

**Bid Tabulation - Student Accident Insurance  
2014-2015**

	The Brokerage Store TX Value Plan	The Brokerage Store TX Star Plan	The Brokerage Store TX Budget Plan	Texas Kids First	Texas Monarch Management Corp
<b>Company Information:</b>					
Type of company	Corporation	Corporation	Corporation	Corporation	Corporation
Company Official	Jeff Johnson	Jeff Johnson	Jeff Johnson	Mel Thomas	Greg White
Year started in business	1975	1975	1975	1999	1992
Number of years administering student accident insurance in Texas	20+	20+	20+	16	22
Carrier	Columbian Life	Columbian Life	Columbian Life	Fidelity Security Life	Axis Insurance
Best Rating	A-	A-	A-	A-	A +
Catastrophic Carrier	Zurich American	Zurich American	Zurich American	Zurich	Axis Insurance
Best Rating	A	A	A	A+	A+
Two current Texas districts of comparable size	Denton ISD Fort Worth ISD	Denton ISD Fort Worth ISD	Denton ISD Fort Worth ISD	Abilene ISD San Antonio ISD	Klein ISD Tyler ISD
Two former Texas districts of comparable size	Harlendale ISD Cypress Fairbanks ISD	Harlendale ISD Cypress Fairbanks ISD	Harlendale ISD Cypress Fairbanks ISD	Lewisville ISD Texas City ISD	Longview ISD Brownsboro ISD
<b>Premiums</b>					
<b>Class I - UIL Athletic</b>					
K - 6					
7-12	<b>\$165,000</b>	<b>\$115,500</b>	<b>\$99,000</b>	<b>\$140,320</b>	<b>\$222,325</b>
Employees	n/a	n/a	n/a	n/a	
<b>Class II - At School</b>					
K-6	\$25 non sport/UIL or \$115 sport/UIL	\$25 non sport/UIL or \$115 sport/UIL	\$25 non sport/UIL or \$115 sport/UIL	\$30 w/o sports or \$90 w/sports	\$64/\$93
7-12	\$25 non sport/UIL or \$115 sport/UIL	\$25 non sport/UIL or \$115 sport/UIL	\$25 non sport/UIL or \$115 sport/UIL	\$30 w/o sports or \$90 w/sports	\$64/\$93
Employees	n/a	n/a	n/a	n/a	
<b>Class III - 24 Hour</b>					
K-6	\$105 non sport/UIL or \$195 sport/UIL	\$105 non sport/UIL or \$195 sport/UIL	\$105 non sport/UIL or \$195 sport/UIL	\$80 w/o sports or \$180 w/sports	\$127/\$195
7-12	\$105 non sport/UIL or \$195 sport/UIL	\$105 non sport/UIL or \$195 sport/UIL	\$105 non sport/UIL or \$195 sport/UIL	\$80 w/o sports or \$180 w/sports	\$127/\$195
Employees	n/a	n/a	n/a	n/a	
Extended Dental					
<b>LIMITS</b>					
<b>Class I - UIL Athletic</b>					
Policy Limit Per Accident	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000
Optional Additional Limit	n/a	n/a	n/a	n/a	
<b>Class II - At School</b>					
Policy Limit Per Accident	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000
Optional Additional Limit	n/a	n/a	n/a	n/a	
<b>Class III - 24 Hour</b>					
Policy Limit Per Accident	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000
Optional Additional Limit	n/a	n/a	n/a	n/a	
<b>Catastrophic Coverage</b>					
	<b>\$6,662-Cat medical only</b>	<b>\$6,662-Cat medical only</b>	<b>\$6,662-Cat medical only</b>	<b>\$7,014-Cat Medical &amp; AME</b>	<b>\$6,325-Cat Medical only</b>
Limits of Coverage	\$7,500,000	\$7,500,000	\$7,500,000	\$7,500,000	\$6,000,000
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.	no info given	\$25,000 Deductible-10 year benefit
<b>Catastrophic Cash Benefit:</b>					
	<b>\$2,868-Optional</b>	<b>\$2,868-Optional</b>	<b>\$2,868-Optional</b>	no option given	no option given
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	\$10000 Death \$20000 Dismemberment	\$10000 Death \$20000 Dismemberment	\$10000 Death \$20000 Dismemberment	\$10000 Death/\$20000 Dismemberment	
<b>Catastrophic Coverage: Football</b>					
	UIL Only	UIL Only	UIL Only	Included	
<b>Catastrophic Coverage: All Other Sports</b>					
	UIL Only	UIL Only	UIL Only	Class II	
<b>Total Cost to the District</b>					
	<b>\$171,662</b> <b>\$174,530 with optional cash benefit</b>	<b>\$122,162</b> <b>\$125,030 with optional cash benefit</b>	<b>\$105,662</b> <b>\$108,530 with optional cash benefit</b>	<b>\$147,334</b> no optional cash benefit given	<b>\$228,650</b> no optional cash benefit given

**Bid Tabulation - Student Accident Insurance  
2014-2015**

	Texas Student Resources / Health Special Risk, Inc.-Liberty Mutual Premier Plan	Texas Student Resources / Health Special Risk, Inc. - Liberty Mutual Premier Plus	Texas Student Resources / Health Special Risk, Inc.-Mutual of Omaha Premier Plan	Texas Student Resources / Health Special Risk, Inc. - Mutual of Omaha Premier Plus
<b>Company Information:</b>				
Type of company	Corporation	Corporation	Corporation	Corporation
Company Official	Kent Holbert	Kent Holbert	Kent Holbert	Kent Holbert
Year started in business	1979	1979	1979	1979
Number of years administering student accident insurance in Texas	35	35	35	35
Carrier	Liberty Mutual	Liberty Mutual	Mutual of Omaha	Mutual of Omaha
Best Rating	A	A	A+	A+
Catastrophic Carrier	Liberty Mutual	Liberty Mutual	Mutual of Omaha	Mutual of Omaha
Best Rating	A	A	A+	A+
Two current Texas districts of comparable size	Lewisville ISD Irving ISD	Lewisville ISD Irving ISD	Lewisville ISD Irving ISD	Lewisville ISD Irving ISD
Two former Texas districts of comparable size	Grand Prairie ISD Winnsboro ISD	Grand Prairie ISD Winnsboro ISD	Grand Prairie ISD Winnsboro ISD	Grand Prairie ISD Winnsboro ISD
<b>Premiums</b>				
<b>Class I - UIL Athletic</b>				
K - 6				
7-12	\$123,187	\$153,984	\$130,620	\$163,275
Employees	n/a	n/a	n/a	n/a
<b>Class II - At School</b>				
K-6	\$64/\$94	\$64/\$94	\$64/\$94	\$64/\$94
7-12	\$64/\$94	\$64/\$94	\$64/\$94	\$64/\$94
Employees	n/a	n/a	n/a	n/a
<b>Class III - 24 Hour</b>				
K-6	\$128/\$196	\$128/\$196	\$128/\$196	\$128/\$196
7-12	\$128/\$196	\$128/\$196	\$128/\$196	\$128/\$196
Employees	n/a	n/a	n/a	n/a
Extended Dental				
<b>LIMITS</b>				
Class I - UIL Athletic				
Policy Limit Per Accident	\$25,000	\$25,000	\$25,000	\$25,000
Optional Additional Limit	n/a	n/a	n/a	n/a
Class II - At School				
Policy Limit Per Accident	\$25,000	\$25,000	\$25,000	\$25,000
Optional Additional Limit	n/a	n/a	n/a	n/a
Class III - 24 Hour				
Policy Limit Per Accident	\$25,000	\$25,000	\$25,000	\$25,000
Optional Additional Limit	n/a	n/a	n/a	n/a
<b>Catastrophic Coverage</b>				
	<b>\$6,477-Cat Medical &amp; AD&amp;D and Loss of life due to Heart or Circulatory Malfunction</b>	<b>\$6,477-Cat Medical &amp; AD&amp;D and Loss of life due to Heart or Circulatory Malfunction</b>	<b>\$6,511-Cat Medical &amp; AD&amp;D and Loss of life due to Heart or Circulatory Malfunction</b>	<b>\$6,511-Cat Medical &amp; AD&amp;D and Loss of life due to Heart or Circulatory Malfunction</b>
Limits of Coverage	\$7,500,000	\$7,500,000	\$7,500,000	\$7,500,000
Maximum Benefit Period-Deductible	\$25,000 Deductible	\$25,000 Deductible	\$25,000 Deductible	\$25,000 Deductible
<b>Catastrophic Cash Benefit:</b>				
Maximum Benefit Amount				
Lump Sum Payment After 6 Months				
Benefit Amount				
Maximum Benefit Period				
AD & D				
<b>Catastrophic Coverage: Football</b>	All UIL Athletics and Activities. PK-12 day school sponsored field trips covered at no cost.	All UIL Athletics and Activities. PK-12 day school sponsored field trips covered at no cost.	All UIL Athletics and Activities. PK-12 day school sponsored field trips covered at no cost.	All UIL Athletics and Activities. PK-12 day school sponsored field trips covered at no cost.
<b>Catastrophic Coverage: All Other Sports</b>				
<b>Total Cost to the District</b>	<b>\$129,664</b> no optional cash benefit given	<b>\$160,461</b> no optional cash benefit given	<b>\$137,131</b> no optional cash benefit given	<b>\$169,786</b> no optional cash benefit given

Questions - 2014-2015

Schedule of Benefits	The Brokerage Store - Columbian Life TX Value Plan			The Brokerage Store - Columbian Life TX Star Plan			The Brokerage Store - Columbian Life TX Budget Plan Option			Texas Kids First			Texas Monarch Management Inc.		
	Yes/No	Coverage	Deductible	Yes/No	Coverage	Deductible	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	Yes	Semi Private	none	Yes	Semi Private	none			
2 Misc. hospital expense limit	Yes	\$ 5000 max per injury	none	Yes	\$250/day \$2500 max	none	Yes	\$250 day 1, then \$200 day/\$2000 max	none	Yes	\$2500	none			
3 Emergency room - max	Yes	Facility - \$300	none	Yes	Facility - \$200	none	Yes	Facility - \$100	none	Yes	\$210	none			
4 Outpatient emergency room - max	Yes	Dr. - \$ 150 U&C max	none	Yes	Dr. - \$120 U&C	none	Yes	Dr.- \$50	none	Yes	\$210	none			
5 Outpatient surgery - max	Yes	Surgeon - \$ 3000 U&C max	none	Yes	Surgeon - \$1500 max	none	Yes	Dr. - \$1500	none	Yes	\$1500	none			
6 Operating room - max	Yes	Facility - \$ 2000	none	Yes	Facility - \$1500 max	none	Yes	\$ 750 max	none	Yes	\$1,500	none			
7 Ambulance - max	Yes	\$1,000	none	Yes	\$500	none	Yes	\$200 max	none	Yes	\$1,000	none			
8 Anesthesiologist - max	Yes	25% of surgeon	none	Yes	25% of surgeon	none	Yes	25% of surgeon fees	none	Yes	25% of surgeon	none			
9 Imaging: no fracture - max	Yes	X-Ray \$ 250 + \$ 50 reading	none	Yes	\$175 + \$25 reading	none	Yes	\$75 + \$25 reading	none	Yes	\$180 + \$25 for reading	none			
10 Imaging: fracture - max	Yes	same as above	none	Yes	same as above	none	Yes	same as above	none	Yes	\$180 + \$25 for reading	none			
11 Imaging: MRI	Yes	\$ 750 + \$50 reading	none	Yes	\$575 + \$25 reading	none	Yes	\$250 + \$25 reading	none	Yes	\$580 + \$25 for reading	none			
12 CAT Scan	Yes	same as above	none	Yes	same as above	none	Yes	\$ 250 + \$25 reading	none	Yes	\$580 + \$25 for reading	none			
13 Outpatient x-ray services	Yes	\$ 250 + \$50 reading	none	Yes	\$175 / \$25 reading	none	Yes	\$75 + \$25 reading	none	Yes	\$180 + \$25 for reading	none			
14 Home health care - max	Yes	U&C- Nurse services	none	Yes	U&C Nurse services	none	Yes	Nursing U&C	none	No	n/a				
15 Private duty nursing - max	Yes	U&C- Nurse services	none	Yes	U&C Nurse services	none	Yes	Nursing U&C	none	Yes	U&C	none			
16 Outpatient laboratory - max	Yes	\$100	none	Yes	\$50	none	Yes	\$150	none	Yes	\$50	none			
17 Laboratory	Yes	\$100	none	Yes	\$50	none	Yes	same as above	none	Yes	\$50	none			
18 Supplies	Yes	\$100	none	Yes	\$100	none	Yes	\$100	none	No	n/a	none			
19 Braces (including body)	Yes	DME Post surgical \$500 -100% paid thru Don Joy	none	Yes	DME Post surgical \$500 - 100% paid thru Don Joy	none	Yes	DME Post surgical \$500 no balance Don Joy contract	none	Yes	\$500	none			
20 Surgeon's fee - max	Yes	U&C to \$3000 max	none	Yes	\$1500 max	none	Yes	\$1500, 75% U&C max	none	Yes	\$1,500	none			
21 Asst. surgeon's - max	Yes	25% of surgeon's fees	none	Yes	25% of surgeon's fees	none	Yes	25% of surgeon's fees	none	Yes	25% of surgeon	none			
22 Diagnostic surgery - max	No	n/a		No	n/a		No	Not Covered		Yes	\$1,500	none			
23 Non surgical physician fee	Yes	\$ 50/visit, 10 max*	none	Yes	\$40/visit, 10 max*	none	Yes	Office Visit \$30/visit, 10 max*	none	Yes	\$45/ per day, 10 day max				
24 Accidental medical indemnity	No	n/a		No	n/a		No	n/a		No	n/a				
25 Accidental death benefit	Yes	\$2000 / \$10000 base cat	none	Yes	\$2000/\$10000 base cat	none	Yes	\$2000 base + \$10000 cat	none	Yes	\$20,000				
26 Loss of both hands, feet, or eyes	Yes	\$10000/\$20000 base & cat	none	Yes	\$10000/\$20000 base & cat	none	Yes	\$10000 base +\$20000 cat	none	Yes	\$20,000	none			
27 Loss of either hand, foot, or sight of either eye	Yes	\$2000 / \$10000 base & cat	none	Yes	\$2000/\$10000 base & cat	none	Yes	\$2000 base + \$10000 cat	none	Yes	\$10,000	none			
28 Loss of thumb and index finger	Yes	\$10000 cat	none	Yes	\$10000 cat	none	Yes	\$10000 cat	none	Yes	\$500	none			
29 Physical therapy - max	Yes	\$50/visit, 5 max	none	Yes	\$50/visit, 5 max	none	Yes	\$20/visit, 5 max	none	Yes	\$175	none			
30 Dental expenses	Yes	\$1000 max per injury	none	Yes	\$500 max per injury	none	Yes	\$150 per tooth	none	Yes	\$1,000	none			
31 Eyeglasses/hearing aids - max	Yes	\$200	none	Yes	\$100	none	Yes	glasses only - \$100	none	Yes	\$110	none			
32 Heat Exhaustion	Yes	included	none	Yes	included	none	Yes	included	none	Yes	Due to medical records-plan limits*	none			
33 Concussion	Yes	* \$80 per visit, two visits max	none	Yes	* \$60 per visit, two visits max	none	Yes	* \$40 per visit, 2 max	none	Yes	treated as any other injury-plan limits	none			
34 Outpatient prescription drugs - max	Yes	\$50	none	Yes	\$35	none	Yes	\$25	none	Yes	\$30	none			
35 Injury by motor vehicle - max	Yes	\$1,000	none	Yes	\$1,000	none	Yes	\$1,000	none	Yes	\$5,000	none			
36 Length of processing time per claim		6 working days-complete, clean claim			6 working days-complete, clean claim			6 working days-complete, clean claim			14 days				
37 Claim reporting restrictions		within 180 days			within 180 days			180 days max			90 days				
38 Other Comments:											Chronic injury benefit up to \$350 *covers heat stroke to our limits				"WE ARE MATCHING YOUR CURRENT BENEFITS"

"WE ARE MATCHING YOUR CURRENT BENEFITS"

Questions - 2014-2015												
Schedule of Benefits	Texas Student Resources / Health Special Risk, Inc.- Liberty Mutual Premier Plan			Texas Student Resources/Health Special Risk, Inc. Liberty Mutual Premier Plus			Texas Student Resources/health Special Risk, Inc. Mutual of Omaha Premier Plan			Texas Student Resources/health Special Risk, Inc. Mutual of Omaha Premier Plus		
	Yes/No	Coverage	Deductible	Yes/No	Coverage	Deductible	Yes/No	Coverage	Deductible	Yes/No	Coverage	Deductible
1 Hospital room & board - daily limit	Yes	U & C SPR	none	Yes	U & C SPR	none	Yes	U&C SPR	none	Yes	U&C SPR	none
2 Misc. hospital expense limit	Yes	\$5,000	none	Yes	\$5,000	none	Yes	\$5,000	none	Yes	\$5,000	none
3 Emergency room - max	Yes	\$210	none	Yes	\$350	none	Yes	\$210	none	Yes	\$350	none
4 Outpatient emergency room - max	Yes	\$210	none	Yes	\$350	none	Yes	\$210	none	Yes	\$350	none
5 Outpatient surgery - max	Yes	\$3,750	none	Yes	\$4,500	none	Yes	\$3,750	none	Yes	\$4,500	none
6 Operating room - max	Yes	\$1,500	none	Yes	\$2,000	none	Yes	\$1,500	none	Yes	\$2,000	none
7 Ambulance - max	Yes	100%	none	Yes	100%	none	Yes	100%	none	Yes	100%	none
8 Anesthesiologist - max	Yes	25% Surg	none	Yes	25% Surg	none	Yes	25% Surg	none	Yes	25% Surg	none
9 Imaging: no fracture - max	Yes	\$525	none	Yes	\$800	none	Yes	\$525	none	Yes	\$800	none
10 Imaging: fracture - max	Yes	\$525	none	Yes	\$800	none	Yes	\$525	none	Yes	\$800	none
11 Imaging: MRI	Yes	\$525	none	Yes	\$800	none	Yes	\$525	none	Yes	\$800	none
12 CAT Scan	Yes	\$525	none	Yes	\$800	none	Yes	\$525	none	Yes	\$800	none
13 Outpatient x-ray services	Yes	\$225	none	Yes	\$250	none	Yes	\$225	none	Yes	\$250	none
14 Home health care - max	No	n/a		No	n/a		No	n/a		No	n/a	
15 Private duty nursing - max	Yes	\$400	none	Yes	100%	none	Yes	\$400	none	Yes	100% U&C	none
16 Outpatient laboratory - max	Yes	\$50	none	Yes	\$50	none	Yes	\$50	none	Yes	\$50	none
17 Laboratory	Yes	\$5000*	none	Yes	\$5000*	none	Yes	\$5000*	none	Yes	\$5000*	none
18 Supplies	Yes	\$5000*	none	Yes	\$5000*	none	Yes	\$5000*	none	Yes	\$5000*	none
19 Braces (including body)	Yes	\$500	none	Yes	\$500	none	Yes	\$500	none	Yes	\$500	none
20 Surgeon's fee - max	Yes	\$3,750	none	Yes	\$4,500	none	Yes	\$3,750	none	Yes	\$4,500	none
21 Asst. surgeon's - max	Yes	25% Surg	none	Yes	25% Surg	none	Yes	25% Surg	none	Yes	25% Surg	none
22 Diagnostic surgery - max	Yes	\$3750**	none	Yes	\$4500**	none	Yes	\$3750**	none	Yes	4500**	none
23 Non surgical physician fee	Yes	\$40/visit	none	Yes	\$40/visit	none	Yes	\$40/visit-one per day	none	Yes	\$40/visit-one per day	none
24 Accidental medical indemnity	Yes	\$25,000	none	Yes	\$25,000	none	Yes	\$25,000	none	Yes	\$25,000	none
25 Accidental death benefit	Yes	\$10,000	none	Yes	\$10,000	none	Yes	\$10,000	none	Yes	\$10,000	none
26 Loss of both hands, feet, or eyes	Yes	\$10,000	none	Yes	\$10,000	none	Yes	\$10,000	none	Yes	\$10,000	none
27 Loss of either hand, foot, or sight of either eye	Yes	\$5,000	none	Yes	\$5,000	none	Yes	\$5,000	none	Yes	\$5,000	none
28 Loss of thumb and index finger	Yes	\$500	none	Yes	\$500	none	Yes	\$500	none	Yes	\$500	none
29 Physical therapy - max	Yes	\$25/visit	none	Yes	\$25/visit - \$250 max	none	Yes	\$25/visit	none	Yes	\$ 250 max - \$25/visit	none
30 Dental expenses	Yes	\$250/tooth	none	Yes	100% U&C	none	Yes	\$250/tooth	none	Yes	100% U&C	none
31 Eyeglasses/hearing aids - max	Yes	100%	none	Yes	100%	none	Yes	100%	none	Yes	100%	none
32 Heat Exhaustion	Yes	\$25,000	none	Yes	\$25,000	none	Yes	\$25,000	none	Yes	\$25,000	none
33 Concussion	Yes	\$25000*	none	Yes	\$25000*	none	Yes	\$25000*	none	Yes	\$25000*	none
34 Outpatient prescription drugs - max	Yes	100% U&C	none	Yes	100% U&C	none	Yes	100% U&C	none	Yes	100% U&C	none
35 Injury by motor vehicle - max	Yes	\$5,000	none	Yes	\$5,000	none	Yes	\$5,000	none	Yes	\$5,000	none
36 Length of processing time per claim	5 days after all documents received			5 days after all documents received			5 days after all documents received			5 days after all documents received		
37 Claim reporting restrictions	Request claim be submitted within 90 days*			Request claim be submitted within 90 days*			Request claim be submitted within 90 days*			Request claim be submitted within 90 days*		
38 Other Comments:	*90 day request can be waived *17,18 - Laboratory & Supplies In-Patient covered up to Plan Maximum of \$5000 (Hospital Miscellaneous) *Concussion treated as any other injury. Plan includes specific Post Injury Concussion Management Testing in addition to office visit. Please see enclosed Schedule of Benefits for Premier Plan and Premier Plan Plus Plan. **#22 - if surgery qualifies under covered injury			*90 day request can be waived *17,18 - Laboratory & Supplies In-Patient covered up to Plan Maximum of \$5000 (Hospital Miscellaneous) *Concussion treated as any other injury. Plan includes specific Post Injury Concussion Management Testing in addition to office visit. Please see enclosed Schedule of Benefits for Premier Plan and Premier Plan Plus Plan. **#22 - if surgery qualifies under covered injury			*90 day request can be waived *17,18 - Laboratory & Supplies In-Patient covered up to Plan Maximum of \$5000 (Hospital Miscellaneous) *Concussion treated as any other injury. Plan includes specific Post Injury Concussion Management Testing in addition to office visit. Please see enclosed Schedule of Benefits for Premier Plan and Premier Plan Plus Plan. **#22 - if surgery qualifies under covered injury			*90 day request can be waived *17,18 - Laboratory & Supplies In-Patient covered up to Plan Maximum of \$5000 (Hospital Miscellaneous) *Concussion treated as any other injury. Plan includes specific Post Injury Concussion Management Testing in addition to office visit. Please see enclosed Schedule of Benefits for Premier Plan and Premier Plan Plus Plan. **#22 - if surgery qualifies under covered injury		
	Optional-use of Texas Student Resources & HSR Networks. Providers have agreed to accept plan benefits as payment in full with no balance billing to parents.			Optional-use of Texas Student Resources & HSR Networks. Providers have agreed to accept plan benefits as payment in full with no balance billing to parents.			Optional-use of Texas Student Resources & HSR Networks. Providers have agreed to accept plan benefits as payment in full with no balance billing to parents.			Optional-use of Texas Student Resources & HSR Networks. Providers have agreed to accept plan benefits as payment in full with no balance billing to parents.		