

**Bid Tabulation - Student Accident Insurance
2010-2011**

	GM-Southwest, Inc.	Wilson Sports Insurance Services	Scarbrough, Medlin & Associates	Texas Kids First
Company Information:				
Type of company	Corporation	LLC	Partnership	Corporation
Company Official	John Gutschlag	John Wilson	Larry Johnson	Mel Thomas
Year started in business	Incorporated in 1993	2008	1987	1981
Number of years administering student accident insurance in Texas	17	15	1	29
Carrier	Pan American Life	Hartford	Star Idemnity & Liability	Fidelity Security Life
Best Rating	A-	A	A	A-
Catastrophic Carrier	National Union Fire Insurance	National Union Fire Insurance	Mutual of Omaha	Zurich American Insurance Company
Best Rating	A	A		A
Two current Texas districts of comparable size	Hurst-Eules-Bedford ISD Carrollton-Farmers Branch ISD	Texarkana ISD Wills Point ISD	Allen ISD Gainesville ISD	Lewisville ISD Alvin ISD
Two former Texas districts of comparable size	Conroe ISD Aldine ISD	Mesquite ISD Tyler ISD	Aledo ISD Frisco ISD	Spring Branch ISD Pearland ISD
Premiums				
Class I - UIL Athletic				
K - 6				
7-12	\$89,900	\$87,975	\$89,500	\$157,965
Employees	Coaches/Trainers Included	NA	N/A	N/A
Class II - At School				
K-6	Plan A \$65/ Plan B \$30		\$25	\$65
7-12	Plan A \$65/ Plan B \$30	\$40	\$25	\$65
Employees	Plan A \$65/ Plan B \$30		N/A	N/A
At School: Football: Fall & Spring Training	Included in Blanket Coverage	\$225	\$195	\$299
At School: Spring Training Only	Included in Blanket Coverage	Included		N/A
Class III - 24 Hour				
K-6	Plan A \$135/ Plan B \$75		\$115	\$130
7-12	Plan A \$135/ Plan B \$75	\$125	\$115	\$130
Employees	Plan A \$135/ Plan B \$75		N/A	N/A
24 Hour: Football: Fall & Spring Training	Included in Blanket Coverage	N/A	\$195	N/A
24 Hour: Spring Training Only	Included in Blanket Coverage	N/A		N/A
Extended Dental	\$8			
Catastrophic Coverage	\$6,767	\$6,477	\$13,107.64	\$8,312
Limits of Coverage	\$6,000,000	\$6,000,000	\$5,000,000	\$6,000,000
Maximum Benefit Period-Deductible AD & D	\$25,000 Deductible 2 yr deductible incurable period \$10,000/\$20,000	\$25,000 Deductible 2 yr deductible incurable period \$10,000/\$20,000		\$25,000 Deductible per injury
Catastrophic Cash Benefit:				
Maximum Benefit Amount				
Lump Sum Payment After 6 Months				
Benefit Amount				
Maximum Benefit Period	10 years	10 years	10 years	
All Other Sports: Catastrophic Coverage	Included	Included	Includes Football 7-12	Included
Limits of Coverage	\$6,000,000	\$6,000,000	\$5,000,000	\$6,000,000
LIMITS				
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
Catastrophic Coverage: Football				
Catastrophic Coverage: All Other Sports				
Total Cost to the District	\$96,667	\$94,452	\$102,608	\$166,277

Questions - 2010-2011

Schedule of Benefits

GM-Southwest, Inc.

Wilson Sports Insurance Services

	Yes/No	Coverage	Deductible	Yes/No	Coverage	Deductible
1 Hospital room & board - daily limit	Y	semi-private room rate	0	Y	usual & customary	0
2 Misc. hospital expense limit	Y	up to \$250/day, \$5,000 max	0	Y	usual & customary \$1000	0
3 Emergency room - max	Y	up to \$150 per injury	0	Y	Usual & Cusotmary \$100	0
4 Outpatient emergency room - max	Y	up to \$150 per injury	0	Y	Usual & Cusotmary \$100	0
5 Outpatient surgery - max	Y	75%/usual & customary per Medical Data Research	0	Y	usual & customary \$1000	0
6 Operating room - max	Y	usual & customary	0	Y	usual & customary \$1000	0
7 Ambulance - max	Y	initial trip to hospital (ground only)	0	Y	usual & customary \$500 air/ground	0
8 Anesthesiologist - max	Y	25% of surgery benefit	0	Y	25% surgeon allowance	0
9 Imaging: no fracture - max	Y	up to \$500/injury, including reading	0	Y	usual & customary \$200; \$50 reading	0
10 Imaging: fracture - max	Y	up to \$500/injury, including reading	0	Y	usual & customary \$200; \$50 reading	0
11 Imaging: MRI	Y	up to \$500/injury, including reading	0	Y	usual & customary \$400; \$50 reading	0
12 CAT Scan	Y	up to \$500/injury, including reading	0	Y	usual & customary \$400; \$50 reading	0
13 Outpatient x-ray services	Y	up to \$200/injury, including reading	0	Y	usual & customary \$200; \$50 reading	0
14 Home health care - max	Y	10 visits/ \$50 per visit	0	Y	usual & customary \$50 per visit	0
15 Private duty nursing - max	Y	up to \$400 per injury	0	Y	usual & customary	0
16 Outpatient laboratory - max	Y	up to \$50 per injury	0	Y	usual & customary \$50	0
17 Laboratory	Y	up to \$50 per injury	0	Y	usual & customary \$50	0
18 Supplies	Y	usual & customary	0	Y	usual & customary \$25,000	0
19 Braces (including body)	Y	orthopedic - up to \$300 per injury; durable medical equipment - up to \$150 per injury	0	Y	usual & customary \$200	0
20 Surgeon's fee - max	Y	75%/usual & customary per Medical Data Research	0	Y	75% to \$1,000	0
21 Asst. surgeon's - max	Y	25% surgeon allowance	0	Y	25% surgeon allowance	0
22 Diagnostic surgery - max	Y	included	0	Y	\$200; \$50 reading	0
23 Non surgical physician fee	Y	up to \$40 per visit	0	Y	\$40/day	0
24 Accident medical indemnity	Y	included		Y	\$25,000	0
25 Accidental death benefit	Y	\$10,000	0	Y	\$10,000	0
26 Loss of both hands, feet, or eyes	Y	\$10,000	0	Y	\$20,000	0
27 Loss of either hand, foot, or sight of either eye	Y	\$5,000	0	Y	\$20,000	0
28 Loss of thumb and index finger	Y	\$2,500	0	Y	\$20,000	0
29 Physical therapy - max	Y	up to \$20 per visit, maximum \$100 per injury	0	Y	\$25 per visit, 5 visit max	0
30 Dental expenses	Y	\$250 per tooth (of sound natural teeth)	0	Y	usual & customary \$1000	0
31 Eyeglasses/hearing aids - max	Y	usual & customary if medical treatment is also received for covered injury	0	Y	usual & customary	0
32 Heat Exhaustion	Y	paid as any other accident	0	Y	\$25,000	0
33 Outpatient prescription drugs - max	Y	usual & customary for take home drugs	0	Y	usual & customary	0
34 Injury by motor vehicle - max	Y	up to policy maximum	0	Y	\$5,000	0
35 Length of processing time per claim		clean claims are processed within 5 - 7 days			10 days	
36 Claim reporting restrictions		must file claim within 90 days of injury			none	
37 Other Comments:		we are quoting current plan benefits "as-is" with no deviations				

Questions - 2010-2011

Schedule of Benefits

Scarborough, Medlin Associates, Inc -
Option #7

Texas Kids First

	Yes/No	Coverage	Deductible	Yes/No	Coverage	Deductible
1 Hospital room & board - daily limit	Y	usual & customary	0	Y	semi-private room rate	0
2 Misc. hospital expense limit	Y	\$250/day \$5000 max	0	Y	up to \$250/day, \$5,000 max	0
3 Emergency room - max	Y	\$150 per injury	0	Y	\$175/max	0
4 Outpatient emergency room - max	Y	\$150 per injury	0	Y	\$175/max	0
5 Outpatient surgery - max	Y	\$125 per injury	0	Y	75%/usual & customary up to \$3,500	0
6 Operating room - max	Y	usual & customary		Y	usual & customary up to \$1,500	0
7 Ambulance - max	Y	usual & customary - includes air	0	Y	usual & customary up to \$1,500	0
8 Anesthesiologist - max	Y	25% surgeon allowance	0	Y	25% of surgery benefit	0
9 Imaging: no fracture - max	Y	\$200 per injury	0	Y	*** See Below	0
10 Imaging: fracture - max	Y	\$200 per injury	0	Y	*** See Below	0
11 Imaging: MRI	Y	\$500 per injury	0	Y	usual & customary up to \$500; \$50 for reading	0
12 CAT Scan	Y	\$500 per injury	0	Y	usual & customary up to \$500; \$50 for reading	0
13 Outpatient x-ray services	Y	\$200 per injury	0	Y	usual & customary up to \$200; \$50 for reading	0
14 Home health care - max	Y	usual & customary	0	N		
15 Private duty nursing - max	Y	usual & customary	0	N		
16 Outpatient laboratory - max	Y	\$50 per injury	0	Y	usual & customary up to \$50	0
17 Laboratory	Y	\$200 per injury	0	Y	usual & customary up to \$50	0
18 Supplies	Y	\$200 per injury	0	N/A		
19 Braces (including body)	Y	\$300 per injury	0	Y	usual & customary up to \$500	0
20 Surgeon's fee - max	Y	75% usual & customary	0	Y	75% usual & customary up to \$3,500	0
21 Asst. surgeon's - max	Y	25% usual & customary	0	Y	25% surgeon allowance	0
22 Diagnostic surgery - max	Y	usual & customary	0	Y	usual & customary up to \$3,500	0
23 Non surgical physician fee	Y	\$40 per visit	0	Y	\$40/day	0
24 Accident medical indemnity	Y	\$25,000	0	Y	\$25,000	0
25 Accidental death benefit	Y	\$20,000	0	Y	\$20,000	0
26 Loss of both hands, feet, or eyes	Y	\$10,090	0	Y	\$20,000	0
27 Loss of either hand, foot, or sight of either eye	Y	\$5,000	0	Y	\$10,000	0
28 Loss of thumb and index finger	Y	\$250	0	Y	\$500	0
29 Physical therapy - max	Y	\$20 per visit	0	Y	\$50 1st visit, \$25 thereafter - 8 visits total	0
30 Dental expenses	Y	\$250 per tooth	0	Y	usual & customary up to \$5,000	0
31 Eyeglasses/hearing aids - max	Y	usual & customary	0	Y	usual & customary	0
32 Heat Exhaustion	Y	usual & customary	0	Y	paid as any injury	0
33 Outpatient prescription drugs - max	Y	usual & customary	0	Y	usual & customary	0
34 Injury by motor vehicle - max	Y	usual & customary	0	Y	\$5,000	0
35 Length of processing time per claim		within 2 weeks of claim			if all paperwork turned in properly, 10-14 days	
36 Claim reporting restrictions		N/A				
37 Other Comments:		ambulance includes air & ground			***#9&10: Imaging limits are the same for fracture or no fracture - max benefit depends on type of imaging- see MRI/CAT scan or x-ray benefit	