Denton ISD Proposal Tabulation and Response to Questions RFP 160506-RM May 12, 2016

2016-2017

	The Brokerage Store TX Value Plan	The Brokerage Store TX Star Plan	The Brokerage Store TX Budget Plan	Texas Student Resources / Health Special Risk, Inc. Starr Insurance Premier Plan	Texas Kids First Lone Star Advantage Plan	Texas Kids First Lone Star Plan
Company Information:						
Type of company	Corporation	Corporation	Corporation	Corporation	Corporation	Corporation
ompany Official	Jeff Johnson	Jeff Johnson	Jeff Johnson	Kent Holbert	Mel Thomas	Mel Thomas
ear started in business	1974	1974	1974	1979	2000	2000
umber of years administering student						
accident insurance in Texas	30+	30+	30+	33	16	16
arrier	National Guardian	National Guardian	National Guardian	Starr Insurance	Fidelity Security Life	Fidelity Security Life
est Rating	A-	A-	A-	A	A-	A-
atastrophic Carrier	Zurich American	Zurich American	Zurich American	Starr Insurance	Fidelity Security Life	Zurich
est Rating	A+	A+	A+	A	A-	A+
wo current Texas districts of comparable size	Fort Worth ISD	Fort Worth ISD	Fort Worth ISD	Lewisville ISD	Katy ISD	Katy ISD
	Frisco ISD	Frisco ISD	Frisco ISD	Irving ISD	San Antonio ISD	San Antonio ISD
wo former Texas districts of comparable size	Eagle Pass ISD	Eagle Pass ISD	Eagle Pass ISD	Richardson ISD	no information provided	no information provided
	Mission CISD	Mission CISD	Mission CISD	Prairiland ISD	no information provided	no information provided
remiums						
ass I - UIL Athletic						
K - 6						
7-12	\$165,000	\$115,500	\$98,175	\$108,896	\$137,975	\$128,490
Employees	n/a	n/a	n/a	n/a	n/a	
lass II - At School	10.05	10.0	1.0			1.0 00
K-6	\$25	\$25	\$25	\$54/\$80	\$30/ \$90	\$30/\$90
7-12	\$25 \$25 /\$115	\$25 \$25 /\$115	\$25	\$54/\$80	\$30/\$90	\$30/\$90
Employees	n/a	n/a	n/a	n/a	n/a	
lass III - 24 Hour	11/a	11/a	TI/a	11/a	1Va	11/a
K-6	\$105	\$105	\$105	\$109/\$167	\$80/\$180	\$80/\$180
<u>к-о</u> 7-12	\$105	\$105	\$105	\$109/\$167	\$80/\$180	\$80/\$180
T-12 Employees						
Varsity Football Coverage	n/a \$325	<u>n/a</u> \$325	n/a \$325	n/a	n/a \$325	<u>n/a</u> \$325
, <u>,</u>	\$325	\$325	\$325	\$161/\$247	\$325	\$325
(grades 10-12 grades 9 if they practice or play with grades 10-12)				¢cc/¢oo		
pring Football	* 0	* 2	*0	\$65/\$99		and a Common Common take d
xtended Dental	\$9	\$9	\$9	\$8	no information provided	no information provided
IMITS						
lass I - UIL Athletic						
Policy Limit Per Accident	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000
Optional Additional Limit	n/a	n/a	n/a	n/a	n/a	n/a
lass II - At School						
Policy Limit Per Accident	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000
Optional Additional Limit	n/a	n/a	n/a	n/a	n/a	n/a
lass III - 24 Hour						
Policy Limit Per Accident	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000
Optional Additional Limit	n/a	n/a	n/a	n/a	n/a	n/a
atastrophic Coverage	\$7,833-Cat medical only	\$7,833-Cat medical only	\$7,833-Cat medical only	\$6,477 - Includes \$10,000 AD&D and Loss of Life due to heart or Circulatory Malfunction	\$8,574	\$8,574
imits of Coverage	\$7,500,000	\$7,500,000	\$7,500,000	\$7,500,000	\$7,500,000	\$7,500,000
	\$25,000 Deductible-exp to satisfy ded	\$25,000 Deductible-exp to satisfy ded	\$25,000 Deductible-exp to satisfy ded	¢.,000,000	¢.,000,000	÷.,000,000
aximum Benefit Period-Deductible	incurred within 2 yrs after accident.	incurred within 2 yrs after accident.	incurred within 2 yrs after accident.	\$25,000 Deductible	no info given	no info given
	anounou wamine yro artor doordont.	incorrect within 2 yre after doordent.				
				All UIL Athletics and Activities including Summer		
				Conditioning and Cheerleading Summer Camps		
atastrophic Coverage: Football	UIL Only	UIL Only	UIL Only			
atastrophic Coverage: All Other Sports	UIL Only	UIL Only	UIL Only			
atastrophic Cash Benefit:	\$3,576-Optional	\$3,576-Optional	\$3,576-Optional	n/a	no information provided	no information provided
Maximum Benefit Amount	\$500,000	\$500,000	\$500,000			
Lump Sum Payment After 6 Months	\$100,000	\$100,000	\$100,000			
Benefit Amount	\$40,000/year	\$40,000/year	\$40,000/year			
Maximum Benefit Period	10 years	10 years	10 years			
D&D	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000		no information provided	no information provided
	\$10,000, \$20 ,000	φ. ο, σο ο, φεο, σο ο	φ. 6,000, φ. 6,000			
otal Cost to the District	\$172,833	\$123,333	\$106.008	\$115,373	\$146,549	\$137,064
otal Cost to the District with optional cash benefit	\$172,655 \$176,409 with optional cash benefit	\$125,555 \$126,909 with optional cash benefit	\$109,584 with optional cash benefit	no information provided	no information provided	no information provided
oral observe the product with optional cash benefit	Heat Stroke and Heat Exhaustion will be	• 120,000 mill optional cash benefit				
ther Perefite				Host Exhauston		
ther Benefits	covered as any other accident			Heat Exhauston		
ELD TRIPS			V/70	VEC		
	YES	YES	YES	YES	no information provided	no information provided
CONTRACT/AGREEMENT	NO YES	NO YES	NO YES	YES YES	NO NO	YES YES

Denton ISD Proposal Tabulation and Response to Questions RFP 160506-RM May 12, 2016

2016-2017

	Student Insurance Plans	Wilson Sports Insurance Services	Achieve Financial Group
Company Information:	-		
Type of company Company Official	Corporation John Derek Gutschlag	Corporation John E. Wilson	Corporation Greg T White
Year started in business	2013	2008	1990
Number of years administering student			
accident insurance in Texas	20+	19	25
Carrier Best Rating	Catlin Insurance A-	Hartford Insurance Company A+	Axis Insurance A+
Catastrophic Carrier	Catlin Insurance	American International Underwirters	Axis Insurance
Best Rating	A-	A	A+
Two current Texas districts of comparable size	Garland ISD	Canton ISD	Tyler ISD
Two former Texas districts of comparable size	Allen ISD Carrollton-Farmers Branch ISD	Cleburne ISD Tolar ISD	Klein ISD Gilmer ISD
	Texas City ISD	Brownsboro ISD	Goosecreek ISD
Premiums	· · · · · · · · · · · · · · · · · · ·		
Class I - UIL Athletic			
K - 6	\$121.000	¢400 707	¢150.170
7-12 Employees	\$121,900 n/a	\$122,727 n/a	\$150,170 n/a
Class II - At School	174	104	18.4
K-6	\$20/\$30	\$45	\$20/\$93
7-12	\$30/\$50		\$20/\$93
Employees Class III - 24 Hour	n/a	n/a	n/a
K-6	\$35/\$45	\$145	\$95/\$195
7-12	\$90/\$100	÷	\$95/\$195
Employees	n/a	n/a	n/a
Varsity Football Coverage	\$275 standard/not available elite		\$288
(grades 10-12 grades 9 if they practice or play with grades 10-12) Spring Football			\$116
Extended Dental		\$13	\$9
LIMITS			
Class I - UIL Athletic Policy Limit Per Accident	\$25,000	\$25,000	\$25,000
Optional Additional Limit	\$23,000	\$23,000	\$23,000
Class II - At School			
Policy Limit Per Accident	\$25,000/5,000	\$25,000	\$25,000
Optional Additional Limit Class III - 24 Hour			\$25,000
Policy Limit Per Accident	\$25,000/5,000	\$25,000	\$25.000
Optional Additional Limit	· · / · · · · · · · · · · · · · · · · ·		\$25,000
	•		•
Catastrophic Coverage	\$7,121	\$7,513	\$7,403
Limits of Coverage	\$7,500,000	\$6,000,000	\$6,000,000
		1 05 000	* 25,000
Maximum Benefit Period-Deductible	\$25,000 Deductible-10 year benefit	\$25,000	\$25,000
Catastrophic Coverage: Football			
Catastrophic Coverage: All Other Sports			
Cataging the Cash Day of the	\$2 252 Ontional		
Catastrophic Cash Benefit: Maximum Benefit Amount	\$3,253-Optional \$500,000	no information provided	no information provided
Lump Sum Payment After 6 Months	4000,000		
Benefit Amount			
Maximum Benefit Period			
AD&D	no information provided	\$10,000/\$20,000	no information provided
Total Cost to the District	\$129,021	\$130,240	\$157,573
Total Cost to the District with optional cash benefit	\$125,153 with optional cash benefit	no information provided	
Other Benefits			
FIELD TRIPS CONTRACT/AGREEMENT	no information provided NO	no information provided	YES YES
SPECIMAN COVERAGE DOCUMENTS	YES	NO NO	YES
	0		120

Schedule of Benefits	The Brokerage Store -TX Value Plan			The Brokerage Store - TX Star Plan			The Brokerage Store - TX Budget Plan Option		
	Yes/No	Coverage	Deductible	Yes/No	Coverage	Deductible	Yes/No	Coverage	Deductik
Hospital room & board - daily limit	Yes	Semi Private	none	Yes	Semi Private	none			
Misc. hospital expense limit	Yes	\$5,000 max	none	Yes	\$2500 max	none			
Emergency room - max	Yes	\$300 facility	none	Yes	\$200 facility	none		R	
Dutpatient emergency room - max	Yes	\$300 facility	none	Yes	\$120 ER DR max	none		Þ	
Dutpatient surgery - max	Yes	\$2,000 facility	none	Yes	\$1,500 max	none			
Dperating room - max	Yes	\$2,000 facility	none	Yes	\$1,500 max	none			
Ambulance - max	Yes	\$1,000	none	Yes	\$500	none		<u> </u>	
Anesthesiologist - max	Yes	25% of surgeon fees	none	Yes	25% of surgeon fees	none		<	
maging: no fracture - max	Yes	\$250 + \$ 50 reading x-rays	none	Yes	\$175 + \$25 reading x-rays	none			
maging: fracture - max	Yes	same as above	none	Yes	same as above	none			
maging: MRI	Yes	\$750 + \$50 reading	none	Yes	\$575 + \$25 reading	none			
CAT Scan	Yes	\$750 + \$50 reading	none	Yes	\$575 + \$25 reading	none		2	
Dutpatient x-ray services	Yes	\$250 + \$50 reading	none	Yes	\$175 + \$25 reading	none		Q	
Home health care - max	Yes	U&C	none	Yes	U&C	none		Ē	
Private duty nursing - max	Yes	U&C	none	Yes	U&C	none		ō	
Dutpatient laboratory - max	Yes	\$100 U&C Max	none	Yes	\$50 Max	none		`	
_aboratory	Yes	\$100 Max	none	Yes	\$50 Max	none		<u>m</u>	
Supplies	Yes	DME \$100 Max Post Surgery	none	Yes	DME \$100 Max Post Surgery only	none		<u> </u>	
Braces (including body)	Yes	\$500 max no balance Don Joy	none	Yes	\$500 max no balance contract	none		<u> </u>	
Surgeon's fee - max	Yes	\$3,000 max	none	Yes	\$1500 max	none			
Asst. surgeon's - max	Yes	25% of surgeon's fees	none	Yes	25% of surgeon's fees	none			
Diagnostic surgery - max	No	No	none	No	No	none			
Non surgical physician fee	Yes	\$50/visit or \$80 for concussion	none	Yes	\$40/visit or \$60 for concussion	none		<u>C</u>	
Accident medical indemnity	163	?????	TIONE	No	?????	none			
Accidental death benefit	Yes	\$2,000 base + \$10,000 cat	none	Yes	\$2,000 base + \$10,000 cat	none			
Loss of both hands, feet, or eyes	Yes	\$10,000 base + \$10,000 cat	none	Yes	\$10,000 base + \$10,000 cat	none		0	
Loss of either hand, foot, or sight of either eye	Yes	\$2,000 base + \$10,000 cat		Yes	\$2,000 base + \$20,000 cat			<u> </u>	
	Yes	\$2,000 base + \$10,000 cat \$2,000	none	res	No information	none		— <u>ō</u>	
Loss of thumb and index finger	Tes	\$2,000	none		NO INFORMATION			Ž	
Developed the reprint many	Vaa	¢EQ/vioit E mov		Vee	¢20/vioit E mov			ω	
Physical therapy - max	Yes	\$50/visit, 5 max \$1000 max	none	Yes	\$30/visit, 5 max	none			
Dental expenses	Yes Yes	•	none	Yes Yes	\$500 max \$100	none		<u> </u>	
Eyeglasses/hearing aids - max		\$200	none			none		<u> </u>	
Heat Exhaustion	Yes	included	none	Yes	included	none			
	Vee	in shuded and some materia stati		Vee	included and concrete how of t				
Concussion	Yes	included and separate benefit	none	Yes	included and separate benefit	none		¥	
Dutpatient prescription drugs - max	Yes	\$50 max	none	Yes	\$25 max	none			
njury by motor vehicle - max	Yes	\$1,000 max	none	Yes	\$1,000 max	none		<u>P</u>	
ength of processing time per claim		clean, complete claim - 1 working days			clean, complete claim - 1 working days			<u> </u>	
Claim reporting restrictions		within 90 days of accident			90 days to seek treatment & submit claim				
Other Comments:		· · · · · · · · · · · · · · · · · · ·							

Schedule of Benefits	Texas Student Resources / Health Special Risk, Inc. Starr Insurance Premier Plan			Texas Kid	First Star Advantage Plan	Lone	Texas Kids First Long Star Plan		
	Yes/No	Coverage	Deductible	Yes/No	Coverage	Deductible	Yes/No	Coverage	Deductible
1 Hospital room & board - daily limit	Yes	U&C	none						
2 Misc. hospital expense limit	Yes	\$5,000	none		Ŗ			R	
3 Emergency room - max	Yes	\$190	none		<u> </u>			<u> </u>	
4 Outpatient emergency room - max	Yes	\$190	none					— — —	
5 Outpatient surgery - max	Yes	\$3,750	none		<u>_</u>			Q	
6 Operating room - max	Yes	\$1,500	none						
7 Ambulance - max	Yes	100% U&C	none		<u>F</u>			✓E	
8 Anesthesiologist - max	Yes	25% Surg	none		7			~ ~	
9 Imaging: no fracture - max	Yes	\$525	none		sta			sta	
10 Imaging: fracture - max	Yes	\$525	none						
11 Imaging: MRI	Yes	\$525	none						
12 CAT Scan	Yes	\$525	none						
13 Outpatient x-ray services	Yes	\$225	none						
14 Home health care - max	No	No							
15 Private duty nursing - max	Yes	\$400	none		<u>s</u>			<u></u>	
16 Outpatient laboratory - max	Yes	\$50	none						
17 Laboratory	Yes	\$5,000*	none		<u>ě</u> <u> </u>			<u>e T</u>	
18 Supplies	Yes	\$5,000*	none						
19 Braces (including body)	Yes	\$500	none						
20 Surgeon's fee - max	Yes	\$3,750	none		ta B				
21 Asst. surgeon's - max	Yes	25% Surg	none						
22 Diagnostic surgery - max	Yes	\$3,750**	none		hг				
23 Non surgical physician fee	Yes	\$40/visit	none						
24 Accident medical indemnity	Yes	\$25,000	none		e n				
25 Accidental death benefit	Yes	\$10,000	none						
26 Loss of both hands, feet, or eyes	Yes	\$10,000	none					5 5	
27 Loss of either hand, foot, or sight of either eye	Yes	\$5,000	none		¬ ¬ ¬				
28 Loss of thumb and index finger	Yes	\$500	none		b			b	
	N/s s								
29 Physical therapy - max	Yes	\$25/visit	none		~ -				_
30 Dental expenses	Yes	\$250/tooth	none		e fit				
31 Eyeglasses/hearing aids - max	Yes	100% U&C	none		ts c			ts c	
32 Heat Exhaustion	Yes	\$25,000	none		<u>0</u>			0	
	Vaa	ሮጋ ፫ 000*			ă			Š	
33 Concussion	Yes	\$25,000*	none						
34 Outpatient prescription drugs - max 35 Injury by motor vehicle - max	Yes Yes	100% U&C \$5,000	none					F	
			none to received		<u> </u>				
36 Length of processing time per claim		vs after all documen							
37 Claim reporting restrictions		days request can be			D			Ū	
38 Other Comments:									
	 #17 & 18 - Laboratory & Supplies, In-Patient, covered up to Plan maximum of \$5,000 (Hopsital Miscellaneous). *#33 Concussion treated as any other injury. Plan includes specific Post Injury Concussion Mgt. Testing 								
		\$40 + Office Visit \$4							
	inflit on Vis	sits. **#22 if surger							
		covered injury	•						

Semi-Private rate up to \$250 day/\$5,000 max Up to \$150/injury Up to \$150/injury Up to \$150/injury 75% U&C up to \$3,750 Up to \$1,500 100% U&C first trip 25% of surgeon \$500 + \$25 for reading \$500 + \$25 for reading \$200 + \$25 for reading <t< th=""><th>Deductiblenone</th><th>Yes/No Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes</th><th>Coverage Semi-Private rate \$5,000 max U&C up to \$275 \$1,600 \$1,600 U&C Air & Ground 25% of surgeon \$500 + \$50 for reading \$200 + \$50 for reading</th><th>Deductible none none none none none none none no</th><th>Yes/No Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes</th><th>Coverage Semi-Private rate 100% U&C up to \$750 1st day/\$5,000 max 100% U&C up to \$250 100% U&C up to \$250 U&C up to \$2,000 100% U&C 100% U&C up to \$200 100% U&C up to \$800 100% U&C up to \$800</th><th>Deductible none none</th></t<>	Deductiblenone	Yes/No Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	Coverage Semi-Private rate \$5,000 max U&C up to \$275 \$1,600 \$1,600 U&C Air & Ground 25% of surgeon \$500 + \$50 for reading \$200 + \$50 for reading	Deductible none none none none none none none no	Yes/No Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	Coverage Semi-Private rate 100% U&C up to \$750 1st day/\$5,000 max 100% U&C up to \$250 100% U&C up to \$250 U&C up to \$2,000 100% U&C 100% U&C up to \$200 100% U&C up to \$800 100% U&C up to \$800	Deductible none
up to \$250 day/\$5,000 max Up to \$150/injury Up to \$150/injury 75% U&C up to \$3,750 Up to \$1,500 100% U&C first trip 25% of surgeon \$500 + \$25 for reading \$500 + \$25 for reading \$200 + \$25 for reading	none none none none none none none none	Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	\$5,000 max U&C up to \$5,000 max U&C up to \$275 \$1,600 \$1,600 U&C Air & Ground 25% of surgeon \$500 + \$50 for reading \$500 + \$50 for reading \$200 + \$50 for reading \$200 + \$50 for reading	none none none none none none none none	Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	100% U&C up to \$750 1st day/\$5,000 max 100% U&C up to \$250 100% U&C up to \$250 U&C up to \$2,000 100% U&C 25% of surgeon 100% U&C up to \$200 100% U&C up to \$200 100% U&C up to \$200	none none none none none none none none
Up to \$150/injury Up to \$150/injury 75% U&C up to \$3,750 Up to \$1,500 100% U&C first trip 25% of surgeon \$500 + \$25 for reading \$500 + \$25 for reading \$500 + \$25 for reading \$200 / injury \$20 / injury	none none none none none none none none	Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	U&C up to \$5,000 max U&C up to \$275 \$1,600 \$1,600 U&C Air & Ground 25% of surgeon \$500 + \$50 for reading \$500 + \$50 for reading \$500 + \$50 for reading \$500 + \$50 for reading \$500 + \$50 for reading \$200 + \$50 for reading \$200 + \$50 for reading	none none none none none none none none	Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	100% U&C up to \$250 100% U&C up to \$250 U&C up to \$2,000 100% U&C 100% U&C 25% of surgeon 100% U&C up to \$200	none none none none none none none
Up to \$150/injury 75% U&C up to \$3,750 Up to \$1,500 100% U&C first trip 25% of surgeon \$500 + \$25 for reading \$200 + \$25 for reading <tr< td=""><td>none none none none none none none none</td><td>Yes Yes Yes Yes Yes Yes Yes Yes Yes No Yes</td><td>U&C up to \$275 \$1,600 \$1,600 U&C Air & Ground 25% of surgeon \$500 + \$50 for reading \$500 + \$50 for reading \$500 + \$50 for reading \$500 + \$50 for reading \$200 + \$50 for reading \$200 + \$50 for reading \$200 + \$50 for reading</td><td>none none none none none none none none</td><td>Yes Yes Yes Yes Yes Yes Yes Yes Yes</td><td>100% U&C up to \$250 U&C up to \$2,000 100% U&C 100% U&C 25% of surgeon 100% U&C up to \$200 100% U&C up to \$200 100% U&C up to \$200 100% U&C up to \$200</td><td>none none none none none none</td></tr<>	none none none none none none none none	Yes Yes Yes Yes Yes Yes Yes Yes Yes No Yes	U&C up to \$275 \$1,600 \$1,600 U&C Air & Ground 25% of surgeon \$500 + \$50 for reading \$500 + \$50 for reading \$500 + \$50 for reading \$500 + \$50 for reading \$200 + \$50 for reading \$200 + \$50 for reading \$200 + \$50 for reading	none none none none none none none none	Yes Yes Yes Yes Yes Yes Yes Yes Yes	100% U&C up to \$250 U&C up to \$2,000 100% U&C 100% U&C 25% of surgeon 100% U&C up to \$200	none none none none none none
75% U&C up to \$3,750 Up to \$1,500 100% U&C first trip 25% of surgeon \$500 + \$25 for reading \$200 + \$25 for reading <	none none none none none none none none	Yes Yes Yes Yes Yes Yes Yes Yes No Yes	\$1,600 \$1,600 U&C Air & Ground 25% of surgeon \$500 + \$50 for reading \$500 + \$50 for reading \$500 + \$50 for reading \$500 + \$50 for reading \$200 + \$50 for reading \$200 + \$50 for reading \$50 per visit up to 10 visits	none none none none none none none none	Yes Yes Yes Yes Yes Yes Yes Yes	U&C up to \$2,000 100% U&C 100% U&C 25% of surgeon 100% U&C up to \$200 100% U&C up to \$200 100% U&C up to \$800	none none none none none
Up to \$1,500 100% U&C first trip 25% of surgeon \$500 + \$25 for reading \$200 / injury \$50/injury Included in Hospital Misc \$500/injury (prescribed)	none none none none none none none none	Yes Yes Yes Yes Yes Yes Yes No Yes	\$1,600 U&C Air & Ground 25% of surgeon \$500 + \$50 for reading \$500 + \$50 for reading \$500 + \$50 for reading \$500 + \$50 for reading \$200 + \$50 for reading \$200 + \$50 for reading \$50 per visit up to 10 visits	none none none none none none none	Yes Yes Yes Yes Yes Yes Yes	100% U&C 100% U&C 25% of surgeon 100% U&C up to \$200 100% U&C up to \$200 100% U&C up to \$800	none none none none none
100% U&C first trip 25% of surgeon \$500 + \$25 for reading \$500 + \$25 for reading \$500 + \$25 for reading \$200 / injury \$200 / injury \$20 / injury	none none none none none none none none	Yes Yes Yes Yes Yes Yes No Yes	U&C Air & Ground 25% of surgeon \$500 + \$50 for reading \$500 + \$50 for reading \$500 + \$50 for reading \$500 + \$50 for reading \$200 + \$50 for reading \$200 + \$50 for reading \$50 per visit up to 10 visits	none none none none none none	Yes Yes Yes Yes Yes Yes Yes	100% U&C 25% of surgeon 100% U&C up to \$200 100% U&C up to \$200 100% U&C up to \$800	none none none none
25% of surgeon \$500 + \$25 for reading \$200 / injury \$200 / injury \$200 / injury (prescribed)	none none none none none none none none	Yes Yes Yes Yes Yes No Yes	25% of surgeon \$500 + \$50 for reading \$500 + \$50 for reading \$500 + \$50 for reading \$500 + \$50 for reading \$200 + \$50 for reading \$200 + \$50 for reading \$50 per visit up to 10 visits	none none none none none none	Yes Yes Yes Yes Yes Yes	25% of surgeon 100% U&C up to \$200 100% U&C up to \$200 100% U&C up to \$800	none none none
\$500 + \$25 for reading \$200 / injury \$500/injury (prescribed)	none none none none none none none	Yes Yes Yes Yes No Yes	\$500 + \$50 for reading \$500 + \$50 for reading \$500 + \$50 for reading \$500 + \$50 for reading \$200 + \$50 for reading \$200 + \$50 for reading \$50 per visit up to 10 visits	none none none none none	Yes Yes Yes Yes Yes	100% U&C up to \$200 100% U&C up to \$200 100% U&C up to \$800	none none
\$500 + \$25 for reading \$500 + \$25 for reading \$500 + \$25 for reading \$200 + \$25 for reading \$50/injury \$50/injury Included in Hospital Misc \$500/injury (prescribed)	none none none none none none none	Yes Yes Yes Yes No Yes	\$500 + \$50 for reading \$500 + \$50 for reading \$500 + \$50 for reading \$200 + \$50 for reading \$50 per visit up to 10 visits	none none none none	Yes Yes Yes Yes	100% U&C up to \$200 100% U&C up to \$800	none
\$500 + \$25 for reading \$500 + \$25 for reading \$200 + \$25 for reading U&C \$400/injury \$50/injury \$50/injury Included in Hospital Misc \$500/injury (prescribed)	none none none none none none	Yes Yes Yes No Yes	\$500 + \$50 for reading \$500 + \$50 for reading \$200 + \$50 for reading \$50 per visit up to 10 visits	none none none	Yes Yes Yes	100% U&C up to \$800	
\$500 + \$25 for reading \$200 + \$25 for reading U&C \$400/injury \$50/injury \$50/injury Included in Hospital Misc \$500/injury (prescribed)	none none none none none	Yes Yes No Yes	\$500 + \$50 for reading \$200 + \$50 for reading \$50 per visit up to 10 visits	none none	Yes Yes	•	none
\$200 + \$25 for reading U&C \$400/injury \$50/injury \$50/injury Included in Hospital Misc \$500/injury (prescribed)	none none none none	Yes No Yes	\$200 + \$50 for reading \$50 per visit up to 10 visits	none	Yes	100% U&C up to \$800	nono
U&C \$400/injury \$50/injury \$50/injury Included in Hospital Misc \$500/injury (prescribed)	none none none	No Yes	\$50 per visit up to 10 visits				none
\$400/injury \$50/injury \$50/injury Included in Hospital Misc \$500/injury (prescribed)	none none	Yes		none	No	100% U&C up to \$800	none
\$50/injury \$50/injury Included in Hospital Misc \$500/injury (prescribed)	none none		U&C		-	N/A	none
\$50/injury Included in Hospital Misc \$500/injury (prescribed)	none	Yes		none	Yes	100% U&C per hospital stay	none
Included in Hospital Misc \$500/injury (prescribed)		100	U&C	none	Yes	100% U&C up to \$50	none
\$500/injury (prescribed)	nono	Yes	U&C	none	Yes	100% U&C up to \$50	none
	none	No	U&C	none	No	100% U&C up to \$150	none
	none	Yes	U&C up to \$500	none	Yes	100% U&C up to \$500	none
75% U&C up to \$3,750	none	Yes	75% U&C up to \$3,600	none	Yes	90% U&C up to \$4,500 max	none
25% of surgeon	none	Yes	25% of surgeon	none	Yes	25% of surgeon	none
same as any other surgery	none	Yes	\$500	none	Yes	100% U&C up to \$2,000	none
\$40 per visit		Yes	\$40 per day		Yes	100% U&C up to \$100	1
no information provided		No	\$25,000		No	No	
\$5,000		Yes	\$10,000		Yes	\$20,000	1
\$5,000	none	Yes	\$5,000	none	Yes	\$20,000	none
\$5,000	none	Yes	\$5,000	none	Yes	\$10,000	none
\$5,000	none	Yes	\$10,000	none	Yes	\$1,000	none
			1st Office Visit \$50 Office				1
\$25/visits 5 max	none	Yes	Visit \$25/visit,up to \$250	none	Yes	\$50/visit max \$500	none
\$250/tooth	none	Yes	\$7,000	none	Yes	100% U&C	none
U&C	none	Yes	U&C	none	Yes	100% U&C	none
paid as any other accident	none	Yes	\$25,000	none	Yes	100% U&C	none
s any other accident - post injury							1
testing \$25	none	Yes	\$25,000	none	Yes	\$100 + 100% U&C up to \$40/visit	none
U&C	none	Yes	\$25,000	none	Yes	100% U&C	none
\$5,000	none	Yes	\$5,000	none	Yes	no information	none
clean claims 5-7 days			90 days			7 business day for clean claim	
none			none			90 days to file claim notification form	
p	\$40 per visit no information provided \$5,000 \$5,000 \$5,000 \$25/visits 5 max \$250/tooth U&C baid as any other accident any other accident - post injury testing \$25 U&C \$5,000 clean claims 5-7 days	\$40 per visit no information provided \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$25/visits 5 max \$25/visits 5 max \$250/tooth \$250/tooth </td <td>\$40 per visitYesno information providedNo\$5,000Yes\$5,000none\$5,000none\$5,000noneYes\$5,000noneYes\$5,000noneYes\$25/visits 5 maxnoneYes\$250/toothnoneYesU&CnoneYesaid as any other accidentnoneYesany other accident - post injurytesting \$25NoneYes\$5,000NoneYesClean claims 5-7 days</td> <td>\$40 per visitYes\$40 per dayno information providedNo\$25,000\$5,000Yes\$10,000\$5,000noneYes\$5,000noneYes\$5,000noneYes\$5,000noneYes\$5,000noneYes\$5,000noneYes\$5,000noneYes\$5,000noneYes\$25,000noneYes\$25/visits 5 maxnoneYesVisit \$25/visit,up to \$250\$250/toothnoneYesU&Cwaid as any other accidentnoneYes\$25,000\$any other accident - post injury testing \$25noneYes\$25,000U&CnoneYes\$25,000\$5,000noneYes\$25,000Clean claims 5-7 days90 days</td> <td>\$40 per visitYes\$40 per dayno information providedNo\$25,000\$5,000Yes\$10,000\$5,000noneYes\$5,000noneYes\$5,000noneYes\$5,000noneYes\$5,000noneYes\$5,000noneYes\$5,000noneYes\$5,000noneYes\$5,000noneYes\$5,000noneYes\$25/visits 5 maxnoneYesYes\$11,000\$250/toothnoneYesYes\$250/toothnoneYesU&CNoneYesYes\$25,000NoneYes\$25,000noneYes\$25,000NoneYesYes\$25,000NoneYes\$25,000noneYes\$25,000NoneYesYes\$25,000NoneYesYes\$25,000NoneYesYes\$25,000NoneYesYes\$25,000NoneYesYes\$25,000NoneYesYes\$25,000NoneYesYes\$25,000NoneYesYes\$25,000NoneYesYes\$25,000NoneYesYes\$25,000NoneYesYes<</td> <td>\$40 per visitYes\$40 per dayYesno information providedNo\$25,000No\$5,000Yes\$10,000Yes\$5,000noneYes\$5,000none\$5,000noneYes\$5,000noneYes\$5,000noneYes\$5,000noneYes\$5,000noneYes\$5,000noneYes\$5,000noneYes\$5,000noneYes\$5,000noneYes\$10,000noneYes\$25/visits 5 maxnoneYes\$10,000noneYes\$25/visits 5 maxnoneYes\$1st Office Visit \$50Office\$25/visits 5 maxnoneYes\$1st Office Visit \$25/visit,up to \$250noneYes\$25/visits 5 maxnoneYes\$1st Office Visit \$25/visit,up to \$250noneYes\$25/visits 5 maxnoneYes\$25,000noneYes\$25/visit 9noneYes\$25,000noneYes\$25/visit 9noneYes\$25,000noneYes\$25,000noneYes\$25,000noneYes\$25,000noneYes\$25,000noneYes\$25,000noneYes\$5,000noneYes\$26,000noneYes\$5,000noneYes\$27,000noneYes\$5,000noneYes\$28,000noneYes\$25,000noneYes<td>\$40 per visit Yes \$40 per day Yes 100% U&C up to \$100 no information provided No \$25,000 No No No \$5,000 Yes \$10,000 Yes \$20,000 \$5,000 none Yes \$5,000 No No \$5,000 none Yes \$5,000 none Yes \$20,000 \$5,000 none Yes \$5,000 none Yes \$10,000 \$250/visits 5 max none Yes \$100,000 none Yes \$50/visit max \$500 \$250/visits 5 max none Yes \$100% U&C \$500/visit max \$500 \$50/visit max \$500 \$250/visits 5 max none Yes \$250,000 none</td></td>	\$40 per visitYesno information providedNo\$5,000Yes\$5,000none\$5,000none\$5,000noneYes\$5,000noneYes\$5,000noneYes\$25/visits 5 maxnoneYes\$250/toothnoneYesU&CnoneYesaid as any other accidentnoneYesany other accident - post injurytesting \$25NoneYes\$5,000NoneYesClean claims 5-7 days	\$40 per visitYes\$40 per dayno information providedNo\$25,000\$5,000Yes\$10,000\$5,000noneYes\$5,000noneYes\$5,000noneYes\$5,000noneYes\$5,000noneYes\$5,000noneYes\$5,000noneYes\$5,000noneYes\$25,000noneYes\$25/visits 5 maxnoneYesVisit \$25/visit,up to \$250\$250/toothnoneYesU&Cwaid as any other accidentnoneYes\$25,000\$any other accident - post injury testing \$25noneYes\$25,000U&CnoneYes\$25,000\$5,000noneYes\$25,000Clean claims 5-7 days90 days	\$40 per visitYes\$40 per dayno information providedNo\$25,000\$5,000Yes\$10,000\$5,000noneYes\$5,000noneYes\$5,000noneYes\$5,000noneYes\$5,000noneYes\$5,000noneYes\$5,000noneYes\$5,000noneYes\$5,000noneYes\$5,000noneYes\$25/visits 5 maxnoneYesYes\$11,000\$250/toothnoneYesYes\$250/toothnoneYesU&CNoneYesYes\$25,000NoneYes\$25,000noneYes\$25,000NoneYesYes\$25,000NoneYes\$25,000noneYes\$25,000NoneYesYes\$25,000NoneYesYes\$25,000NoneYesYes\$25,000NoneYesYes\$25,000NoneYesYes\$25,000NoneYesYes\$25,000NoneYesYes\$25,000NoneYesYes\$25,000NoneYesYes\$25,000NoneYesYes\$25,000NoneYesYes<	\$40 per visitYes\$40 per dayYesno information providedNo\$25,000No\$5,000Yes\$10,000Yes\$5,000noneYes\$5,000none\$5,000noneYes\$5,000noneYes\$5,000noneYes\$5,000noneYes\$5,000noneYes\$5,000noneYes\$5,000noneYes\$5,000noneYes\$5,000noneYes\$10,000noneYes\$25/visits 5 maxnoneYes\$10,000noneYes\$25/visits 5 maxnoneYes\$1st Office Visit \$50Office\$25/visits 5 maxnoneYes\$1st Office Visit \$25/visit,up to \$250noneYes\$25/visits 5 maxnoneYes\$1st Office Visit \$25/visit,up to \$250noneYes\$25/visits 5 maxnoneYes\$25,000noneYes\$25/visit 9noneYes\$25,000noneYes\$25/visit 9noneYes\$25,000noneYes\$25,000noneYes\$25,000noneYes\$25,000noneYes\$25,000noneYes\$25,000noneYes\$5,000noneYes\$26,000noneYes\$5,000noneYes\$27,000noneYes\$5,000noneYes\$28,000noneYes\$25,000noneYes <td>\$40 per visit Yes \$40 per day Yes 100% U&C up to \$100 no information provided No \$25,000 No No No \$5,000 Yes \$10,000 Yes \$20,000 \$5,000 none Yes \$5,000 No No \$5,000 none Yes \$5,000 none Yes \$20,000 \$5,000 none Yes \$5,000 none Yes \$10,000 \$250/visits 5 max none Yes \$100,000 none Yes \$50/visit max \$500 \$250/visits 5 max none Yes \$100% U&C \$500/visit max \$500 \$50/visit max \$500 \$250/visits 5 max none Yes \$250,000 none</td>	\$40 per visit Yes \$40 per day Yes 100% U&C up to \$100 no information provided No \$25,000 No No No \$5,000 Yes \$10,000 Yes \$20,000 \$5,000 none Yes \$5,000 No No \$5,000 none Yes \$5,000 none Yes \$20,000 \$5,000 none Yes \$5,000 none Yes \$10,000 \$250/visits 5 max none Yes \$100,000 none Yes \$50/visit max \$500 \$250/visits 5 max none Yes \$100% U&C \$500/visit max \$500 \$50/visit max \$500 \$250/visits 5 max none Yes \$250,000 none