

REQUEST FOR PROPOSALS (RFP)

ISSUE DATE: February 16, 2016 COMMODITY CODE(S): 95300, 95348, 95352, 95892, 96288

RFP NUMBER & TITLE: RFP 16-520 Insurance Services for Inbound International and Study Abroad Program Participants

ISSUING AGENCY & ADDRESS: University of Mary Washington  
Procurement Services, Eagle Village Executive Offices, Suite 480  
1125 Jefferson Davis Hwy., Fredericksburg, VA 22401

WORK LOCATION: Fredericksburg, Virginia; or based upon specific location requirements

PROPOSAL DUE DATE & TIME: February 29, 2016; 3:30 PM

PRE-PROPOSAL CONFERENCE: ☐ Optional ☐ Mandatory ☒ N/A PRE-PROPOSAL LOCATION: N/A

PRE-PROPOSAL DATE/TIME: N/A

CONTRACT OFFICER: MELVA A. H. KISHPAUGH, VCO, CUPO EMAIL: [mkishpau@umw.edu](mailto:mkishpau@umw.edu)

PERIOD OF CONTRACT: DATE OF AWARD THROUGH ONE YEAR, WITH OPTION FOR NINE (9) 1-YEAR RENEWALS, or as negotiated.

QUESTIONS/INQUIRIES: All inquiries for information should be directed via email to the contract officer listed above, referencing the solicitation by name and number. No questions will be accepted after February 23, 2016; 4:00 PM.

**PROPOSALS:** Sealed Proposals must reach the above address and department by the deadline stated in order to be considered. It is the responsibility of the offeror to ensure that the proposal is submitted in a package that clearly identifies the contents as a proposal submission in response to this RFP. Also reference section V herein. UMW requires the inclusion of a clearly marked redacted proposal if any portion of the Offeror's proposal contains proprietary information; Reference Section V.A.3 stipulations. All resulting contracts will be made available through UMW's Public Contracts Gateway <https://umw.cobblestonesystems.com/public/>.

In Compliance With This Request For Proposal And To All The Conditions Imposed Therein And Hereby Incorporated By Reference, The Undersigned Firm Offers And Agrees To Furnish The Goods/Services In Accordance With The Attached Signed Proposal Or As Mutually Agreed Upon By Subsequent Negotiation and hereby certifies binding authority to confirm that all information provided below and in schedule or attachment of this document is true, correct and complete.

**THIS FORM MUST BE COMPLETED AND RETURNED WITH PROPOSAL.**

Name of Offering Firm: INEXT INTERNATIONAL INSURANCE

Address of Offering Firm: 300 FINE STREET, PORTLAND ME 04101

Check All That Apply: ☐ Micro Business ☐ Small Business ☐ Woman-Owned Business ☐ Minority-Owned Business

RFP Notification received via: ☒ eVA ☐ Newspaper ☐ Other: \_\_\_\_\_

DSBSD Certification No.: N/A Expiration Date: \_\_\_\_\_

Virginia Contractor License No.: N/A Class: \_\_\_\_\_

Specialty Codes: N/A SCC No.: \_\_\_\_\_

eVA Vendor ID or DUNS No.: N/A FEIN: 13-4038907

Submitted By (Print Name & Title): MURIEL McDONALD, Senior Sales Executive

Email: mmcdonald@cicee.org Telephone: 207-553-4100

Website: WWW.INEXT.COM Fax: 207-553-5100

Signature (In Ink): [Signature] Date: 3/2/16

**NOTE:** This public body does not discriminate against faith-based organizations in accordance with the Code of Virginia, § 2.2-4343.1 or against a bidder or offeror because of race, religion, color, sex, national origin, age, disability, or any other basis prohibited by state law relating to discrimination in employment.

## TABLE OF CONTENTS

I.	PURPOSE.....	3
II.	ORGANIZATIONAL OVERVIEW.....	3
III.	BACKGROUND.....	3
IV.	STATEMENT OF WORK.....	3
V.	PROPOSAL PREPARATION AND SUBMISSION REQUIREMENTS: .....	5
	A. GENERAL.....	5
	B. SPECIFIC.....	6
VI.	TIMELINES AND KEY DATES.....	7
VII.	EVALUATION AND AWARD CRITERIA.....	7
VIII.	CONTRACT ADMINISTRATION.....	7
IX.	GENERAL TERMS AND CONDITIONS.....	8
X.	SPECIAL TERMS AND CONDITIONS.....	8
XI.	PRICING SCHEDULE.....	13
XII.	METHOD OF PAYMENT.....	13
XIII.	ATTACHMENTS.....	13
	A. SWaM INITIATIVE LETTER.....	14
	B. SMALL BUSINESS SUBCONTRACTING PLAN.....	15
	C. SMALL BUSINESS SUBCONTRACTING REPORTING INSTRUCTIONS.....	17
	D. SAMPLE UMW STANDARD CONTRACT.....	18
	E. 2014-15 INTERNATIONAL INSURANCE HISTORICAL DATA.....	19



**RFP ADDENDUM**

February 24, 2016

**ADDENDUM NO. 1 TO ALL OFFERORS:**

Reference – Request for Proposals: RFP #16-520  
Commodity Code/to Furnish Goods or Service: 95300, 95348, 95352, 95892, 96288; Insurance Services for  
International and Study Abroad Programs  
Dated: February 16, 2016  
For Delivery to: University of Mary Washington,  
Commonwealth of Virginia  
Proposal Due Date: March 7, 2016; 3:30PM

This addendum consists of ten (10) pages.

**ADDENDUM #1**

**PROPOSALS DUE DATE CHANGE:** Proposals are now due March 7, 2016 at 3:30PM to allow Offerors additional time to craft quality proposals. Please note and adjust for change. Late proposals will NOT be accepted for any reason.

**QUESTIONS AND ANSWERS:**

1. Please clarify submission requirements regarding the following:  
"In order to be considered for selection, Offerors must submit a complete response to the RFP. ~~If proposal is submitted in person,~~ one (1) original and one (1) electronic media version (DVD, CD, Flash Drive) of each proposal must be submitted to the university. If your proposal includes proprietary information and you are invoking protection from disclosure under § 2.2-4342F of the Code of Virginia, *you must submit one (1) redacted copy of the proposal clearly marked with the words "REDACTED COPY" on the cover and on the electronic file. No other distribution of the proposals shall be made by the offeror.*  
A. ALL submissions must be physically submitted to the Procurement office in a sealed package (can be delivered in person, via a shipping service, courier, U.S. Mail or other, but MUST arrive prior to the date and time listed for the RFP closing). E-mailed proposals will not be accepted. One electronic and one paper version of the proposal must be enclosed in the sealed package. Please take special note of instructions regarding any materials in the proposal that the firm has considered proprietary; remember that an entire proposal cannot be marked proprietary and may be rejected by the University if marked as such.
2. Please submit a copy of the current policy or policies for the Inbound & Outbound programs. Please also include the dental insurance that is referenced in the RFP.  
A. Note Clarifications section at end of this document. The University is interested in the possibility of coverage for routine dental for inbound international students and scholars. Outbound or study abroad students must at least have coverage for emergency dental care.
3. Premium & claim experience for the prior 3 plan years and current year – the information in the RFP was only a summary. Underwriters will request detailed claim information for all plans. Premium information should show the rates charged and the total premium paid for each plan.



- A. The University does not have this report information. The only information available is the (redacted) data provided in the RFP document.
4. In the outbound details the RFP states there should be no age limitations, please clarify. What is the age range on the Outbound program?
- A. Typical student age range is 18-24, though accompanying faculty and staff may range from 25-75. There may occasionally be accompanying children and the university needs a vehicle to provide optional coverage for them.
5. Inbound program – in one section you request high deductibles and in another section you request a zero dollar deductible. Please clarify.
- A. The University would like to compare coverage and cost between available plans ranging from zero deductible, medium/low, to high, in order to provide choices to better fit the variety of needs of students and scholars.
6. Incumbent carrier will not release a proposal to anyone except the incumbent broker, unless the University issues a Letter of Authorization. Would the University issue a Letter of Authorization? Sample attached.
- A. See Clarifications section to follow questions and answers.
7. (The) RFP requests a high deductible for F-1, this would require a separate policy for J-1 Inbound participants because of the State Department limitations on deductibles. Does the University want two Inbound plans?
- A. Yes, the University would like to consider the possibility of having two different inbound plans to better fit the needs of international students and scholars.
8. Personnel Tracking – please provide details of the current tracking system the University is using.
- A. The incumbent vendor (CISI) uses a monitoring system called iJet, and provides extraction using AXA. The University is interested in the scope of any available systems that providers are able to offer for personnel tracking.
9. RFP states the Inbound participants can participate in a domestic plan. Please provide current participation for J-1 & F-1 participants in the Domestic plan.
- A. Currently the University does not have any international students who use a domestic insurance plan.
10. What is the current compensation being paid to the current broker?
- A. The premium amount payments are made to the current contractor.
11. Does the incumbent process claims or are they handled by an independent Third Party Administrator? If the incumbent is processing claims, what fees are they charging for this service?
- A. See #9 above.
12. Intercollegiate Sports coverage – does the current plan cover intercollegiate sports injuries up to \$90,000? UMW is required to have an excess sports insurance plan in place for Intercollegiate participants. Doesn't that plan cover those expenses?
- A. No, the current UMW plan does not cover athletic injuries. Most American students who play NCAA sports are insured through his or her family's insurance plan.
13. Does UMW use eVA for payment of premium for either or both the Inbound and Outbound programs?



- A. Currently payment is made via the incumbent contractor's website and a confirming order is entered into eVA to satisfy state requirements for eVA entry. Payment via state charge card could be made in eVA with the purchase order if the contractor has set up in eVA to receive payment electronically via charge card (Visa).
14. It is stated in the RFP; "6. Offers should provide an electronic method (online) for registration/enrollment whereas an applicant could gain nearly immediate confirmation of registration and be able to potentially print an identification card and other coverage materials upon completion of registration or within a very short time period thereafter."
- Does this mean that Mary Washington is looking for a service that allows students (etc.) to enroll themselves one at a time as needed for coverage? Is the intent not to have a blanket program for these services, paid annually by the university, which would cover the entire population? Similar to how a traditional insurance program works?
- A. The University is interested in discovering any and all options for potential process improvements.
15. With regard to the coverage relating to Athletic Injuries. Is it a deal breaker if this is not included in the coverage?
- "Athletic Injuries: a. Any policy should provide athletic injuries coverage for amateur, interscholastic, club/intramural, and NCAA levels. \*NCAA required coverage is \$90,000.00 for athletic injuries. b. Athletic coverage should be included in the standard policy, but may be provided as a "rider" or add-on coverage."*
- A. The RFP states that plans "should" include this coverage; it is not indicated as a hard or "must" requirement. However, at minimum, the University would like to see the coverage offered as an optional rider or add-on coverage.
16. Please confirm if the following is available in reference to the (RFP):  
Premium History for the last 3-5 years  
Paid Claim History for the last 3-5 years, the RFP currently only shows 2014 totals  
Please confirm the current benefit period for the Medical Expense Benefit
- A. Please review information provided in the original RFP and at the end of this document. This data is the only historical data that the University currently has in its possession. Annual reporting will be a necessity from the new awarded contractor.
17. On page #5 you list the Outbound limits at \$100,000 then on page 19 it is listed as \$250,000. Please advise what level of benefit is required for the Outbound program.
- A. The *minimum* requirement is for \$100,000.00.
18. The RFP states that dependents should be included in this process. Is Mary Washington able to provide a breakdown of the number of travelers (students, teachers, employees, etc.) and the dependents?
- A. Beginning on page 24, the UMW-SA spreadsheet lists a column for birthdate with all personal data redacted. This is the only information available regarding age of traveler. Breakdown of type of traveler related to faculty/student/dependent or other is unavailable. This information can be estimated from the spreadsheet based on age of traveler.

CLARIFICATION INFORMATION PROVIDED BELOW:

International Students Policy



Groups to be Insured (mandatorily): International Students and Scholars

Estimated Number of Participants Per Year: 50 Dependents: 2

Effective Date of Policy: 8 (Month) 1 (Day) 15 (Year) to  
7 (Month) 31 (Day) 16 (Year)

#### **Schedule of Benefits**

<input checked="" type="checkbox"/> <b>Student Only Medical Expense (per Accident/Sickness)</b>	<b>\$ <u>250,000 @ 100%</u></b>
<input checked="" type="checkbox"/> <b>Dependent Only Medical Expense (per Accident/Sickness)</b>	<b>\$ <u>50,000 @ 100%</u></b>
<input checked="" type="checkbox"/> <b>Deductible</b>	<b>\$ <u>0</u></b>
<input checked="" type="checkbox"/> <b>Emergency Room Deductible (<del>Illness Only</del> if not admitted)</b>	<b>\$ <u>500</u></b>
<input checked="" type="checkbox"/> <b>Accidental Death &amp; Dismemberment</b>	<b>\$ <u>15,000</u></b>
<input checked="" type="checkbox"/> <b>Emergency Medical Evacuation/Repatriation</b>	<b>\$ <u>250,000</u></b>
<input checked="" type="checkbox"/> <b>Return of Mortal Remains</b>	<b>\$ <u>100,000</u></b>
<input checked="" type="checkbox"/> <b>Team Assist Package</b>	<b><u>Included</u></b>
<input checked="" type="checkbox"/> <b>Emergency Medical Reunion Benefit (<del>\$200/day hotel/meals</del>)</b>	<b>\$ <u>5,000</u></b>
<input checked="" type="checkbox"/> <b>Return Ticket Benefit</b>	<b>\$ <u>1,500</u></b>



### Premium Schedule

Term: Paid at beginning of program

Age Rated: Yes \_\_\_\_\_ No x

Premium Rates for All Ages	Participant Only	Spouse Only	Child Only	Children Only
Monthly	\$ 113.65	\$ 284.15	\$ 142.05	\$ 291.25

### Remarks:

- 1) Physiotherapy limit up to \$2,500 (combined inpatient/outpatient limit).
- 2) Ground Ambulance-100% of Usual, Customary and Reasonable charges.
- 3) Nervous/mental-up to \$1,000 (outpatient), up to \$5,000 (inpatient)
- 4) Home country coverage up to \$10,000 (paid on a secondary basis after other valid insurance pays).
- 5) Expenses resulting from alcohol and drugs covered.
- 6) Suicide and Self-inflicted Injuries covered (except for AD&D).
- 7) Accidental Dental-covered as any other condition up to the policy max.
- 8) Emergency (or Palliative) Dental-emergency pain relief treatment to natural teeth covered up to \$250 per tooth up to a max of \$500.
- 9) Pre-Existing Conditions-12 month look-back & covered after 12 months.
- 10) Chiropractic Care-up to 10 visits, \$50 max/visit, up to \$500 overall max.
- 11) Maternity covered.
- 12) Newborn Nursery Care covered up to \$500.
- 13) Therapeutic Termination of Pregnancy up to \$500.
- 14) Prescription Drug Coverage-100% to policy max (inpatient/outpatient).

### OUTBOUND PARTICIPANTS COVERAGE

Policy terms and conditions are briefly outlined in this Description of Coverage. Complete provisions pertaining to this insurance are contained in the Master Policy on file with the University of Mary Washington under form number AH-15090. In the event of any conflict between this Description of Coverage and the Master Policy, the Policy will govern.

Schedule of Benefits

Policy # XXXXXXXXXXXXXXXX



Coverage and Services

Maximum Limits

Section I

- Accidental Death and Dismemberment Per Insured Person \$15,000
- Medical expenses (per Covered Accident or Sickness):
  - Deductible zero
  - Benefit Maximum \$250,000 at 100%
- Extension of Benefits 30 days
- Emergency Medical Reunion \$5,000 (incl. hotel/meals, max \$200/day)
- Return Ticket \$1,500

Section II

- Team Assist Plan (TAP): 24/7 medical, travel, technical assistance
- Emergency Medical Evacuation \$250,000
- Repatriation/Return of Mortal Remains \$100,000

Section III

- Security Evacuation (Comprehensive) \$100,000
- \*aggregate of \$1M

Section I - Benefit Provisions

Benefits are payable under the Policy for Covered Expenses incurred by an Insured Person for the items stated in the Schedule of Benefits. Benefits shall be payable to either the Insured Person or the Service Provider for Covered Expenses incurred Worldwide, except in the United States or your Home Country. The first such expense must be incurred by an Insured Person within 30 days after the date of the Covered Accident or commencement of the Sickness; and

- All expenses must be incurred by the Insured Person within 364 days from the date of the Covered Accident or commencement of the Sickness; and
- The Insured Person must remain continuously insured under the Policy for the duration of the treatment.

The charges enumerated herein shall in no event include any amount of

such charges which are in excess of Reasonable and Customary charges. If the charge incurred is in excess of such average charge such excess amount shall not be recognized as a Covered Expense. All charges shall be deemed to be incurred on the date such services or supplies, which give rise to the expense or charge, are rendered or obtained.

**Accidental Death and Dismemberment Benefit** Accidental Death Benefit. If Injury to the Insured Person results in death within 365 days of the date of the Covered Accident that caused the Injury, We will pay 100% of the Maximum Amount.

**Accidental Dismemberment Benefit.** If Injury to the Insured Person results, within 365 days of the date of the Covered Accident that caused the Injury, in any one of the Losses specified below, We will pay the percentage of the Maximum Amount shown below for that Loss:

For Loss of:	Percentage of Maximum Amount
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and the Sight of One Eye	100%
One Foot and the Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
One Hand or One Foot	50%
The Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand	25%

"Loss of a Hand or Foot" means complete severance through or above the wrist or ankle joint. "Loss of Sight of an Eye" means total and irrecoverable loss of the entire sight in that eye. "Loss of Hearing in an Ear" means total and irrecoverable loss of the entire ability to hear in that ear. "Loss of Speech" means total and irrecoverable loss of the entire ability to speak. "Loss of Thumb and Index Finger" means complete severance through or above the metacarpophalangeal joint of both digits. If more than one Loss

is sustained by an Insured Person as a result of the same Covered Accident, only one amount, the largest, will be paid. Maximum aggregate benefit per occurrence is \$1,000,000.

Accident and Sickness Medical Expenses





We will pay Covered Expenses due to Accident or Sickness only, as per the limits stated in the Schedule of Benefits. Coverage is limited to Covered Expenses incurred subject to Exclusions. All bodily injuries sustained in any one Covered Accident shall be considered one Disablement, all bodily disorders existing simultaneously which are due to the same or related causes shall be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement (including complications arising there from), the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement.

Treatment of an Injury or Sickness must occur within 30 days of the Accident or onset of the Sickness.

When a covered Injury or Sickness is incurred by the Insured Person We will pay Reasonable and Customary medical expenses as stated in the Schedule of Benefits. In no event shall Our maximum liability exceed the maximum stated in the Schedule of Benefits as to Covered Expenses during any one period of individual coverage.

#### Covered Accident and Sickness Medical Expenses

Only such expenses, incurred as the result of a covered Accident or Sickness, which are specifically enumerated in the following list of charges, and which are not excluded in the Exclusions section, shall be considered as Covered Expenses:

- Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semiprivate room and board accommodation.
- Charges made for Intensive Care or Coronary Care charges and nursing services.
- Charges made for diagnosis, treatment and surgery by a Doctor.
- Charges made for an operating room.
- Charges made for outpatient treatment, same as any other treatment covered on an inpatient basis. This includes ambulatory surgical centers, Doctors' outpatient visits/examinations, clinic care, and surgical opinion consultations.
- Charges made for the cost and administration of anesthetics.
- Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical treatment.
- Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Doctor or surgeon.
- Charges made for artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items.
- Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required treatment. Such transportation shall be by licensed ground ambulance only.
- Charges for physiotherapy, if recommended by a Doctor for the treatment of a specific Disablement and administered by a licensed physiotherapist.
- Nervous or Mental Disorders are payable a) up to \$5,000 for outpatient treatment; or b) up to \$5,000 on an inpatient basis. We shall not be liable for more than one such inpatient or outpatient occurrence under the Policy with respect to any one Insured Person.
- Chiropractic Care and Therapeutic Services shall be limited to a total of \$50 per visit, excluding x-ray and evaluation charges, with a maximum of 10 visits per injury or Sickness. The overall maximum coverage per injury or Sickness is \$500 which includes x-ray and evaluation charges.
- Pregnancy, childbirth or miscarriage.

#### Extension of Benefits

Medical benefits are automatically extended 30 days after expiration of Insurance for conditions first diagnosed or treated during or related to your overseas study program with the University of Mary Washington. Benefits will cease at 12:00 a.m. on the 31st day following Termination of Insurance.

#### Emergency Medical Reunion

When an Insured Person is hospitalized for more than 6 consecutive days, We will reimburse for round trip economy-class transportation for one individual selected by the Insured Person, from the Insured Person's current Home Country to the location where the Insured Person is hospitalized. The benefits reimbursable will include:

- The cost of a round trip economy airfare and their hotel and meals up to the maximum stated in the Schedule of Benefits, Emergency Medical Reunion.

#### Exclusions and Limitations

For benefits listed under Accidental Death and Dismemberment, this insurance does not cover:

- Disease of any kind
- Bacterial infections except pyogenic infections which occur from an accidental cut or wound
- Neuroses, psychoneuroses, psychopathies, psychoses or mental or emotional diseases or disorders of any type
- Intentionally self-inflicted injury; suicide or attempted suicide (Applicable to Accidental Death and Dismemberment benefits only)
- War or any act of war, whether declared or not

1301 College Avenue  
Fredericksburg, VA 22401-5300

Tel: 540/654-1127  
Fax: 540/654-1168

<http://adminfinance.umw.edu/procurement/>



- Injury sustained while riding as a pilot, student pilot, operator, or crew member, in or on, boarding or alighting from, any type of aircraft
  - Injury occasioned or occurring while committing or attempting to commit a felony, or to which the contributing cause was the Insured Person being engaged in an illegal occupation
  - Injury arising out of a Pre-Existing Condition. However, an Injury for which treatment has not been rendered or treatment medically recommended for the past twelve consecutive months shall not be considered a Pre-Existing Condition unless otherwise specifically excluded
- For all other benefits, this Insurance does not cover:

- Pre-Existing conditions, except as specified below:
  - a) If the Insured Person does not receive medical care or services, including prescription drugs or other medical supplies, and is not under the care of a Doctor with respect to the Pre-Existing Condition or related condition(s), for a period of 6 consecutive months beginning on or after the first day of coverage, the Pre-Existing Condition exclusion will no longer apply and any eligible charges incurred after the treatment free period will be considered for reimbursement; or
  - b) If the Insured Person is covered under the Policy for 6 consecutive months, the Pre-Existing Condition exclusion will no longer apply and any eligible expenses incurred thereafter will be considered for reimbursement; or
  - c) For the Emergency Medical Evacuation and Repatriation/Return of Mortal Remains benefits
- Note: The Policy does pay benefits to a maximum of \$5,000 for loss due to a Pre-Existing Condition.
- Charges for treatment which is not Medically Necessary.
- Charges for treatment which exceed Reasonable and Customary charges.
- Charges incurred for surgery or treatments which are experimental/investigational, or for research purposes.
- Services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Doctor.

War or any act of war, whether declared or not

- Injury sustained while participating in professional athletics.
- Routine physicals, immunizations, or other examinations where there are no objective indications or impairment in normal health, and laboratory, diagnostic or x-ray examinations, except in the course of an Injury or Sickness established by a prior call or attendance of a Doctor.
- Treatment of the temporomandibular joint.
- Vocational, speech, recreational or music therapy.
- Services or supplies performed or provided by a Relative of the Insured Person, or anyone who lives with the Insured Person.
- The refusal of a Doctor or Hospital to make all medical reports and records available to Us which will cause an otherwise valid claim to be denied.
- Cosmetic or plastic surgery, except as the result of a covered Injury; for the purposes of this Policy, treatment of a deviated nasal septum shall be considered a cosmetic condition.
- Elective Surgery or Elective Treatment which can be postponed until the Insured Person returns to his/her Home Country or Permanent Residence, where the objective of the trip is to seek medical advice, treatment or surgery.
- Treatment and the provision of false teeth or dentures, normal hearing tests and the provision of hearing aids.
- Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by an Injury incurred while Insured hereunder.
- Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services.
- Congenital abnormalities and conditions arising out of or resulting therefrom.
- The cost of the Insured Person's unused airline ticket(s) for transportation back to the Insured Person's Home Country or Permanent Residence, where an Emergency Medical Evacuation or Repatriation of Remains benefit is provided.
- Expenses as a result of or in connection with the commission of a felony offense.
- Injury sustained while taking part in mountaineering where ropes or guides are normally used; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; parasailing. (except as provided by the Policy)
- Treatment paid for or furnished under any mandatory government program or facility set up for treatment without cost to any individual.
- Injury or Sickness covered by Workers' Compensation, Employers' Liability laws, or similar occupational benefits
- Injuries for which benefits are payable under any no-fault automobile insurance policy.
- Routine dental treatment.
- Drugs, treatments or procedures that either promote or prevent conception, or prevent childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
- Treatment for human organ tissue transplants and related treatment.
- Weak, strained or flat feet, corns, calluses, or toenails.
- Diagnosis and treatment of acne.
- Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft.
- Dental care, except as the result of Injury to natural teeth caused by a Covered Accident, unless otherwise covered under this Policy

- Expenses incurred within the Insured Person's Home Country or country of Permanent Residence, unless otherwise covered under this Policy
- Mental or Nervous Disorders or rest cures, unless otherwise covered under this Policy.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

#### Subrogation

To the extent the Company pays for a loss suffered by an Insured Person, the Company will take over the rights and remedies the Insured Person had relating to the loss. This is known as subrogation. The Insured Person must help the Company to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over an Insured Person's rights, the Insured Person must sign an appropriate subrogation form supplied by the Company.

#### Definitions

Coinsurance means the percentage amount of eligible Covered Expenses, after the Deductible, which are the responsibilities of the Insured Person and must be paid by the Insured Person. The Coinsurance amount is stated in the Schedule of Benefits, under each stated benefit.

Company shall be ACE American Insurance Company.

Covered Accident means an event, independent of Sickness or self-inflicted means, which is the direct cause of bodily Injury to an Insured Person.

Covered Expenses means expenses which are for Medically Necessary services, supplies, care, or treatment due to Sickness or Injury, prescribed, performed or ordered by a Doctor, and Reasonable and Customary charges incurred while insured under this Policy, and that do not exceed the maximum limits shown in the Schedule of Benefits, under each stated benefit.

Deductible means the amount of eligible Covered Expenses which are the responsibility of each Insured Person and must be paid by each Insured Person before benefits under the Policy are payable by Us. The Deductible amount is stated in the Schedule of Benefits, under each stated benefit. Doctor as used in this Policy means a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform surgery in accordance with the laws of the jurisdiction where such professional services are performed.

Effective Date means the date the Insured Person's coverage under the Policy begins. An Eligible Person will be insured on the latest of: 1) the Policy Effective Date; 2) the date he or she is eligible; or 3) the date requested by the Participating Organization provided the required premium is paid.

Elective Surgery or Elective Treatment means surgery or medical treatment which is not necessitated by a pathological or traumatic change in the function or structure in any part of the body first occurring after the Insured Person's effective date of coverage. Elective Surgery includes, but is not limited to, circumcision, tubal ligation, vasectomy, breast reduction, sexual reassignment surgery, and submucous resection and/or other surgical correction for deviated nasal septum, other than for necessary treatment of covered purulent sinusitis. Elective Surgery does not apply to cosmetic surgery required to correct injuries suffered in a Covered Accident. Elective Treatment includes, but is not limited to, treatment for acne, nonmalignant warts and moles, weight reduction, infertility, and learning disabilities.

Eligible Benefits means benefits payable by Us to reimburse expenses that are for Medically Necessary services, supplies, care, or treatment due to Sickness or Injury, prescribed, performed or ordered by a Doctor, and Reasonable and Customary charges incurred while insured under this Policy; and which do not exceed the maximum limits shown in the Schedule of Benefits under each stated benefit.

Emergency means a medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the Insured Person's life or limb in danger if medical attention is not provided within 24 hours. Family Member means a spouse, Domestic Partner, parent, sibling or child of the Insured Person.

Home Country means the country where an Insured Person has his or her true, fixed and permanent home and principal establishment or the United States.

Hospital as used in this Policy means, except as may otherwise be

provided, a Hospital (other than an institution for the aged, chronically ill or convalescent, resting or nursing homes) operated pursuant to law for the care and treatment of sick or Injured persons with organized facilities for diagnosis and surgery and having 24-hour nursing service and medical supervision.

Injury wherever used in this Policy means bodily Injury caused solely and directly by violent, accidental, external, and visible means occurring while this Policy is in force and resulting directly and independently of all other causes in a loss covered by this Policy.

Insured Person(s) means a person eligible for coverage under the Policy as defined in "Eligible Persons" who has applied for coverage and is named on the application if any and for whom We have accepted premium. Medically Necessary or Medical Necessity means services and supplies received while insured that are determined by Us to be: 1) appropriate and necessary for the symptoms, diagnosis, or direct care and treatment of the Insured Person's medical conditions; 2) within the standards the organized medical community deems good medical practice for the Insured Person's condition; 3) not primarily for the convenience of the Insured Person, the Insured Person's Doctor or another service provider or person; 4) not experimental/investigational or unproven, as recognized by the organized medical community, or which are used for any type of research program or protocol; and 5) not excessive in scope, duration, or intensity to provide safe, adequate, and appropriate treatment.

Mental and Nervous Disorder means a Sickness that is a mental, emotional or behavioral disorder.

Permanent Residence means the country where an Insured Person has his or her true, fixed and permanent home and principal establishment, and to which he or she has the intention of returning.

Pre-Existing Condition means an illness, disease, or other condition of the Insured Person within 180 days prior to the Insured Person's coverage became effective under the Policy: 1) first manifested itself, worsened, became acute, or exhibited symptoms that would have caused a person to seek diagnosis, care, or treatment; or 2) required taking prescribed drugs



or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or 3) was treated by a Doctor or treatment had been recommended by a Doctor.

Reasonable and Customary means the maximum amount that We determine is Reasonable and Customary for Covered Expenses the Insured Person receives, up to but not to exceed charges actually billed. Our determination considers: 1) amounts charged by other service providers for the same or similar service in the locality where received, considering the nature and severity of the bodily Injury or Sickness in connection with which such services and supplies are received; 2) any usual medical circumstances requiring additional time, skill or experience; and 3) other factors We determine are relevant, including but not limited to, a resource based relative value scale.

Relative means spouse, Domestic Partner, parent, sibling, child, grandparent, grandchild, step-parent, step-child, step-sibling, in-laws (parent, son, daughter, brother and sister), aunt, uncle, niece, nephew, legal guardian, ward, or cousin of the Insured Person.

Sickness wherever used in this Policy means illness or disease of any kind contracted and commencing after the Effective Date of this Policy and covered by this Policy.

Termination of Insurance means the Insured Person's coverage will end on the earliest of the following date: 1) the Policy terminates; 2) the Insured Person is no longer eligible; 3) of the last day of the Term of Coverage, requested by the Participating Organization, applicable to the Insured Person; or 4) the period ends for which premium is paid.

Termination of the Policy will not affect Trip coverage, if premium for the Trip is paid prior to the actual start of the Trip.

We, Our, Us means the insurance company underwriting this insurance.

#### IMPORTANT NOTICE

This policy provides travel insurance benefits for individuals traveling outside of their home country. This policy does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA).

For more information about the ACA, please refer to [www.HealthCare.gov](http://www.HealthCare.gov)

This information provides a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policy issued in the state in which the policy was delivered under form number AH- 15090. Complete details may be found in the policy on file at your school's office. The policy is subject to the laws of the state in which it was issued. Please keep this information as a reference.

#### **END OF ADDENDUM #1**

Melva Kishpaugh, VCO, CUPO

Asst. Director, Procurement Services

Phone: 540/654-1084

**\*Acknowledged receipt of RFP 16-520 Addendum #1 (and all addenda) should be acknowledged and included in the RFP submittal package:**

\_\_\_\_\_  
SIGNATURE

3/2  
\_\_\_\_\_  
DATE



**RFP ADDENDUM**  
February 29, 2016

**ADDENDUM NO. 2 TO ALL OFFERORS:**

Reference – Request for Proposals: RFP #16-520  
Commodity Code/to Furnish Goods or Service: 95300, 95348, 95352, 95892, 96288; Insurance Services for  
International and Study Abroad Programs  
Dated: February 16, 2016  
For Delivery to: University of Mary Washington,  
Commonwealth of Virginia  
Proposal Due Date: March 7, 2016; 3:30PM

This addendum consists of three (3) pages.

**ADDENDUM #2**

**CLARIFICATION/ADDITIONAL INFORMATION:**

Additional Claims Data for 2014-2015 and premium information provided via attachment and below.

The Total Premium by policy year is as follows:

**Outbound Plan Premium as of 1/31/16**

2014 - \$8,808.00

2015 - \$7,148.00

**Inbound Plan Premium as of 1/31/16**

2014 - \$17,275.00

2015 - \$17,957.00

**END OF ADDENDUM #2**

Melva Kishpaugh, VCO, CUPO  
Asst. Director, Procurement Services  
Phone: 540/654-1084

\*Acknowledged receipt of RFP 16-520 Addendum #2 (and all addenda) should be acknowledged and included in the RFP submittal package:

\_\_\_\_\_  
SIGNATURE

3/2/16  
\_\_\_\_\_  
DATE

Client Code	TPA Claim No	TPA Check Number	Check Date	State Code	Check Amount	Benefit Code	Date of Loss	Date Reported	Policy Desc	Effective Date	Termination Date	Diagnosis	Total Charges	Deductible Taken	Discount	Currency
N10876072	21402579100		20141118	VA	0 00	DVM	20140923	20141107	UNIV OF MARY WASHINGTON 2014	20140818	20150531	719 46	233 00	0 00	0 00	0 00
N10876072	21402710700		20141125	VA	0 00	XRY	20140923	20141119	UNIV OF MARY WASHINGTON 2014	20140818	20150531	719 46	163 00	0 00	0 00	0 00
N10876072	21403485300	80040341	20150224	VA	233 00	DVM	20140923	20150224	UNIV OF MARY WASHINGTON 2014	20140818	20150531	719 46	233 00	0 00	0 00	0 00
N10876072	21403485300	80040342	20150224	VA	183 00	XRY	20140923	20150224	UNIV OF MARY WASHINGTON 2014	20140818	20150531	719 46	163 00	0 00	0 00	0 00
N10876072	21500042400	80045629	20150609	VA	368 00	DVM	20150114	20150515	UNIV OF MARY WASHINGTON 2014	20141229	20150111	924 5	141 00	0 00	0 00	0 00
N10876072	21500042400		20150609	VA	0 00	HSP	20150114	20150515	UNIV OF MARY WASHINGTON 2014	20141229	20150111	924 5	13 00	0 00	0 00	0 00
N10876072	21500042400		20150609	VA	0 00	XRY	20150114	20150515	UNIV OF MARY WASHINGTON 2014	20141229	20150111	924 5	111 00	0 00	0 00	0 00
N10876072	21500042400		20150609	VA	0 00	DVM	20150114	20150515	UNIV OF MARY WASHINGTON 2014	20141229	20150111	924 5	103 00	0 00	0 00	0 00
N10876072	21500462600	80042552	20150409	VA	537 46	DRU	20150224	20150310	UNIV OF MARY WASHINGTON 2014	20140818	20150618	493 92	364 69	0 00	0 00	0 00
N10876072	21500462600		20150409	VA	0 00	DRU	20150224	20150310	UNIV OF MARY WASHINGTON 2014	20140818	20150618	493 92	39 89	0 00	0 00	0 00
N10876072	21500462600		20150409	VA	0 00	DRU	20150224	20150310	UNIV OF MARY WASHINGTON 2014	20140818	20150618	493 92	81 48	0 00	0 00	0 00
N10876072	21500462600		20150409	VA	0 00	DRU	20150224	20150310	UNIV OF MARY WASHINGTON 2014	20140818	20150618	493 92	51 59	0 00	0 00	0 00
N10876072	21500476200	80043485	20150428	VA	8 47	LAB	20150312	20150424	UNIV OF MARY WASHINGTON 2014	20140818	20150516	099 40	39 00	0 00	30 53	0 00
N10876072	21500913100	80044330	20150512	VA	85 70	DRU	20150312	20150422	UNIV OF MARY WASHINGTON 2014	20140818	20150516	099 40	85 70	0 00	0 00	0 00
N10876072	21500948800	80045393	20150604	VA	70 28	DVM	20150312	20150603	UNIV OF MARY WASHINGTON 2014	20140818	20150516	099 40	144 00	0 00	73 72	0 00
N10876072	21500948800		20150604	VA	0 00	PRD	20150312	20150603	UNIV OF MARY WASHINGTON 2014	20140818	20150516	099 40	21 00	0 00	0 00	0 00
N10876072	21500999500	80045629	20150609	VA	88 33	DVM	20150402	20150604	UNIV OF MARY WASHINGTON 2014	20140818	20150516	607 1	141 00	0 00	72 65	0 00
N10876072	21501798100	80047872	20150728	VA	33 47	NEG	20150601	20150701	UNIV OF MARY WASHINGTON 2014	20140801		000 0	33 47	0 00	0 00	0 00
N10876072	21502438200	80053261	20151110	VA	21 70	XRP	20150822	20151026	UNIV OF MARY WASHINGTON 2015	20150817		795 51	55 00	0 00	33 30	0 00
N10876072	21503189200		20151124	VA	0 00	XRP	20150822	20151117	UNIV OF MARY WASHINGTON 2015	20150817		795 51	55 00	0 00	0 00	0 00

\$ 1,589.43

[illegible]

**REQUEST FOR PROPOSALS (RFP)**

**RFP 16-520 Insurance Services for Inbound International and Study  
Abroad Program Participants**

**ORIGINAL**





## **TABLE OF CONTENTS**

**RFP cover sheet**

**Addendums:**

- Addendum 1: acknowledged and signed
- Addendum 2: acknowledged and signed

**Small Business Subcontracting Plan**

**SWaM Subcontractor Spend Reporting**

<b>1</b>	<b>Background statement</b>	<b>Page 1</b>
<b>2</b>	<b>Scope of services and pricing</b>	<b>Pages 2-6</b>
<b>3</b>	<b>A.M. Best Company rating</b>	<b>Page 6</b>
<b>4</b>	<b>Method of payment</b>	<b>Page 6</b>
<b>5</b>	<b>List of current references</b>	<b>Page 6</b>
<b>6</b>	<b>List of subcontracted providers</b>	<b>Page 6</b>
<b>7</b>	<b>Business operations</b>	<b>Page 7</b>
<b>8</b>	<b>Attachments</b>	<b>Pages 8-13</b>
	- Attachment A: Outbound claim process	Page 8
	- Attachment B: Outbound billing agreement	Pages 9-10
	- Attachment C: Added-value services	Page 11
	- Attachment D: iNext welcome email	Page 12-13

## BACKGROUND STATEMENT

iNext is part of the Council on International Educational Exchange (CIEE). CIEE is a nonprofit, non-governmental international exchange organization. For over 68 years, CIEE has helped thousands of students, professionals, and educators gain the knowledge and skills necessary to live and work in a globally interdependent and culturally diverse world by offering the most comprehensive, relevant, and valuable exchange programs available.

At one juncture, CIEE owned the International Student ID Card (ISIC). This business was sold in 2001 and five years later, iNext International Insurance was launched as the in-house travel and medical insurance covering all of the organization's participants on outbound programs (approximately 8,000 individuals per year).

The intent behind iNext is to provide a set of more robust insurance options to meet a variety of needs as opposed to a "lifestyle card" solution.

Consistent with our mission statement, we began offering the iNext solutions to colleges and universities on a partnership basis, where a centralized billing agreement is executed and the institution enrolls their participants directly into the iNext system.

iNext is unique in terms of offering a broad range of scalable coverage options that allow our partners to leverage our volume discounts without having to relinquish autonomy of decision-making, as it is sometimes the case with consortia.

An institution does not need to be a CIEE member to partner and there are no up-front fees, charges for period of inactivity or volume requirement. We work with our partners on the scale that makes sense for them and coverage is offered on a per participant basis, excluding the need for costly institution-encompassing annual contracts.

iNext offers six different study abroad insurance plans and two voluntary inbound plans for international students and visiting scholars.

One of the key value-adds to iNext is that we spread risk (the true goal of insurance). Our clients become part of a shared risk pool of ca. 28,000 insured spread amongst 200 institutions. Losses are collective and prevent any one institution being focused on.

- a. Dun and Bradstreet number

As a non-profit organization, iNext does not have a Dun and Bradstreet number.

- b. iNext's headquarters are located at 300 Fore Street, Portland ME 04101. iNext is managed by Jeff Thaxter, who is the Director. The iNext team includes three Senior Sales Executives, one Account Manager, one Operations Manager and one Operations Coordinator.  
iNext is part of the Study Department of CIEE, under the leadership of Bill Bull, VP of Program Management.

- c. Experience with educational institutions:

iNext currently works with 200 institutional partners. Our clients range from community colleges, public and private universities, small and large, preparatory schools as well as non-profit and volunteer organizations. As part of CIEE, we understand the specific needs and challenges educational institutions face, especially when it comes to the safety of their students, faculty and staff. We work closely with schools, partner universities abroad as well as our own CIEE study centers in various parts of the world.

## **SCOPE OF SERVICES AND PRICING**

### **A. Outbound plans for students, faculty, staff, spouse, children (participants age 13 minimum)**

#### **Supplemental plans (annual policies, same price for all participants)**

<b>Schedule of Benefits*</b>	<b>Basic</b>	<b>Premium</b>	<b>Premium PLUS</b>	<b>Platinum</b>	<b>Platinum PLUS</b>
Deductible	\$0	\$0	\$0	\$0	\$0
Medical Expense	Accident \$25,000/ Sickness \$15,000	Accident \$100,000/ Sickness \$20,000	Accident \$100,000/ Sickness \$20,000	Accident \$100,000/ Sickness \$100,000	Accident \$100,000/ Sickness \$100,000
Mental Health	-	-	-	\$100,000	\$100,000
Dental	\$500	\$500	\$500	\$500	\$500
Emergency Medical Evacuation	\$300,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Transportation of Dependents	Included	Included	Included	Included	Included
Bedside Visit	Included	Included	Included	Included	Included
Repatriation of Remains	\$25,000	\$50,000	\$50,000	\$50,000	\$50,000
Accidental Death and Dismemberment	\$5,000	\$10,000	\$10,000	\$20,000	\$20,000
Accidental Death and Dismemberment - Air Only [Paid in Lieu of Accidental Death and Dismemberment Benefit]	-	-	-	\$100,000	\$100,000
Trip Delay	-	\$200 - per Trip	\$200 - per Trip	\$200 - per Trip	\$200 - per Trip
Baggage/Personal Effects - Maximum Benefit	-	\$2,500	\$2,500	\$2,500	\$2,500
Maximum for Jewelry, Furs, Watches, Computers, Cameras	-	\$500	\$500	\$500	\$500
Per Article Limit	-	\$250	\$250	\$250	\$250
Baggage Delay	\$100	\$200	\$200	\$200	\$200
Trip Cancellation and Interruption	-	-	\$1,500	-	\$3,000
24-Hour Travel Assistance by EuropAssist	Included	Included	Included	Included	Included
EuropAssist - Web Tool	Included	Included	Included	Included	Included
<b>Optional Upgrade</b>					
<i>Available exclusively as an upgrade option to all supplemental policies except Basic</i>					
<b>Security Evacuation Upgrade</b>			<b>Available Annually</b>		
Political and Natural Disaster Evacuation			\$100,000		

#### **Supplemental price for anyone over age 13: annual policies therefore the price is per year**

Basic: \$32.00/participant

Premium: \$52.00/participant \$87.00/participant with political & natural disaster evacuation

Platinum: \$90.00/participant \$125.00/participant with political & natural disaster evacuation

Premium Plus: \$125.00/participant \$160.00/participant with political & natural disaster evacuation

Platinum Plus: \$199.00/participant \$234.00/participant with political & natural disaster evacuation

**Pre-existing conditions** range from 90 to 60 day look back depending on the supplemental plan.

**Prescription drugs** are covered under the medical coverage benefit.

**Athletic injuries**: no coverage in the supplemental plans

**Emergency dental coverage**: \$500 coverage for emergency dental

### Comprehensive plan (price increase for participants age 60+)

Schedule of Benefits**	Available on a Daily, Monthly, or Annual Rate
Deductible	\$0
Medical Expense	\$250,000 or \$500,000
Accident Expense	\$500,000
Coinsurance	100% to Plan Maximum
Mental Health	Included in \$250,000/\$500,000 Medical Expense
Self-Inflicted Injury	Included in \$250,000/\$500,000 Medical Expense
Repatriation of Remains	\$50,000
Emergency Reunion	Included in \$250,000/\$500,000 Medical Expense
Emergency Medical Evacuation	\$1,000,000
Cashless Access to Emergency Care	Up to \$5,000 for Covered Event
Alcohol and Drug Abuse	Included in \$250,000/\$500,000 Medical Expense
Accidental Death and Dismemberment	\$20,000 per Insured
Maternity	Included in \$250,000/\$500,000 Medical Expense
Dental Emergency	Up to \$750
Interscholastic Sports-Related Injuries	Included in \$250,000/\$500,000 Medical Expense
Intramural, Club, and Recreational Sports Injuries	Included in \$250,000/\$500,000 Medical Expense
24-Hour Travel Assistance, Including Medical Translation	Included— Provided by EuropAssist
Trip Delay	\$50 per day— \$200 Maximum
Trip Delay due to Quarantine	\$250 per day—\$2,500 Maximum
Loss of Baggage and Personal Effects	\$2,000
Baggage Delay	\$200
<b>Optional Upgrades</b>	
<b>Natural Disaster and Political Evacuation Upgrade</b>	<b>Available Monthly and Annually</b>
Political Evacuation	\$100,000
Natural Disaster Evacuation	\$100,000
Kidnapping/Ransom Consulting	\$250,000
<b>Trip Cancellation and Interruption Upgrade</b>	<b>Available on a Per-Trip Basis</b>
Trip Cancellation/Trip Interruption	100% of Trip Cost up to \$5,000
Accidental Death and Dismemberment—Air Only	\$100,000 Aggregate per Occurrence: \$1,000,000

#### Comprehensive plan price per participant:

##### Option 1: \$250,000 sickness and \$500,000 accident coverage:

- Participants age 13-59: \$1.50/day \$37.50/month \$295.00/year
- Participants age 60+: \$4.80/day \$145.00/month \$835.00/year

##### Option 2: \$500,000 sickness and \$500,000 accident coverage:

- Participants age 13-59: \$1.55/day \$43.00/month \$350.00/year
- Participants age 60+: \$4.95/day \$165.00/month \$995.00/year

#### The plan is available with 2 optional upgrades:

- Political and natural disaster: starting at \$9.85/participant/month
- Trip cancellation/interruption: \$90.00/participant/trip

#### Pre-existing conditions 60 day look back date

Prescription drugs are covered under the medical coverage benefit.

Athletic injuries: covered in the \$250,000 or \$500,000 sickness coverage

Emergency dental coverage up to \$750.00 for emergency coverage

**We require a 10-day minimum purchase for the comprehensive plan**

**Enrollment:**

Once the billing agreement is signed by both UMW and iNext, our operations administrator will set up the school with its own iNext log in information. The enrollment is as simple as filling out a spreadsheet that will be uploaded.

For enrolling we will need the following information for each individual participant:

First and last name

Date of Birth

Email address

Trip Dates

Once an enrollment is done, each participant will receive a welcome email with a printable copy of their insurance card (See ATTACHMENT D)

**Toll free number for outbound plans:**

We have a 24-hour worldwide emergency assistance service.

**Pre-Purchase Customer Service:** 866-887-7122

**Post-Purchase Assistance:** 877-852-6767

**A specific, written procedure for timely and accurate processing of claims by the insurer.**

Yes. (SEE ATTACHMENT A )

**A designated, named representative(s) to assist with all claims processing, associated claims, payment problems, forms preparation and information requests.**

No, we are unable to assign a specific person. However, for any issues or concerns, UMW should contact directly Muriel McDonald at 207.553.4100.

Insurance rates should be prorated from the initial enrollment date on a monthly basis to the expiration date of the policy, which shall be midnight on the thirty-first (31) day of July each year.

Because iNext outbound comprehensive plan is available at a daily and monthly rate with a minimum purchase of 10 days, you have flexibility to pay pro-rated rates if you enroll for a partial month. Supplemental plans are annual policy and therefore cannot be pro-rated.

Monthly claim reports showing enrollment data and expenses, broken down by identified categories. Reports should also include information regarding claims which were denied.

No. However, UMW claims experience is meshed into the greater, "pooled" iNext experience rate. This protects the university from potential price increases based on their individual claims history.

All adjustments in premium and/or changes in policy language, along with appropriate supporting documentation, must be received by the Institute's Office of Risk Management by the first day of February of each renewal year.

Yes, to the point that it can be predicted.

The insurance policy shall be filed and approved in the Commonwealth of Virginia and meet all applicable federal and Virginia Insurance regulations. No trust or association plan issued in another state will be allowed.

**Acknowledged.**

Provide examples of brochures, applications, and other materials, including advertisements, used to market health insurance plans.

(See iNext brochure)

UMW will have access to a report tool on the iNext website as soon as the iNext account is set up.

Provide any other additional information that would be beneficial in the context of this Request for Proposal.

All employees of the iNext team are licensed as Producer Resident in Life, Health, Property and Casualty in all 50 states.

iNext also provides its partners added value products with PicCell Wireless and Student Universe (See ATTACHMENT C).

## B. Inbound International Specific:

iNext offers 3 plans that have different levels of benefits. The plans are available for anyone traveling under a valid educational or vocational visa

Plan Features		iNext Essential		iNext Scholar		iNext Scholar Plus
Description of Benefits		Economical		Enhanced		Comprehensive
Maximum Benefit Annually or per Illness or Sickness:		\$400,000 Annual Max \$150,000 per Injury Sickness		\$1,000,000 Annual Max Unlimited Lifetime Max		Unlimited Annual Max
Overall Deductible		\$100 per Injury/Sickness (\$45 per Injury/Sickness at Health Center)		\$0 Annual Individual Deductible		\$0/250 In-Network or \$500 Out-of-Network Annual Individual Deductible
Prescription Drugs (Including Contraceptives)		\$100 Per Policy Period		\$10,000 Maximum 31-day Supply per Prescription		80% UCR
Mental Health (Inpatient)		Benefits payable at 80%		\$25,000 per policy period		80% UCR 30 Day Maximum per Policy Period
CAT/MRI		\$500 per Injury/Sickness \$850 for hi tech scans		100% UCR \$15,000 per Policy Period		80% UCR
Urgent Care		80%UCR after deductible		100% UCR after deductible		100% UCR after deductible
Preventive Care and Annual Exams		None		100% UCR Infant Exam: 5 visits annually Child/Adult Exams: \$100 per Policy Period		100% UCR Infant Exams (0-12 mos): 9 visits annually Child/Adult Exam: Annual Visit
Pre-Existing Conditions		Covered After 180 days		Not Covered		Waived for All Policies of 120 Days or more
OTHER		OTHER		OTHER		OTHER
Ambulance:		\$400 per Policy Period		Ground: \$400 max per Occurrence \$2,500 per Policy Period		100% UCR
Alcohol and Drug Abuse (Inpatient and Outpatient)		Same as any other injury/sickness		None		80% UCR Inpatient 30 Days Annual Max Outpatient: 40 Days Annual Max
Maternity		\$5,000 per Policy Period (normal delivery) \$7,500 per Policy Period (C-Section)		\$2,500 per Policy Period Normal and C-Section		80% UCR
Repatriation of Remains		\$50,000 per Policy Period		\$50,000 per Policy Period		\$50,000 per Policy Period
Medical Evacuation		\$60,000 per Policy Period		\$250,000 per Policy Period		\$300,000 per Policy Period

Enrollment in these plans can be done anytime. We only require a 30-day minimum purchase, which allows for easy pro-rating if necessary. The university has the option to provide a roster of students and we will do a group enrollment or the student can individually purchase the plan of his/her choice directly from our website.

**Inbound Pricing:**

iNext Essential		iNext Scholar		iNext Scholar Plus		
Age Band	Daily Rate	Age Band	Daily Rate	Age Band	Daily Rate for \$0 deductible	Daily Rate for \$250 deductible
<b>Students</b>		<b>Students</b>		<b>Students</b>		
10-24	\$ 1.25	10-16	\$ 3.95	10-16	\$ 6.15	\$ 5.70
25-29	\$ 1.99	17-34	\$ 3.65	17-34	\$ 4.95	\$ 4.60
30-65	\$ 3.40	35-39	\$ 9.60	35-39	\$ 14.80	\$ 13.80
<b>Dependents</b>		<b>Dependents</b>		<b>Dependents</b>		
0-65	\$ 8.00	0-16	\$ 12.70	0-16	\$ 18.50	\$ 17.10
		17-34	\$ 12.70	17-34	\$ 14.80	\$ 13.75
		35-39	\$ 28.00	35-39	\$ 44.40	\$ 41.00

**AM BEST COMPANY RATING:**

iNext outbound plans are underwritten by Nationwide Mutual Insurance Company and affiliated companies with a rating of A+ (Superior) by A.M. Best Company.

**METHOD OF PAYMENT:**

iNext partners can pay their invoices by check, money order or credit cards

**CURRENT REFERENCES:**

Elon University	Amanda Zamzes	<a href="mailto:azamzes@elon.edu">azamzes@elon.edu</a>	336.278.6700
Bethel University	Vincent Peters	<a href="mailto:v-peters@bethel.edu">v-peters@bethel.edu</a>	651.638.6124
Providence College	Adrian Beaulieu	<a href="mailto:abeaulieu@providence.edu">abeaulieu@providence.edu</a>	401.865.2114
Muhlenberg College	Susan Norling	<a href="mailto:snorling@muhlenberg.edu">snorling@muhlenberg.edu</a>	484.664.3479
Notre Dame of Maryland University	Melissa Sokol	<a href="mailto:msokol@ndm.edu">msokol@ndm.edu</a>	410.532.5561
Concordia Irvine University	Faith McKinney	<a href="mailto:faith.mckinney@cui.edu">faith.mckinney@cui.edu</a>	949.214.3471
Hart Travel Partners	Steve Hart	<a href="mailto:stevehart@harttravelpartners.com">stevehart@harttravelpartners.com</a>	617.320.3016
Carpe Diem International	Brian Jewett	<a href="mailto:brian@carpediemeducation.com">brian@carpediemeducation.com</a>	503.285.1800

**LIST OF SUBCONTRACTED PROVIDERS:**

For outbound plans: Seven Corners- +1-317-582-2684  
EuropAssist Main Office- +1-240-330-1408

For inbound plans: GBG (Global Benefits Group) and Aetna and its affiliates

**BUSINESS OPERATIONS:**

Muriel McDonald will be the lead Account Manager for the University of Mary Washington.

Kristen Riley will be the lead Senior Operations Coordinator and will handle the day-to-day account operation.

Jeff Thaxter is the iNext Director and oversees the daily sales and operations duties. Below are the contact information for each team member.

Muriel McDonald  
Senior Sales Executive  
Producer License in Life & Health, Property & Casualty  
Email: [mmcdonald@cjee.org](mailto:mmcdonald@cjee.org)  
Direct Line: 207.553.4100  
Mobile: 207.347.0401

Kristen Riley  
Senior Operations Coordinator  
Producer License in Life & Health, Property & Casualty  
Email: [kriley@cjee.org](mailto:kriley@cjee.org)  
Direct Line: 207.553.4148

Jeff Thaxter  
iNext Director  
Producer License in Life & Health, Property & Casualty, Variable Contracts  
Email: [jthaxter@cjee.org](mailto:jthaxter@cjee.org)  
Direct Line: 207.553.4069



## ATTACHMENT A

### STUDY ABROAD PARTICIPANT INSURANCE CLAIM PROCESS

Seven Corners, or its designated representative, will pay a claim after receipt of acceptable proof of loss. Benefits for loss of life are payable to Insured's beneficiary. If a beneficiary is not otherwise designated by the Insured, benefits for loss of life will be paid to the first of the following surviving preference beneficiaries:

- (a) the Insured's spouse;
- (b) the Insured's child or children jointly;
- (c) an Insured's parents jointly if both are living or the surviving parent if only one survives;
- (d) an Insured's brothers and sisters jointly; or
- (e) the Insured's estate.

All other claims will be paid to the Insured. In the event the Insured is a minor, incompetent or otherwise unable to give a valid release for the claim, the Company may make arrangement to pay claims to the Insured's legal guardian, committee or other qualified representative.

All or a portion of all other benefits provided by the Group Policy may, at the option of the Company, be paid directly to the provider of the service(s). All benefits not paid to the provider will be paid to the Insured. Any payment made in good faith will discharge the Company's liability to the extent of the claim. The applicable benefit amount will be reduced by the amount of benefits, if any, previously paid by other Insurance Policies. In no event will the Company reimburse the Insured for an amount greater than the amount paid by the Insured.

**Claim Procedures: Proof of Loss:** Written notice of claim must be given by the Claimant (either the Insured or someone acting for the Insured) to the Company or its designated representative within twenty (20) days after a covered loss first begins or as soon as reasonably possible. Notice should include Your name, the Participating Organization's name and the Group Policy number. Notice should be sent to the Company's administrative office, at the address shown on the cover page of the Group Policy, or to the Company's designated representative. The Claimant must send the Company, or its designated representative, proof of loss within ninety (90) days after a covered loss occurs or as soon as reasonably possible.

**Payment of Claims: When Paid:** Benefits payable under this policy for any loss other than loss for which this policy provides any periodic payment will be paid immediately upon receipt of due written proof of such loss. Subject to due written proof of loss, all accrued indemnities for loss for which this policy provides periodic payment will be paid monthly and any balance remaining unpaid upon the termination of liability, will be paid immediately upon receipt of due written proof. All claims shall be paid within 30 days following receipt by the Company of due proof of loss. Failure to pay within such period shall entitle the claimant to interest at the rate of 9 percent per annum from the 30th day after receipt of such proof of loss to the date of late payment, provided that interest amounting to less than one dollar need not be paid. You or Your assignee shall be notified by the Company or designated representative of any known failure to provide sufficient documentation for a due proof of loss within 30 days after receipt of the claim. Any required interest payments shall be made within 30 days after the payment.

Seven Corners, Inc.  
877.852.6767 or 317-582.2684  
Email: [info@sevendcorners.com](mailto:info@sevendcorners.com)

[www.SevenCorners.com](http://www.SevenCorners.com)

**ATTACHMENT B**  
**INEXT OUTBOUND BILLING AGREEMENT**

**Partner and iNext International Insurance**

Effective xxxx, 2016, Partner and iNext International Insurance (iNext) agree to the following billing terms:

1. iNext will provide invoices to Partner on a monthly basis, following account activity. Partner agrees to pay for the iNext product based on the number of participants uploaded through the Partner enrollment account.
2. When invoicing, iNext will provide Partner with a comprehensive list of participants covered by the iNext International Insurance policy.
3. Should Partner participants contact iNext with questions about the billing process, iNext will direct participants to Partner for assistance.
4. Program fee charges and/or credits for all Partner participants covered by an iNext International Insurance policy shall be as follows:

**iNext Supplemental Plans:**

- **\$32.00** for **Basic Annual** (discounted from \$39.00 retail)
- **\$52.00** for **Premium Annual** (discounted from \$62.00 retail)
- **\$87.00** for **Premium Annual with Security** (discounted from \$102.00 retail)
- **\$90.00** for **Platinum Annual** (discounted from \$105.00 retail)
- **\$125.00** for **Platinum Annual with Security** (discounted from \$145.00 retail)
- **\$125.00** for **Premium Plus Annual** (discounted from \$145.00 retail)
- **\$160.00** for **Premium Plus Annual with Security** (discounted from \$185.00 retail)
- **\$199.00** for **Platinum Plus Annual** (discounted from \$235.00 retail)
- **\$234.00** for **Platinum Plus Annual with Security** (discounted from \$275.00 retail)

**iNext Enhanced Comprehensive Plan, \$250,000 Medical / \$500,000 Accident:**

***Please note the minimum enrollment is 10 (ten) days.***

- **\$1.50 per day** for **Comprehensive Daily for 13-59 year olds** (available only to Partner)
- **\$4.80 per day** for **Comprehensive Daily for those over 60** years of age (available only to Partner)
- **\$37.50 per month** for **Comprehensive Monthly for 13-59 year olds** (available only to Partner)
- **\$145.00 per month** for **Comprehensive Monthly for those over 60** years of age (available only to Partner)
- **\$295.00 per year** for **Comprehensive Annual for 13-59 year olds**
- **\$835.00 per year** for **Comprehensive Annual for those over 60** years of age.

**iNext Enhanced Comprehensive Plan, \$500,000 Medical / \$500,000 Accident:**

- ***Please note the minimum enrollment is 10 (ten) days.***
- **\$1.55 per day** for **Comprehensive Daily for 13-59 year olds** (available only to Partner)
- **\$4.95 per day** for **Comprehensive Daily for those over 60** years of age (available only to Partner)
- **\$43.00 per month** for **Comprehensive Monthly for 13-59 year olds** (available only to Partner)
- **\$165.00 per month** for **Comprehensive Monthly for those over 60** years of age (available only to Partner)
- **\$350.00 per year** for **Comprehensive Annual for 13-59 year olds**
- **\$995.00 per year** for **Comprehensive Annual for those over 60** years of age.

**iNext Enhanced Comprehensive Optional Add-Ons:**

- **\$9.85 per person per month for Natural Disaster and Political Evacuation Add-on Monthly** (available only to Partner as an add-on to the Comprehensive Base Plan)
  - **\$90.00 for Trip Cancellation and Interruption Add-on Per Person Per Trip** (discounted from \$95.00 retail, as an add-on to the Comprehensive Base Plan)
5. In the event that a participant from Partner withdraws/defers from a program after effective insurance date, no refund will be issued.
  6. Invoicing will occur no later than the 15<sup>th</sup> of the month following any month with activity.
    - 6.a. Invoices will be sent via email to Partner. A paper invoice will be sent via USPS only upon written request from Partner.
  7. Payments will be due 30 days after the invoice date and should be accompanied by a copy of the invoice or a list of participants for which the payment is being sent.
  8. This agreement may be updated or changed at any time by mutual agreement.
  9. Partner agrees to the iNext Terms and Conditions as stated below:

**iNext Terms and Conditions:**

**Travel to Cuba:** ALL programs & travel to Cuba must have appropriate U.S-government sanctioned “People To People” licenses in place (ref. OFAC, Office of Foreign Assets Control, U.S. Treasury Dept.) in advance of enrollment in an iNext policy! Please contact iNext for more information well in advance of planned departure!

**Refunds:** iNext will refund the full value of the policy for insureds upon written notice from Partner before the effective date of insurance.

**Shipment of cards:** iNext will ship cards to individual insureds within United States with no additional charge. Cards will be shipped to the address labeled “shipping address” in the profile completed by the insured on the inext.com website. If individual insureds request overnight or expedited shipping, additional charges will be applied at the insured’s cost. For all Comprehensive policies shorter than one year in duration, there will be a \$2.50 charge per produced card. The card is not required as proof of insurance.

**Upgrade of product:** Individual insureds have the option to upgrade their product coverage at their own expense. Partner will be charged for the original enrollment and the individual insured will be charged for the upgrade.

**Eligibility for coverage:** Individual policyholders are eligible for coverage as set out in the policy located at <http://www.inext.com>. Responsibility for determining if an individual insured qualifies for coverage lies with the individual traveler, not with CIEE, iNext or Partner.

**For Partner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For iNext:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Jeff Thaxter, iNext Director

## **ATTACHMENT C**

### **ADDED-VALUE SERVICES**

#### **Free Cell Phone:**

iNext has partnered with PicCell Wireless to help your participants stay in touch while abroad. All iNext cardholders are provided with a free cell phone and local SIM card rental for their destination country. Each participant receives an email immediately after enrollment with instructions on redeeming this offer.

The offer includes:

- Free basic international cell phone and SIM card rental
- Keep the phone for future travels (the SIM card should be send back to PicCell)
- Free incoming calls and texts (including from the U.S.)
- No activation fee and no security deposit
- Only pay for the calls you make, no monthly or daily fees
- A one-time \$20.00 prepaid credit is required that will be credited to the first invoice
- The phone can be shipped before the participant's departure from the U.S. or ship to the destination. Shipping fees are discounted if the phone is ordered at least two weeks in advance.
- Phone charger for destination country included

#### **Flight Discounts:**

iNext has partnered with Student Universe to bring participants discounted airfares. iNext card holders should visit [www.studentuniverse.com](http://www.studentuniverse.com) and use the exclusive iNext coupon code to redeem the discount.

## ATTACHMENT D: iNext Welcome Email for outbound enrollment



Dear \_\_\_\_\_,

Greetings from iNext Travel Insurance!

You have been enrolled under an iNext Premium Policy by \_\_\_\_\_ for your upcoming trip abroad. Your policy provides a complete network of travel insurance coverage – medical insurance, 24 hour emergency assistance, trip and baggage delay, loss of baggage, and much more!

You will see a printable card template that you can print, cut out, and carry with you in your wallet as you travel in the event that you misplace your iNext card.

### **To Access Your Online Account:**

1. Log into [www.iNext.com](http://www.iNext.com) using the following:

- a. User Name: [name@gmail.com](mailto:name@gmail.com)
- b. Temporary Password: XXXX

### **To Receive a Plastic ID Card:**

1. Log into your account with the information above. Upon logging in you will be asked to reset your password and assign a security question.

2. Complete your profile information and upload a photo of yourself.
3. Save and submit your information.
4. Continue through to confirm your shipping information.

a. Note: There may be a \$2.50 card fee if a card was not purchased for you by your institution.

Your iNext card will arrive within 5-10 business days via standard US Postal Service shipping. International, expedited, and overnight shipping options are also available for an additional cost.

### **Stay in Touch**

Get your FREE international mobile phone and SIM card rental from PicCell Wireless before you leave! iNext has partnered with PicCell Wireless to provide this exclusive offer to iNext insureds! Simply click the link below to redeem this offer:

[www.piccellwireless.com/inext](http://www.piccellwireless.com/inext)

- ☑ Free International cell phone and SIM card rental
- ☑ A one-time \$20 prepaid credit is required and goes towards your bill
- ☑ \$9.90 for shipping if phone is shipped within the US over 2 weeks before you leave
- ☑ Keep the phone for future travels (unless traveling to Japan)
- ☑ Free incoming calls & texts (In China and Argentina, some incoming calls are not free)
- ☑ Only pay for the calls you make, no monthly or daily fees
- ☑ Phone charger for destination country included

Please contact PicCell Wireless directly at [info@piccellwireless.com](mailto:info@piccellwireless.com) or call toll free at 1-877-235-5742 with any questions.

**\*\*Please note that phones or SIM cards may not be available for some countries.\*\***

**Travel Affordably**

iNext also makes it easy and affordable for you to travel! Book your flight through Student Universe on [www.StudentUniverse.com](http://www.StudentUniverse.com) using the exclusive iNext coupon code below to receive up to \$25.00 off the price of your ticket! The coupon code can be used by eligible students and faculty booking international, domestic, round trip, one way, or open jaw flights.

**iNext coupon code: iNext**

Name:	Name	<p>Wherever you are in the world, you're never alone with iNext. For 24 hour medical, legal, or travel assistance, call Seven Corners at: 1-317-582-2684 collect / outside U.S. 1-877-852-6767 toll-free / inside the U.S.</p> <p>Insurance coverage is provided by Nationwide. For claims, submit a claim form with the original itemized bills to: Seven Corners, Inc. 303 Congressional Boulevard, Carmel, IN 46032</p>
Partner Name:	School Name	
Date of Birth:	05/30/1972	
Issued on:	7/24/2015	
End Date:	7/23/2016	
Program Number:	ME-49-123220	
ID Number:	123220	

If you have any questions, or if you are having difficulty viewing this message, please contact us at: [iNext@ciee.org](mailto:iNext@ciee.org)

Best wishes for safe and enjoyable travels!

Sincerely,

The iNext Team

