

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
Company Official	Jeff Johnson	Jeff Johnson	Jeff Johnson	Kent Holbert	Mel Thomas	Mel Thomas
Year started in business	1974	1974	1974	1979	2000	2000
Number of years administering student accident insurance in Texas	30+	30+	30+	33	16	16
Carrier	National Guardian	National Guardian	National Guardian	Starr Insurance	Fidelity Security Life	Fidelity Security Life
Best Rating	A-	A-	A-	A	A-	A-
Catastrophic Carrier	Zurich American	Zurich American	Zurich American	Starr Insurance	Fidelity Security Life	Zurich
Best Rating	A+	A+	A+	A	A-	A+
Two current Texas districts of comparable size	Fort Worth ISD Frisco ISD	Fort Worth ISD Frisco ISD	Fort Worth ISD Frisco ISD	Lewisville ISD Irving ISD	Katy ISD San Antonio ISD	Katy ISD San Antonio ISD
Two former Texas districts of comparable size	Eagle Pass ISD Mission CISD	Eagle Pass ISD Mission CISD	Eagle Pass ISD Mission CISD	Richardson ISD Prairiland ISD	no information provided no information provided	no information provided no information provided
Premiums						
Class 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	n/a
Class II - At School						
K-6	\$25	\$25	\$25	\$54/\$80	\$30/ \$90	\$30/\$90
7-12	\$25 /\$115	\$25 /\$115	\$25/\$115	\$54/\$80	\$30/\$90	\$30/\$90
Employees	n/a	n/a	n/a	n/a	n/a	n/a
Class III - 24 Hour						
K-6	\$105	\$105	\$105	\$109/\$167	\$80/\$180	\$80/\$180
7-12	\$105 /\$195	\$105/\$195	\$105/\$195	\$109/\$167	\$80/\$180	\$80/\$180
Employees	n/a	n/a	n/a	n/a	n/a	n/a
Varsity Football Coverage <small>(grades 10-12 grades 9 if they practice or play with grades 10-12)</small>	\$325	\$325	\$325	\$161/\$247	\$325	\$325
Spring Football				\$65/\$99		
Extended Dental	\$9	\$9	\$9	\$8	no information provided	no information provided
LIMITS						
Class 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
Class 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
Class 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
Catastrophic 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
Limits of Coverage	\$7,500,000	\$7,500,000	\$7,500,000	\$7,500,000	\$7,500,000	\$7,500,000
Maximum Benefit Period-Deductible	\$25,000 Deductible-exp to satisfy ded incurred within 2 yrs after accident.	\$25,000 Deductible-exp to satisfy ded incurred within 2 yrs after accident.	\$25,000 Deductible-exp to satisfy ded incurred within 2 yrs after accident.	\$25,000 Deductible	no info given	no info given
Catastrophic Coverage: Football	UIL Only	UIL Only	UIL Only	All UIL Athletics and Activities including Summer Conditioning and Cheerleading Summer Camps		
Catastrophic Coverage: All Other Sports	UIL Only	UIL Only	UIL Only			
Catastrophic 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			
AD&D	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000		no information provided	no information provided
Total Cost to the District	\$172,833	\$123,333	\$106,008	\$115,373	\$146,549	\$137,064
Total Cost to the District with optional cash benefit	\$176,409 with optional cash benefit Heat Stroke and Heat Exhaustion will be covered as any other accident	\$126,909 with optional cash benefit	\$109,584 with optional cash benefit	no information provided	no information provided	no information provided
Other Benefits				Heat Exhaustion		
FIELD TRIPS	YES	YES	YES	YES	no information provided	no information provided
CONTRACT/AGREEMENT	NO	NO	NO	YES	NO	YES
SPECIMAN COVERAGE DOCUMENTS	YES	YES	YES	YES	NO	YES

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	Student Insurance Plans	Wilson Sports Insurance Services	Achieve Financial Group
Company Information:			
Type of company	Corporation	Corporation	Corporation
Company Official	John Derek Gutschlag	John E. Wilson	Greg T White
Year started in business	2013	2008	1990
Number of years administering student accident insurance in Texas	20+	19	25
Carrier	Catlin Insurance	Hartford Insurance Company	Axis Insurance
Best Rating	A-	A+	A+
Catastrophic Carrier	Catlin Insurance	American International Underwriters	Axis Insurance
Best Rating	A-	A	A+
Two current Texas districts of comparable size	Garland ISD Allen ISD	Canton ISD Cleburne ISD	Tyler ISD Klein ISD
Two former Texas districts of comparable size	Carrollton-Farmers Branch ISD Texas City ISD	Tolar ISD Brownsboro ISD	Gilmer ISD Goosecreek ISD
Premiums			
Class I - UIL Athletic			
K - 6			
7-12	\$121,900	\$122,727	\$150,170
Employees	n/a	n/a	n/a
Class II - At School			
K-6	\$20/\$30	\$45	\$20/\$93
7-12	\$30/\$50		\$20/\$93
Employees	n/a	n/a	n/a
Class III - 24 Hour			
K-6	\$35/\$45	\$145	\$95/\$195
7-12	\$90/\$100		\$95/\$195
Employees	n/a	n/a	n/a
Varsity Football Coverage <small>(grades 10-12 grades 9 if they practice or play with grades 10-12)</small>	\$275 standard/not available elite		\$288
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			
Class II - At School			
Policy Limit Per Accident	\$25,000/5,000	\$25,000	\$25,000
Optional Additional Limit			\$25,000
Class III - 24 Hour			
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
Maximum Benefit Period-Deductible	\$25,000 Deductible-10 year benefit	\$25,000	\$25,000
Catastrophic Coverage: Football			
Catastrophic Coverage: All Other Sports			
Catastrophic Cash Benefit:			
Maximum Benefit Amount	\$3,253-Optional \$500,000	no information provided	no information provided
Lump Sum Payment After 6 Months			
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	no information provided	no information provided	YES
CONTRACT/AGREEMENT	NO	NO	YES
SPECIMAN COVERAGE DOCUMENTS	YES	NO	YES

Questions - 2016-2017

	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	Deductible
1	Hospital room & board - daily limit	Yes	Semi Private	none	Yes	Semi Private	none			
2	Misc. hospital expense limit	Yes	\$5,000 max	none	Yes	\$2500 max	none			
3	Emergency room - max	Yes	\$300 facility	none	Yes	\$200 facility	none			
4	Outpatient emergency room - max	Yes	\$300 facility	none	Yes	\$120 ER DR max	none			
5	Outpatient surgery - max	Yes	\$2,000 facility	none	Yes	\$1,500 max	none			
6	Operating room - max	Yes	\$2,000 facility	none	Yes	\$1,500 max	none			
7	Ambulance - max	Yes	\$1,000	none	Yes	\$500	none			
8	Anesthesiologist - max	Yes	25% of surgeon fees	none	Yes	25% of surgeon fees	none			
9	Imaging: no fracture - max	Yes	\$250 + \$ 50 reading x-rays	none	Yes	\$175 + \$25 reading x-rays	none			
10	Imaging: fracture - max	Yes	same as above	none	Yes	same as above	none			
11	Imaging: MRI	Yes	\$750 + \$50 reading	none	Yes	\$575 + \$25 reading	none			
12	CAT Scan	Yes	\$750 + \$50 reading	none	Yes	\$575 + \$25 reading	none			
13	Outpatient x-ray services	Yes	\$250 + \$50 reading	none	Yes	\$175 + \$25 reading	none			
14	Home health care - max	Yes	U&C	none	Yes	U&C	none			
15	Private duty nursing - max	Yes	U&C	none	Yes	U&C	none			
16	Outpatient laboratory - max	Yes	\$100 U&C Max	none	Yes	\$50 Max	none			
17	Laboratory	Yes	\$100 Max	none	Yes	\$50 Max	none			
18	Supplies	Yes	DME \$100 Max Post Surgery	none	Yes	DME \$100 Max Post Surgery only	none			
19	Braces (including body)	Yes	\$500 max no balance Don Joy	none	Yes	\$500 max no balance contract	none			
20	Surgeon's fee - max	Yes	\$3,000 max	none	Yes	\$1500 max	none			
21	Asst. surgeon's - max	Yes	25% of surgeon's fees	none	Yes	25% of surgeon's fees	none			
22	Diagnostic surgery - max	No	No		No	No				
23	Non surgical physician fee	Yes	\$50/visit or \$80 for concussion	none	Yes	\$40/visit or \$60 for concussion	none			
24	Accident medical indemnity		?????		No	?????				
25	Accidental death benefit	Yes	\$2,000 base + \$10,000 cat	none	Yes	\$2,000 base + \$10,000 cat	none			
26	Loss of both hands, feet, or eyes	Yes	\$10,000 base + \$20,000 cat	none	Yes	\$10,000 base + \$20,000 cat	none			
27	Loss of either hand, foot, or sight of either eye	Yes	\$2,000 base + \$10,000 cat	none	Yes	\$2,000 base + \$10,000 cat	none			
28	Loss of thumb and index finger	Yes	\$2,000	none		No information				
29	Physical therapy - max	Yes	\$50/visit, 5 max	none	Yes	\$30/visit, 5 max	none			
30	Dental expenses	Yes	\$1000 max	none	Yes	\$500 max	none			
31	Eyeglasses/hearing aids - max	Yes	\$200	none	Yes	\$100	none			
32	Heat Exhaustion	Yes	included	none	Yes	included	none			
33	Concussion	Yes	included and separate benefit	none	Yes	included and separate benefit	none			
34	Outpatient prescription drugs - max	Yes	\$50 max	none	Yes	\$25 max	none			
35	Injury by motor vehicle - max	Yes	\$1,000 max	none	Yes	\$1,000 max	none			
36	Length of processing time per claim		clean, complete claim - 1 working days			clean, complete claim - 1 working days				
37	Claim reporting restrictions		within 90 days of accident			90 days to seek treatment & submit claim				
38	Other Comments:									

RATE GIVEN ON QUOTE SHEET BUT SECTION 3 NOT COMPLETED

Questions - 2016-2017

	Schedule of Benefits	Texas Student Resources / Health Special Risk, Inc. Starr Insurance Premier Plan			Texas Kids First Star Advantage Plan			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						
3	Emergency room - max	Yes	\$190	none						
4	Outpatient emergency room - max	Yes	\$190	none						
5	Outpatient surgery - max	Yes	\$3,750	none						
6	Operating room - max	Yes	\$1,500	none						
7	Ambulance - max	Yes	100% U&C	none						
8	Anesthesiologist - max	Yes	25% Surg	none						
9	Imaging: no fracture - max	Yes	\$525	none						
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						
16	Outpatient laboratory - max	Yes	\$50	none						
17	Laboratory	Yes	\$5,000*	none						
18	Supplies	Yes	\$5,000*	none						
19	Braces (including body)	Yes	\$500	none						
20	Surgeon's fee - max	Yes	\$3,750	none						
21	Asst. surgeon's - max	Yes	25% Surg	none						
22	Diagnostic surgery - max	Yes	\$3,750**	none						
23	Non surgical physician fee	Yes	\$40/visit	none						
24	Accident medical indemnity	Yes	\$25,000	none						
25	Accidental death benefit	Yes	\$10,000	none						
26	Loss of both hands, feet, or eyes	Yes	\$10,000	none						
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						
29	Physical therapy - max	Yes	\$25/visit	none						
30	Dental expenses	Yes	\$250/tooth	none						
31	Eyeglasses/hearing aids - max	Yes	100% U&C	none						
32	Heat Exhaustion	Yes	\$25,000	none						
33	Concussion	Yes	\$25,000*	none						
34	Outpatient prescription drugs - max	Yes	100% U&C	none						
35	Injury by motor vehicle - max	Yes	\$5,000	none						
36	Length of processing time per claim	5 days after all documents received								
37	Claim reporting restrictions	Request claim be submitted within 90 days*, 90 days request can be waived.								
38	Other Comments:	#17 & 18 - Laboratory & Supplies, In-Patient, covered up to Plan maximum of \$5,000 (Hospital Miscellaneous). *#33 Concussion treated as any other injury. Plan includes specific Post Injury Concussion Mgt. Testing benefit or \$40 + Office Visit \$40 (total \$80) No limit on Visits. **#22 if surgery qualifies under covered injury.								

RATE GIVEN ON QUOTE SHEET BUT SECTION B NOT COMPLETED stated must see attachment for benefits

RATE GIVEN ON QUOTE SHEET BUT SECTION B NOT COMPLETED stated must see attachment for benefits

