



LANE COMMUNITY COLLEGE

REQUEST FOR PROPOSAL

RFP 25/26-03 INTERNATIONAL STUDENT INSURANCE



Issue Date: April 8, 2026 2:00 PM (PST)

Closing Date: May 6, 2026 2:00 PM (PST)

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1) **INVITATION**

Copies of the Request for Proposals (RFP) may be obtained free of charge at
<https://bidlocker.us/a/lanecc/BidLocker>

LCC, a Community College District created within the context of Oregon Revised Statutes, is an Equal Opportunity Employer. Veterans, Minority and Women-Owned Businesses are encouraged to participate in this solicitation.

2) **SUBMITTAL OF PROPOSALS**

Interested individuals or firms may submit responses to this invitation by completing the requested documentation and submitting it by uploading the requested documents at:
<https://bidlocker.us/a/lanecc/BidLocker>.

Delivery is the sole responsibility of the responder.

Statements of Qualifications not received by the time and date stated herein shall not be considered.

3) **BACKGROUND**

LCC (LCC), located in Eugene, Oregon, serves a 5,000-square-mile district across Lane County. Educating over 15,000 students, of which approximately 200 are International, annually at six locations and online. LCC contributes more than \$850 million to the local economy. The College is an Equal Opportunity Employer and actively encourages participation from Minority and Women-Owned Businesses.

SINGLE POINT OF CONTACT

Address all requests for clarification or additional information on this solicitation to:

Greg Davies
Administrator, Contracts and Procurement
Lane Community College
Building 3 Room 101
4000 East 30th Avenue
Eugene, OR 97405
Email: daviesgm@lanecc.edu

4) **GENERAL REQUIREMENTS & SCOPE OF WORK**

The scope of services is as follows but not limited to:

Lane Community College is soliciting proposals for International Student Health Insurance. LCC is looking to create a long-term partnership by providing quality health insurance benefits to the International Student population. The plan enrollment is based on a hard waiver system with proof of acceptable comparable coverage required. The number of international students is expected to be approximately 200 for 2026-2027.

The following services will be provided by the successful Proposer:

- Fully insured benefit Plans
- Claim adjudication
- Claim incident reporting
- Printed information about Plan coverages, including brochures and summaries
- Professional customer service for students
- Plan marketing assistance
- Athletic student coverage
- Telehealth services

***A complete brochure describing the 2025-2026 Plan benefits, limitations, exclusions and other policy provisions is included in Exhibit 1.**

Expected Term Dates for the 2026-2027 Plan Year (approximately)

General Sessions

- Fall Term 9/24/2026 to 1/07/2027
- Winter Term 1/07/2027 to 4/01/2027
- Spring Term 4/01/2027 to 6/24/2027
- Summer Term 6/24/2027 to 9/23/2027

Late Enrollment and Mandatory Refund

Late enrollment will be allowed for a student who provides proof to the LCC International Programs Office that he or she became involuntarily ineligible for coverage under a group insurance Plan during the 63 days immediately preceding the request for enrollment in the Student Health Insurance Plan. Premium rates will not be pro-rated and the effective date of coverage will be the date application is made at the LCC International Programs Office.

In the event an insured student withdraws from LCC for medical reasons, the student may continue to be covered under the Student Health Insurance Plan until the end of the term in which the withdrawal occurred.

In the event an insured student withdraws from LCC during the first 14 days of the fall term for non-medical reasons, the student may request a refund of the premium, and no coverage will apply for any claims incurred during that time period. This refund provision also applies when a student pays for an entire year of coverage, then withdraws from LCC during the first 14 days of any subsequent term. Should a student withdraw in a subsequent term, a prorated refund for the portion of premiums attributable to the remaining terms shall be refunded.

A mandatory prorated refund will also be granted to any covered person upon entry into the armed forces of any country. No other refunds will be granted except as specifically provided above.

No Gain/No Loss Provision

The successful proposer must agree to waive any exclusion which would result in a loss of benefits for insured persons covered by the Student Health Insurance Plan during the period of coverage immediately preceding the effective date for the 2026-2027 Plan year. This provision is only in effect to the extent that benefits are not otherwise payable under the Student Health Insurance Plan contract for the 2026-2027 plan year.

Compliance with State or Federal Statutes, Rules, & Regulations or Court Orders.

The benefit designs requested herein requires the insurance carrier to establish eligible expenses, benefits, limitations, exclusions, special provisions, and all other facets of Plan management so that LCC and the insurance plan will be in full compliance with any applicable state or federal statutes, rules, regulations or court orders, and those provisions of the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 which may now or in the future pertain to Student Health Insurance plans.

Coordination of Benefits

The benefit designs requested in this RFP will be required to include the following coordination of benefits provision:

- The Plan will coordinate benefit payments with certain other health plans (excluding Medicare and Medicaid) under which an individual is covered so that the total benefits available will not exceed 100%

of the incurred eligible expenses.

- Whenever legally permissible, the Plan will pay on a secondary basis for dependents covered by the Student Health Insurance Plan; students or dependents covered by Medicare, Medicaid, or the Oregon Health Plan; or for students or dependents incurring expenses resulting from a motor vehicle accident or work-related injuries covered by a workers' compensation policy.
- Our plan will not pay more than it would without the coordination provision. The determination of which Plan is primary will be based upon the "Birthday Rule" from the National Association of Insurance Commissioners, or then applicable Oregon statutes, rules, or regulations.

Extension of Benefits

The benefit designs requested in this RFP shall include an Extension of Benefits Provision. This provision will extend benefits past the date the covered student's insurance terminates if he or she has a continuing claim on such date. This provision will extend benefits for up to 13 weeks from the date of termination.

Termination of Insurance

The benefit designs requested in this RFP shall include the following provisions establishing when coverage terminates for covered persons:

- The last day of the period for which premium payment has been made;
- The date LCC is no longer providing coverage through the carrier selected by this RFP process;
- The date of entry into military service, except for temporary duty of 30 days or less;
- The date the insured person ceases to be an eligible student or eligible dependent. If a student withdraws from LCC for medical reasons, that student and their dependents are considered eligible until the end of the term in which the withdrawal occurs.

Subrogation

Each of the benefit designs requested in this RFP shall include a provision for subrogation. The terms for this subrogation provision will be agreed to by the successful proposer and LCC as part of a final negotiation process.

Benefit Designs

Please provide premium quotations based upon the benefit designs requested below, including all benefit management or requested Plan design provisions specified in this RFP. The proposer must provide coverage that is in compliance with all federal and state statutes, rules, regulations, or court orders, regardless of the benefits requested herein. This mandate includes but is not limited to compliance with federal or state civil rights statutes and those provisions of the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010, which may now or in the future pertain to Student Health Insurance plans.

Benefit Design A

Subject to the requirements stated in this RFP, LCC requests a proposal based upon the current benefits, limitations and exclusions as shown in Exhibit 1 in the 2025-2026 brochure. Benefits subject to usual, customary and reasonable standards must be provided on the Health Insurance Associations of America's or Medical Data Research's current data using at least the 90th percentile as the maximum allowance. Any alternative benefit or use of other data sources must be fully described. Benefit plans for the 2026-2027 year may need to include

changes mandated by the PPACA or other State or Federal laws related to Health Care Reform. Such changes may include but are not limited to:

- Prohibiting preexisting condition exclusions for insureds under age 19; including specified preventive health services with limited cost-sharing and prohibiting lifetime dollar limits on essential health benefits. Your pricing for this Benefit Design should address these potential changes.

Current Plan Information (Summary):

***A full plan description is included as Exhibit 1**

Emergency Services

- Medical Evacuation or Transport
- Family Visit
- Repatriation of Mortal Remains

Telehealth Services: Speak with a licensed doctor by web, phone, or mobile app in minutes

- 24/7 anytime, anywhere
- Treats general medical conditions
- The ability to prescribe medication over the phone

Mental Healthcare Services: The ability to speak with a licensed counselor or psychiatrist by web, phone, or mobile app

- Manage anxiety, depression, negative thoughts, and other mental health concerns
- Live coaching, digital programs, diverse language providers
- 24/7 crisis care

Annual Maximum: \$500,000

Annual Deductible: \$0

Pre-Existing Condition Benefit (3 months): \$2,500

Student Health Center, Telehealth Visit, or a CVS Clinic

Office Visit:

- In-Network: 100% with a \$20 Copay
- Out-of-Network: 80% with a \$20 Copay

Hospital Visit:

- In-Network: 100% with a \$100 Copay
- Out-of-Network: 80% with a \$100 Copay

Emergency Room Visit:

- In-Network: \$100 Copay
- Out-of-Network: \$100 Copay

Wellness: 100% up to \$4500 per Policy Year

Emergency Ambulance Services (air & ground): 100% In and Out-of-Network

In-Network Prescription Drugs (up to the annual maximum per policy year-outpatient)

100% Dispensed as an Inpatient

50% Dispensed as an Outpatient

Self-Inflicted Benefit: Maximum Benefit per Policy Year: \$15,000

Medical Treatment of a Mental Condition (per policy year):

- Maximum of 30 Days Inpatient
- Maximum of 30 Outpatient Visits

Physiotherapy (only when prescribed by a physician): A Maximum of 20 Visits per Policy Year

***Companion Emergency Transportation Benefit:** The LCC International Program would want options to add this to the plan for 2026-2027.

Evaluation

Proposals will be evaluated for completeness and compliance with the requirements of this RFP. The criteria that will be used in the evaluation will include but not be limited to:

- Firm experience, references and depth of experience
- Evaluation of Attachment D responses
- Evaluation of pricing

TIMELINE

Event	Date & Time
Issue Request for Proposal	April 8, 2026 2 PM (PST)
Deadline for submitting requests for scope clarification	April 20, 2026
Answers to Questions / Requests for Clarification Issued (approx.)	April 27, 2026
RFP Protest Period Ends	7 calendar days prior to RFP Opening
Opening (Proposal Due)	May 6, 2026 2 PM (PST)
Presentations, Demonstrations, or Interviews (if needed)	May 11-15, 2026
Issuance of Notice of Intent to Award (approx.)	June 5, 2026
Award Protest Period Ends	7 calendar days after Notice of Intent to Award

11) SUBMITTAL CONTENT

Statements of Qualifications submitted in response to this invitation shall contain the following information in order to be considered responsive:

(1) Briefly introduce your firm providing a summary of the administration, organization and staffing with specific information regarding who will be managing this account. Please include any projected projected increases or decreases in staff during the contract period

(2) Proposals must include a description of the Proposer's experience in working with International Student Health Plans. Please provide a complete list of all current International Programs Clients. Please be aware that we may choose to call anyone on the list of current clients. Please list complete contact details for at least three references as stated in Attachment C.

(3) Proposer should identify the individuals or companies that will be responsible for the following:
 Underwriting
 Legal Compliance and Contracts
 Claims Adjusting
 Customer Service for covered students

(4) Proposers must complete Attachments A-D

ATTACHMENT A

PROPOSER CERTIFICATIONS

By signature on this certification the undersigned certifies that they are authorized to act on behalf of the Proposer and that under penalty of perjury the undersigned will comply with the following:

SECTION I. OREGON TAX LAWS

The undersigned hereby certifies under penalty of perjury that the undersigned is authorized to act on behalf of Proposer and that Proposer is, to the best of the undersigned's knowledge, not in violation of any Oregon Tax Laws. For purposes of this certification, "Oregon Tax Laws" means a state tax imposed by ORS 320.005 to 320.150 and 403.200 to 403.250 and ORS chapters 118, 314, 316, 317, 318, 321 and 323 and the elderly rental assistance program under ORS 310.630 to 310.706 and local taxes administered by the Department of Revenue under ORS 305.620.

SECTION II. AFFIRMATIVE ACTION

The undersigned hereby certifies that they have not discriminated against Minority, Women or Emerging Small Business Enterprises in obtaining any required subcontracts, pursuant to OAR 580-061-0030 (3).

SECTION III. COMPLIANCE WITH SOLICITATION

The undersigned agrees and certifies that they:

1. Have read, fully understands and agrees to be bound by the Request for Proposal and all Attachments and Addenda to the Request for Proposal; and
2. Are an authorized representative of the Proposer, that the information provided is true and accurate, and that providing incorrect or incomplete information may be cause for rejection of the Proposal or Contract termination; and
3. Will furnish the designated item(s) and/or service(s) in accordance with the Request for Proposal and the Contract; and
4. Has provided a correct Federal Employer Identification Number with the Proposal.

Authorized Signature: _____ Date _____

Name (Type or Print): _____ Phone _____

Title: _____ Email _____

Attachment B: PROPOSAL FORM & GENERAL INFORMATION

The Proposer makes the following statements and representations as part of the proposal:

<p>COMPANY INFORMATION (To be used For All Legal and Contractual Correspondence)</p> <p>PROPOSER NAME: _____</p> <p>PROPOSER ADDRESS: _____</p> <p>TELEPHONE: _____ EMAIL ADDRESS: _____</p> <p>FIRM INFORMATION</p> <p>1) Federal Taxpayer ID Number _____</p> <p>2) How long has the Proposer been in business? Under which names?</p> <p>_____</p> <p>_____</p>	
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EXCEPTIONS & RESIDENCY

1) Are there exceptions to the work scope or specifications in this proposal (circle one)?

YES

NO

Exceptions to any of the specifications or requirements shall be noted in writing, and attached to this Proposal Form when submitted. By taking exceptions and clearly stating them in writing on a separate sheet of paper headed Exceptions and showing the solicitation number and the Proposer's Name, and by offering alternates to replace the excepted requirements with clear pricing options corresponding to each exception taken, the Proposer may still compete in the solicitation. The College shall be the sole judge of the acceptability of any exceptions. In the absence of exceptions, the proposal shall be for all professional services precisely as specified.

2) Is the Proposer an Oregon resident (circle one)?

YES

NO

Oregon Resident, per ORS 279.029, means a Proposer that has paid unemployment taxes or income taxes in this state during the 12 calendar months immediately preceding submission of the proposal, has a business address in this state, and has stated on this form that the Proposer is an "Oregon resident".

ATTACHMENT C

REFERENCE SHEET

Each Proposer must submit the following information as required in the Request for Proposal.

REFERENCE FIRM #1

NAME: _____

ADDRESS: _____

POINT OF CONTACT: _____

PHONE NUMBER: _____

SCOPE OF SERVICES PROVIDED: _____

REFERENCE FIRM #2

NAME: _____

ADDRESS: _____

POINT OF CONTACT: _____

PHONE NUMBER: _____

SCOPE OF SERVICES PROVIDED: _____

REFERENCE FIRM #3

NAME: _____

ADDRESS: _____

POINT OF CONTACT: _____

PHONE NUMBER: _____

SCOPE OF SERVICES PROVIDED: _____

ATTACHMENT D

Insurance Carrier and Administrator Declaration & Inquiries

Name of Company: _____

- a) All Student Health Insurance Plans are required to be filed and approved by the Oregon Insurance Department. State whether you have a currently approved Plan for use in Oregon. State the filing number of that Plan.
- b) State whether the insurance carrier would be willing to provide a two-year rate guarantee. If yes, identify the cost increase factor that would be applied to the premium costs proposed.
- c) State whether the insurance carrier will pay claims prior to receipt of premium and the insured student list if LCC can certify an insured person is covered for the period of coverage for which a claim has been filed. State whether on-line enrollment is available. Is your on-line enrollment system capable of monitoring and administering a waiver system?
- d) State whether the carrier can and will provide us with on-line real time access to enrollment records.
- e) If using a PPO arrangement, state how claims will be adjusted when there are no PPO providers in the community. State the distance and other factors, if any, that are used to determine the availability of providers. Describe how claims are adjusted when there is only a single provider in an area who is not on the PPO, including how usual, customary and reasonable standards (UCR) are determined. Provide the names of any provider networks that will be utilized. Will there be separate networks available for out of area services? Identify the process of nominating current non-preferred providers to the PPO network. What assistance will you provide in this process?

- f) Please provide website access information for any managed care or PPO arrangement you propose. State whether this organization is available nationwide. State whether access to the nationwide preferred providers is included in your proposed cost.
- g) State whether the claims administrator has the capability to allow LCC and student access to claims status as well as claim payments information. Describe what information would be available on-line for pending claims.
- h) Enrollment information for each term will be provided electronically to the insurance company via an excel spreadsheet by LCC. The insurance company invoice should be sent to LCC within 3 business days of receiving the excel spreadsheet. Please describe your typical timeline for premium invoicing noting if you can meet this 3-day requirement.
- i) Please describe your insurance card issuance policy.
- j) Describe your website and the ease of student use in finding medical providers and policy information for non-native speakers of English.
- k) Fully describe your claim processing procedures and timelines.
- l) Describe the support provided to schools and students for educating them about their policies and the US healthcare system.