



Hidalgo County Purchasing Department
2812 S. Business Highway 281
New Administration Building
Edinburg, Texas 78539
(956) 318-2626/ Fax: (956) 318-2629

January 28, 2015

Air Evac EMS, Inc.
C/O Brice Calahan
PO Box 948
West Plains, MO 65775

Email: bcalahan123@gmail.com

Re: C-12-108-03-01
"Voluntary (Post Tax) Emergency Air Ambulance Services"

Dear Mr. Calahan,

Hidalgo County Purchasing Department will be requesting Commissioners' Court to consider the second of two (2); one (1) year County's options to exercise an extension as provided in the current agreement (under the same rates, terms and conditions). Please acknowledge receipt of this notice of placement on the Commissioners' Court meeting of February 17, 2015 for discussion, consideration and action, by signing below and returning to the Purchasing Department, by no later than, Friday, January 30, 2015, via facsimile to (956) 956-292-7612 or email to: heidi.ortiz@co.hidalgo.tx.us, so as to meet the agenda request form deadlines.

By: 

Date: 2-1-15

Additionally, an updated certificate of insurance (Exhibit C) must be provided with this signed letter acknowledging receipt of this notice.

Should you have any questions or require additional information, please do not hesitate to contact me at (956) 318-2626. Your cooperation in this matter is greatly appreciated and it is our hope that Air Evac EMS, Inc. will continue its business relationship with Hidalgo County.

Respectfully,

Heidi Garcia Ortiz, Buyer III
Hidalgo County Purchasing Department
2812 S. Business Highway 281 ♦ Edinburg, Texas 78539 ♦ (956) 318-2626 ♦ Fax (956) 318-2629

JOHN F. THRONE & Co.

INSURANCE MARKETING, INC.

CERTIFICATE OF INSURANCE

CERTIFICATE HOLDER: AMGH HOLDING CORP.
209 STATE HWY 121 BYPASS, SUITE 11
LEWISVILLE, TX 75067

NAMED INSURED: AMGH HOLDING CORP. AND AS MORE FULLY ENDORSED, INCLUDING AIR EVAC EMS, INC.
209 STATE HWY 121 BYPASS, SUITE 11
LEWISVILLE, TX 75067

POLICY PERIOD: 06/01/2014 to 12/01/2015
INSURANCE COMPANY(IES): STARR INDEMNITY AND LIABILITY COMPANY THROUGH STARR AVIATION AGENCY, INC. (LEAD)
AND FOLLOWING MARKETS AS HELD ON FILE

AIRCRAFT LIABILITY COVERAGE

LEAD POLICY NO.: SASICOM60005614-06

WITH RESPECT TO: ALL SCHEDULED AIRCRAFT

LIABILITY COVERAGES

LIMITS OF LIABILITY

Bodily Injury Excluding Passengers
Property Damage
Passenger Bodily Injury
Single Limit Including Passengers,
With Passenger Liability Limited To

EACH PERSON
\$
\$ XXXX
\$
\$ XXXX
\$

EACH OCCURRENCE
\$
\$
\$
\$SEE BELOW**
\$ XXXX

**ALL SCHEDULED ROTOR WING AND FIXED WING TURBINE AND TURBO-PROP AIRCRAFT: \$50,000,000
ALL SCHEDULED PISTON FIXED WING AIRCRAFT: \$20,000,000

AVIATION COMMERCIAL GENERAL LIABILITY COVERAGE

LEAD POLICY NO.: SASICOM60035114-05

LIABILITY COVERAGES:

LIMITS OF LIABILITY

General Aggregate Limit
Each Occurrence Limit
Products/Completed Operations Aggregate Limit
Personal & Advertising Injury Aggregate Limit
Premises Medical Payments (any one person)
Fire Legal Liability (any one fire)

N/A
\$50,000,000
\$50,000,000
\$25,000,000
\$25,000
\$1,000,000

OTHER COVERAGES/CONDITIONS/REMARKS:

THIS INSURANCE SHALL NOT APPLY TO, AND NO PERSON OR ORGANIZATION SHALL BE INSURED FOR BODILY INJURY OR PROPERTY DAMAGE WHICH ARISES FROM THE DESIGN, MANUFACTURE, MODIFICATION, REPAIR, SALE, OR SERVICING OF THE AIRCRAFT, AIRCRAFT PARTS, OR ANY OTHER PRODUCT BY THAT PERSON OR ORGANIZATION.

FOR INFORMATIONAL PURPOSES ONLY.

THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE ACTUAL COVERAGES PROVIDED BY THE POLICY(IES) SPECIFIED ABOVE.

CERTIFICATE NO.: 88

DATE: 06/01/2014

BY:



Two Union Square, 601 Union Street, Suite 4551 • Seattle, WA 98101-2362 • Tel: (206) 622-3636 • Fax: (206) 623-6286

FORM TX COI 02

Benefits Agreement C-12-108-03-01

This Agreement for Air Evac Lifeteam Memberships is made and entered into this **1st** day of **March, 2013** between Air Evac EMS, Inc., a Missouri corporation d/b/a Air Evac Lifeteam (AEL), P.O. Box 948, West Plains, MO 65775, and County of Hidalgo, Texas. 302 W. University Dr., Edinburg, Texas 78539, a Texas government entity.

WHEREAS; Air Evac Lifeteam is in the business of providing air ambulance services and, in connection therewith, providing Air Evac Lifeteam Memberships.

WHEREAS; The County of Hidalgo desires to make Air Evac Lifeteam memberships available to its employees as an optional payroll deduct benefit.

THEREFORE, The Parties agree as follows:

SERVICE OFFERING

The County of Hidalgo will make available to its employees, as a payroll deduction benefit, the Air Evac Lifeteam Membership, Membership Terms and Conditions as outlined in Appendix A.

Air Evac Lifeteam will notify the designated county representative in writing of any changes to the cost and / or the Terms and Conditions of the membership benefits thirty (30) days prior to the changes taking place.

SERVICE COST

The monthly cost to the employees of Hidalgo County who elect to participate in the outlined plan shall be as follows:

149 or less employees participating - \$6.00 / Month / Employee
150 or more employees participating - \$5.00 / Month / Employee

The Air Evac Lifeteam Membership will cover the employee and all persons living in the same household as the employee, as listed on the employee's application.

SERVICE ENROLLMENT

Air Evac Lifeteam shall provide assistance with all initial and new hire enrollments as needed, including but not limited to the local Membership Sales Manager assisting with the County of Hidalgo open and re-occurring benefits enrollments

~~County employees may enroll or discontinue the Air Evac Membership at any time. Employees discontinuing membership will receive benefit through the "paid up" term from the last payment paid to AEL. Refunds are not given for remaining paid term beyond date of employee's request for discontinuance.~~

An employee's membership will be effective upon Air Evac Lifeteam's receipt of this Agreement signed by the County, payment as provided herein and the employee's completed membership application.

SERVICE BILLING

Hidalgo County will remit a list of participating employees with a corresponding check for all participating employees once each month.

Payroll deductions will begin on date to be determined and the effective date of all memberships will begin when the first check is submitted and received by Air Evac Lifeteam. The effective date is defined as the first day the member is eligible for benefits.

SERVICE TERMS

The term of this agreement shall be for one year (effective upon final approval by Commissioner's Court) beginning **March 1, 2013** and ending **February 28, 2014**, with the County's option to renew for two (2) additional one (1) year terms unless cancelled by either party prior to the renewal date. Renewal rates (if any) are to be provided to Hidalgo County ninety (90) days prior to anniversary date.

This Agreement shall be governed by and construed in accordance with the laws of the State of Texas and shall be performable in Hidalgo County.

Entire Agreement. This Agreement contains the entire contract between the parties hereto, and each party acknowledges that neither has made (either directly or through any agent or representative) any representation or agreement in connection with this Agreement not specifically set forth herein. This Agreement may be modified or amended only by agreement in writing executed by the parties hereto, and not otherwise.

Commitment of Current Revenues Only. In the event that, during any term hereof, the Commissioners Court does not appropriate sufficient funds to meet the obligations of County under this Agreement, County may terminate this Agreement upon ten (10) days written notice to Contractor. County agrees, however, to use reasonable efforts to secure funds necessary for the continuing right to terminate this Agreement at the expiration of each budget period of County pursuant to the provisions of Tex. Loc. Govt. Code Ann. § 271.903 (Vernon Supp. 1995).

This Agreement may be terminated by either party upon 30 days written notice to the other party.

Approved by Commissioners Court on: 3-01-13,

The Honorable Ramon Garcia
Hidalgo County Judge
302 W. University Dr.
Edinburg, TX. 78539

Vice President of Membership
Keith Hovey
Air Evac EMS, Inc.
d/b/a Air Evac Lifeteam
PO Box 948
West Plains, MO 65775

County of Hidalgo

Air Evac EMS, Inc.

Ramon Garcia
Ramon Garcia, County Judge

Keith Hovey
Keith Hovey, VP of Membership

Date

Approved by Commissioners' Court
on 3/11/13 CO

2/15/13
Date

ATTEST:

Arturo Guajardo, Jr.
Arturo Guajardo, Jr. County Clerk

APPROVED AS TO FORM:
ATLAS & HALL and Rodriguez, LLP

By: Stephen L. Crain
Stephen L. Crain



Appendix A

Membership Terms and Conditions



An Air Evac EMS, Inc. d/b/a Air Evac Lifeteam ("Company") membership ensures the patient will have no out-of-pocket flight expenses if flown by the Company or another AirMedCare Network participating provider (together with the Company, each an "AMCN Provider") by providing prepaid protection against AMCN Provider air ambulance costs that are not covered by a member's insurance or other benefits or third party responsibility, subject to the following terms and conditions:



1. Patient transport will be to the closest appropriate medical facility for medical conditions that are deemed by AMCN Provider attending medical professionals to be life- or limb-threatening, or that could lead to permanent disability, and which require emergency air ambulance transport. A patient's medical condition, not membership status, will dictate whether or not air transportation is appropriate and required. Under all circumstances, an AMCN Provider retains the sole right and responsibility to determine whether or not a patient is flown.
2. AMCN Provider air ambulance services may not be available when requested due to factors beyond its control, such as use of the appropriate aircraft by another patient or other circumstances governed by operational requirements or restrictions including, but not limited to, equipment manufacturer limitations, governmental regulations, maintenance requirements, patient condition, age or size, or weather conditions. FAA restrictions prohibit most AMCN Provider aircraft from flying in inclement weather conditions. The primary determinant of whether to accept a flight is always the safety of the patient and medical flight crews.
3. Members who have insurance or other benefits, or third party responsibility claims, that cover the cost of ambulance services are financially liable for the cost of AMCN Provider services up to the limit of any such available coverage. In return for payment of the membership fee, the AMCN Provider will consider its air ambulance costs that are not covered by any insurance, benefits or third party responsibility available to the member to have been fully prepaid. The AMCN Provider reserves the right to bill directly any appropriate insurance, benefits provider or third party for services rendered, and members authorize their insurers, benefits providers and responsible third parties to pay any covered amounts directly to the AMCN Provider. Members agree to remit to the AMCN Provider any payment received from insurance or benefit providers or any third party for air medical services provided by the AMCN Provider, not to exceed regular charges. Neither the Company nor AirMedCare Network is an insurance company. Membership is not an insurance policy and cannot be considered as a secondary insurance coverage or a supplement to any insurance coverage. Neither the Company nor AirMedCare Network will be responsible for payment for services provided by another ambulance service.
4. Membership starts 15 days after the Company receives a complete application with full payment; however, the waiting period will be waived for unforeseen events occurring during such time. Members must be natural persons. Memberships are non-refundable and non-transferable.
5. Some state laws prohibit Medicaid beneficiaries from being offered membership or being accepted into membership programs. By applying, members certify to the Company that they are not Medicaid beneficiaries.
6. These terms and conditions supersede all previous terms and conditions between a member and the Company or AirMedCare Network, including any other writings, or verbal representations, relating to the terms and conditions of membership.

[signature page next]

STATE OF TEXAS §
 §
COUNTY OF HIDALGO §

**AMENDMENT
TO
BENEFITS AGREEMENT
C-12-108-03-01**

This **AMENDMENT** to the BENEFITS AGREEMENT between Air Evac EMS, d/b/a Air Evac Lifeteam ("AEL"), and **HIDALGO COUNTY** (the "County"), effective the **23rd** day of **July, 2013**, is made between the AEL and the County, (the "Amendment"), as follows:

WHEREAS, AEL and County entered into a Contract on March 1, 2013 (the "Agreement") in which AEL agreed to provide: "**Voluntary (Post Tax) Emergency Air Ambulance Services**" (the "Project") for Hidalgo County;

WHEREAS, the parties desire to amend the Agreement as hereinafter provided.

NOW THEREFORE, for and in consideration of the services provided by AEL and other valuable consideration the receipt and sufficiency of which are hereby acknowledged, and this mutually agreed Amendment to the Agreement, AEL and County hereby agree to the following Amendment to the Agreement:

1. The first sentence of the second paragraph under the captions "**Service Enrollment**" shall be deleted in its entirety and the following shall be substituted in lieu thereof:

Hidalgo County will allow enrollments twice a year as follows: Month of June for July deductions and month of December for January deductions.

2. A paragraph shall be added as the last paragraph under the caption "**Service Billing**" to read as follows:

Air Evac Lifeteam shall pay an Annual Administrative fee (as shown on Attachment I attached hereto) to Hidalgo County per employee for handling payroll deductions.

3. Except as modified herein, all terms and conditions of the Agreement as amended, remain in full force and effect. AEL and County ratify and confirm the terms and provisions of the Agreement as amended by this Amendment to Benefits Agreement.

EXECUTED IN ORIGINALS and effective as of the day and year first written above.

HIDALGO COUNTY

Ramon Garcia
Ramon Garcia, County Judge

ATTEST:

Arturo Guajardo, Jr.
Arturo Guajardo, Jr., County Clerk

Approved by Commissioners' Court
on 3-1-13

**Air Evac EMS,
d/b/a Air Evac Lifeteam (AEL)**

[Signature]
Authorized Signature

Title: _____

**Approved as to Form:
Atlas & Hall, L.L.P.**

By: [Signature]
Stephen L. Crain

**ATTACHMENT I
HIDALGO COUNTY, TEXAS**

**SCHEDULE FOR ADMINISTRATIVE FEE (\$5.00)
EFFECTIVE: March 09, 2007**

PAY PERIOD DEDUCTION BECOMES EFFECTIVE	ADMINISTRATIVE FEE DUE
1	\$ 5.00
2	4.81
3	4.62
4	4.42
5	4.23
6	4.04
7	3.85
8	3.65
9	3.46
10	3.27
11	3.08
12	2.88
13	2.69
14	2.50
15	2.31
16	2.12
17	1.92
18	1.73
19	1.54
20	1.35
21	1.15
22	0.96
23	0.77
24	0.58
25	0.38
26	0.19

This schedule can be used to determine amounts due to Hidalgo County for handling payroll deductions for various companies, associations, unions, etc.

The \$5.00 annual fee per employee was set by Commissioner's Court on March 07, 1989 in order to comply with Section 155.00 of the Local Government Code.

The payroll deduction notice should be accompanied with a check that reflects the amount of the administrative fee due on the pay day immediately following the date the deduction notice was received.

If you should have any questions regarding the amount of the administrative fee due to Hidalgo County, you may call (956) 318-2506 for assistance.