LAB/TESTING									
# Occurrences	0	0	0	0	0	0	0	0	1
# Days	0	0	0	0	0	0	0	0	0
# Claims	0	0	0	0	0	0	0	0	1
Total Benefit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	75.00
MR MRI									
# Occurrences	0	0	0	0	0	0	0	0	3
# Days	0	0	0	0	0	0	0	0	0
# Claims	0	0	0	0	0	0	0	0	3
Total Benefit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,078.49
O DENTAL									
# Occurrences	0	0	0	0	0	0	0	0	32
# Days	0	0	0	0	0	0	0	0	0
# Claims	0	0	0	0	0	0	0	0	23
Total Benefit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,595.10

Underwriter's Report for Miami-Dade County Schools
as of 3/68/2005

	School Year			School Year			School Year 2004		
P ORTHOPAEDIC APPLIANCES									
# Occurrences	0	0	0	0	0	0	0	0	1
# Days	0	0	0	0	0	0	0	0	0
# Claims	0	0	0	0	0	0	0	0	1
Total Benefit	0.00	0.00	0.00	0.00	2.00	0.00	0.00	0.00	503.00
RF REFUND									
# Occurrences	0	0	0	0	0	0	0	0	1
# Days	0	0	0	0	0	0	0	0	0
# Claims	0	0	0	0	0	0	0	0	1
Total Benefit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(253.80)
T AMBULANCE									
# Occurrences	0	0	0	0	0	0	0	0	5
# Days	0	0	0	0	0	0	0	0	0
# Claims	0	0	0	0	0	0	0	0	5
Total Benefit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,171.90
W SETTLEMENTS									
# Occurrences	0	0	0	0	0	0	0	0	3
# Days	0	0	0	0	0	0	0	0	0
# Claims	0	0	0	0	0	0	0	0	3
Total Benefit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,413.80
X MINUS OTHER COLLECTIBLE INSURANCE									
# Occurrences	0	0	0	0	0	0	0	0	1
# Days	0	0	0	0	0	0	0	0	0
# Claims	0	0	0	0	0	0	0	0	1
Total Benefit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00
Y MEDICAL RECORDS									
# Occurrences	0	0	0	0	0	0	0	0	42
# Days	0	0	0	0	0	0	0	0	0
# Claims	0	0	0	0	0	0	0	0	42
Total Benefit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	523.46
	5.00	0.00	0.00	0.00	0.00	0.00	5,882.92	0.00	207,933.04

Underwriter's Report for Miami-Dade County Schools
as of 3/05/2005

Class	School Year		School Year		School Year	
	Total Benefit	# Claims	Total Benefit	# Claims	Total Benefit	# Claims
0	0.00	0	0.00	0	207,933.04	974
3	0.00	0	0.00	0	5,082.92	7
Class Totals	0.00	0	0.00	0	213,015.96	981

Claimant	Total Benefit	# Claims	Total Benefit	# Claims	Total Benefit	# Claims
0	0.00	0	0.00	0	213,015.96	981
Claimant/File Total	0.00	0	0.00	0	213,015.96	981