	GM-Southwest, Inc.	Wilson Sports Insurance Services	Scarbrough, Medlin & Associates/ Monarch	Texas Kids First Lone Star Plan	Texas Kids First Lone Star Plan 2
O-market and the second second	<u> </u>		Management		
Company Information:	Comparation	LLC	Dortmarchin	Companies	Companies
Type of company	Corporation	LLC John Wilson	Partnership Mark Nordstrom	Corporation Mel Thomas	Corporation Mel Thomas
Company Official Year started in business	John Gutschlag Incorporated in 1993	1997	1991	1982	1982
Number of years administering student	18	14	20	29	29
accident insurance in Texas	10	14	20	25	29
Carrier	Pan American Life	Hartford	AXIS Insurance Comapany	Fidelity Security Life	Fidelity Security Life
Best Rating	A A	A	A	A-	A-
Catastrophic Carrier	AIG	Mutual of Omaha	AXIS Insurance Comapany	Zurich American Insurance Company	Zurich American Insurance Company
Best Rating	A	A+	, , , , , , , , , , , , , , , , , , , ,	Α	Α
Two current Texas districts of comparable size	Frisco ISD	Lindale ISD	Spring Branch	Lamar CISD	Lamar CISD
	Carrollton-Farmers Branch ISD	Texarkana ISD	Pharr Asan Juan Alamo	Eagle - Mt Saginaw IDS	Eagle - Mt Saginaw IDS
Two former Texas districts of comparable size	Katy ISD	Denton ISD	Rio Grande City	Ft Bend ISD	Ft Bend ISD
	Aldine ISD	Mesquite ISD	Edcouch Elsa	Mineral Wells ISD	Mineral Wells ISD
Premiums					
Class I - UIL Athletic					
K - 6	#440.000	#04.000	# 400 400	6444.475	Ø404.050
7-12 Employees	\$140,000	\$91,200	\$182,400 N/A	\$111,175 N/A	\$104,950
Employees Class II - At School	Coaches/Trainers Included	NA	N/A	N/A	N/A
	Plan A \$29/ Plan B \$22	¢40	¢o2	\$20 no othletice	\$20 pe ethleties
K-6 7-12	Plan A \$29/ Plan B \$22 Plan A \$29/ Plan B \$22	\$40 \$40	\$93 \$93	\$30 no athletics \$30 no athletics/ \$90 athletics	\$30 no athletics \$30 no athletics/ \$90 athletics
Fmployees	Plan A \$29/ Plan B \$22 Plan A \$29/ Plan B \$22	\$40 \$40	593 N/A	N/A	N/A
At School: Football: Fall & Spring Training	Included in Blanket Coverage	Included	\$288	\$325	\$325
At School: Spring Training Only	Included in Blanket Coverage	Included	\$116	N/A	N/A
Class III - 24 Hour	morados in Biarmor Goverage	moradoa	\$1.10	1471	1471
K-6	Plan A \$99/ Plan B \$68	\$125	\$195	\$80 no athletics	\$80 no athletics
7-12	Plan A \$99/ Plan B \$68	\$125	\$195	\$80 no athletics/ \$180 athletics	\$80 no athletics/ \$180 athletics
Employees	Plan A \$99/ Plan B \$68	\$125	N/A	N/A	N/A
24 Hour: Football: Fall & Spring Training	Included in Blanket Coverage	N/A	not indicated	N/A	N/A
24 Hour: Spring Training Only	Included in Blanket Coverage	N/A	not indicated	N/A	N/A
Extended Dental	\$8	\$8	\$8	not indicated	not indicated
	07.440	05.040	0.47.005.00	**	40.040
Catastrophic Coverage	\$7,440	\$5,316	\$17,605.00	\$8,312	\$8,312
Limits of Coverage	\$6,000,000	\$5,000,000	\$6,000,000	\$6,000,000	\$6,000,000
	\$25,000 Deductible 2 yr deductible	\$25,000 Deductible 2 yr deductible			
Maximum Benefit Period-Deductible	incurable period	incurable period	\$25,000	\$25,000	\$25,000
AD & D	\$10,000/\$20,000	\$10,000/\$20,000	\$2,000	\$10,000 Death/ \$20,000 Dismemberment	\$10,000 Death/ \$20,000 Dismemberment
Catastrophic Cash Benefit:					
Maximum Benefit Amount		\$5,000,000	\$25,000	\$500,000	\$500,000
Lump Sum Payment After 6 Months	#0.000.000	not indicated		not indicated	not indicated
Benefit Amount Maximum Benefit Period	\$6,000,000 \$10	10 years	52 Weeks		
IVIAAIITIUTTI DETIETIL FETIUU	φIU	10 years	o∠ weeks		
All Other Sports: Catastrophic Coverage	Included	Included	Includes Football 7-12	\$8,312	\$8,312
Limits of Coverage	\$6,000,000	\$5,000,000	\$6,000,000	\$6,000,000	\$6,000,000
1	* - , ,	*	* - , ,	*-,,	*-,,
LIMITS					
Class I - UIL Athletic					
Policy Limit Per Accident	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000
Optional Additional Limit	\$0	not indicated	not indicated	\$6,000,000	\$6,000,000
Class II - At School	\$05.000	***	405.000	#05.000	***
Policy Limit Per Accident	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000
Optional Additional Limit	\$0	not indicated	not indicated	N/A	N/A
Class III - 24 Hour Policy Limit Per Accident	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000
Optional Additional Limit	\$25,000 \$0	\$25,000 not indicated	not indicated	\$25,000 N/A	\$25,000 N/A
Sphonar Additional Ellitt	ΨO	not maleated	not maicated	1975	147
Catastrophic Coverage: Football		included		included	included
Catastrophic Coverage: All Other Sports		included		\$8,312 includes football	\$8,312 includes football
Total Cost to the District	\$147,440	\$96,516	\$200,005	\$119,487	\$113,262

Company followation: Concept Control Concept Control Concept Control Concept Control C		Academic Benefits of Texas	The Brokerage Store Value Plan	The Brokerage Store Star Plan	The Brokerage Store Budget Plan
Type of Comments			value Fidii	Stat Fidit	Buuyet Flaii
Company Comp					
Varie affinished in business 207 1985 1985 1985 254					
Number of years administering substent 1					
Commission Literal of London Literal of Lon		1	25+	25+	25+
Boat Harling		Heredott and an	Only making Life	Only making Life	Only making 1 if
Zusich American Insurance Company Extend E		•			
Bost Rating Foot current Town districts of comparable size Foot current Town Certain Town Certain Town Certain Town Certain State Foot current Town Certain State Foot					
Two current Texas districts of comparable size			Zurich American Insurance Company		
The former Texas districts of companies size Premitums Class I - UI. Athletic K - 1 Engineers Engineers A Shoot Footall Fall & Spring Training At Schoot Footall Fall & Spring Training 2 Hours, Spring Training 2 Hour, Spring Training 2 Hour, Spring Training 3 Hour, Spring Training 4 NA			A Alama Haiahta IOD	, ·	
Two tomore Feast districts of comparable size None East Central ISD Harfandale IS	Two current Texas districts of comparable size	none			
Premiums Class - UIL Athletic Class	Two former Toyon districts of comparable size	nono			
Class Lil. Athletic K - 6 7-12 S88,400 NA NA NA NA NA NA NA	Two former Texas districts of comparable size	none			
Class Lill Albeito K - 6 7-12 \$85,400 N/A N/	Premiums				
K - 6					
7-12					
Employees		\$86,400	\$112,550	\$78,800	\$63,000
Class II - At No. Soc. S					
K-G 7-12 Finity-less Al School Football: Fall & Spring Training Only S20,959 UIL S20,959		***			,
T-12		\$30 no athletics/ \$90 athletics	\$20/\$95 UIL	\$20/\$95 UIL	\$20/\$95 UIL
Employees At School Football: Fall & Spring Training At School Football: Fall & Spring Training Chy					
At School: Football: Fall & Spring Training At School: Spring Training Chiss III. 24 Hour: K-6 Free Characteristics of the Coverage Characteristic Coverage Lumps Sum Payment After Months Benefit Amount Maximum Benefit Period: Coverage Lump Sum Payment After Months Benefit Amount Morth Coverage Lumb Coverage Sound Co					
At School: Spring Training Only Included					
Sab no athletics Sab no not indicated Sab no not not indicated Sab no not not not not not not not not not					
7-12					
7-12	K-6	\$80 no athletics/ \$180 atheltics	\$90/\$165 UIL	\$90/\$165 UIL	\$90/\$165 UIL
24 Hour. Football: Fall & Spring Training 24 Hour. Spring Training Only					
24 Hour. Football: Fall & Spring Training 24 Hour. Spring Training Only	Employees		N/A	N/A	N/A
24 Hour: Spring Training Only		not indicated	N/A	N/A	N/A
Catastrophic Coverage \$8,312 \$6,000,000 \$5,000,000 \$5,000,000 \$25,000 Deductible 2 yr decuctible incurable period period period \$10,000 Death/\$20,000 Dismemberment \$500,000 \$100,000 Death/\$20,000 Dismemberment \$100,000 Death/\$20,000 Death/\$20,000 Dismemberment \$100,000 Death/\$20,000 Dea		not indicated	N/A	N/A	N/A
Limits of Coverage	Extended Dental	not indicated	\$9	\$9	\$9
Limits of Coverage \$6,000,000 \$6,000,000 \$5,000,000 \$6,000,000 \$5,	Catastrophic Coverage	\$8 312	\$8 312	\$8 312	\$8 312
Maximum Benefit Period-Deductible AD & D					
Maximum Benefit Period-Deductible AD & D period period period period period period \$10,000 Death/ \$20,000 Dismemberment \$10,000 Death/ \$20,000	Emilio of Goverage	φο,σσο,σσο			
AD & D Catastrophic Cash Benefit: Maximum Benefit Amount Lump Sum Payment After 6 Months Senefit Amount Senember Maximum Benefit Period Senember Maximum Benefit P					
Catastrophic Cash Benefit: Maximum Benefit Amount \$500,000 \$600,000					
Maximum Benefit Amount Lump Sum Payment After 6 Months not indicated \$100,000 \$500,000 \$100,000		\$10,000 Death/ \$20,000 Dismemberment	\$10,000 Death/\$20,000 Dismemberment	\$10,000 Death/ \$20,000 Dismemberment	\$10,000 Death/ \$20,000 Dismemberment
Lump Sum Payment After 6 Months Benefit Amount Maximum Benefit Period \$100,000 \$100,000 \$100,000 \$400,000/yr \$40					
Benefit Amount Maximum Benefit Period Not indicated \$40,000/yr					
Maximum Benefit Period 10 years 10 yea		not indicated			
All Other Sports: Catastrophic Coverage		m ad im di t - d			
Limits of Coverage \$6,000,000 \$6,	Maximum Benefit Period	not indicated	10 years	10 years	10 years
Limits of Coverage \$6,000,000 \$6,	All Other Sports: Catastrophic Coverage		\$8,312	\$8,312	\$8,312
Class I - UIL Athletic		\$6,000,000			
Class I - UIL Athletic	LIMITS				
Policy Limit Per Accident					
Optional Additional Limit N/A N/A <td></td> <td>\$6,000,000</td> <td>\$25,000</td> <td>\$25,000 basa</td> <td>\$25,000 bass</td>		\$6,000,000	\$25,000	\$25,000 basa	\$25,000 bass
Class II - At School Policy Limit Per Accident \$25,000 \$25					
Policy Limit Per Accident		14/7	19/73	13/73	14/7
Optional Additional Limit Class III - 24 Hour Policy Limit Per Accident Optional Additional Limit Catastrophic Coverage: Football Catastrophic Coverage: All Other Sports Section 24 Hour Section 325,000 Section 325,000 N/A N/A N/A Section 325,000 N/A		\$25,000	\$25,000	\$25,000	\$25,000
Class III - 24 Hour Policy Limit Per Accident Optional Additional Limit Catastrophic Coverage: Football Catastrophic Coverage: All Other Sports S25,000 N/A N/A S25,000 N/A N/A N/A N/A S25,000 N/A N/A N/A Included included \$8,312 includes football \$8,312 includes football \$8,312 includes football					
Policy Limit Per Accident Optional Additional Limit \$25,000 \$1,000 N/A N/A \$1,000 N/A Catastrophic Coverage: Football Catastrophic Coverage: All Other Sports \$8,312 includes football \$8,312 includes football \$8,312 includes football	a. m. a	\$6,000,000			1
Optional Additional Limit \$6,000,000 N/A N/A N/A N/A Catastrophic Coverage: Football Catastrophic Coverage: All Other Sports \$8,312 includes football \$8,312 includes football \$8,312 includes football		\$25.000	\$25,000	\$25,000	\$25,000
Catastrophic Coverage: All Other Sports \$8,312 includes football \$8,312 includes football \$8,312 includes football					
Catastrophic Coverage: All Other Sports \$8,312 includes football \$8,312 includes football \$8,312 includes football	Catastrophia Cayaraga, Faathall		included	included	included
	1				,
Total Cost to the District \$94,712 \$120,862 \$87,112 \$71,312	Total Cost to the District	\$94.712	\$120.962	\$97.112	\$74.242
Total Cost to the District \$94,712 \$120,862 \$87,112 \$71,312	Total Cost to the District	⊅54,/1∠	Φ1∠U,00∠	φο <i>τ</i> ,Τ12	⊅ (1,31∠

Questions - 2011-2012

Schedule of Benefits

1	Hospital	room	ጲ	hoard -	daily lin	mit

- 2 Misc. hospital expense limit
- 3 Emergency room max
- 4 Outpatient emergency room max
- 5 Outpatient surgery max
- 6 Operating room max
- 7 Ambulance max
- 8 Anesthesiologist max
- 9 Imaging: no fracture max
- 10 Imaging: fracture max
- 11 Imaging: MRI
- 12 CAT Scan
- 13 Outpatient x-ray services
- 14 Home health care max
- 15 Private duty nursing max
- 16 Outpatient laboratory max
- 17 Laboratory
- 18 Supplies
- 19 Braces (including body)
- 20 Surgeon's fee max
- 21 Asst. surgeon's max
- 22 Diagnostic surgery max
- 23 Non surgical physician fee
- 24 Accident medical indemnity
- 25 Accidental death benefit
- 26 Loss of both hands, feet, or eyes
- 27 Loss of either hand, foot, or sight of either eye
- 28 Loss of thumb and index finger
- 29 Physical therapy max
- 30 Dental expenses
- 31 Eyeglasses/hearing aids max
- 32 Heat Exhaustion
- 33 Outpatient prescription drugs max
- 34 Injury by motor vehicle max
- 35 Length of processing time per claim
- 36 Claim reporting restrictions
- 37 Other Comments:

	GM-Southwest, Inc.			Wilson Sports Insurance Service	s	S	narch	
Yes/No	Coverage	Deductible	Yes/No	Coverage	Deductible	Yes/No	Management Coverage	Deductible
Υ	semi-private room rate	0	Υ	usual & customary	0	Υ	semi private	0
Υ	up to \$250/day, \$5,000 max	0	Υ	\$1,600	0	Υ	\$250/day \$5000 max	0
Υ	up to \$150 per injury	0	Υ	\$175	0	Υ	\$150	0
Υ	up to \$150 per injury	0	Υ	\$175	0	Υ	\$150	0
Υ	75%/usual & customary per Medical Data Research	0	Y	75% usual & customary up to \$3600	0	Υ	\$1,250	0
Y	usual & customary	0	Y	\$1,600	0	Y	included in above	- 0
Y	initial trip to hospital (ground only)	0	Y	usual & customary	0	Y	1st trip to hospital	0
Y	25% of surgeon's allowance	0	Y	25% surgeon allowance	0	Y	25% surgeon allowance	0
Y		0	Y		0	Y		0
Y	up to \$500/injury, including reading		Y	\$500; \$50 reading		Y	included in MRI	
Y	up to \$500/injury, including reading	0	Y	\$500; \$50 reading	0	Y	included in MRI	0
Υ	up to \$500/injury, including reading	0	Υ	\$500; \$50 reading	0	Υ	\$500	0
Υ	up to \$500/injury, including reading	0	Y	\$500; \$50 reading	0	Υ	included in MRI	0
Υ	up to \$200/injury, including reading	0	Y	\$200; \$50 reading	0	Υ	\$200	0
Υ	10 visits/ \$50 per visit	0	Υ	\$50 per visit	0	No		
Υ	up to \$400 per injury	0	Υ	usual & customary	0	Υ	\$400	0
Υ	up to \$50 per injury	0	Υ	usual & customary \$60	0	Υ	\$50	0
Υ	up to \$50 per injury	0	Y	usual & customary \$60	0	Υ	\$50	0
Υ	usual & customary	0	Y	usual & customary	0	Υ	Included in hospital misc	0
Y	orthopedic - up to \$300 per injury; durable medical equipment - up to \$150 per injury	0	Y	\$500	0	Y	\$300	0
Y	75%/usual & customary per Medical Data Research		Y	75% usual & customaryup to \$3600	0	Y	75% usual & customary max \$3750	0
Y			Y		0	Y		
Y	25% surgeon's allowance	0	Y	25% \$500	0	No	25% surgeon allowance	0
-	included	0	T	\$300	U	INO		0
Υ	up to \$40 per visit	0	Υ	\$40 per visit	0	Υ	\$40	0
Υ	included		Υ	\$1,600	0	No		0
Υ	\$10,000	0	Υ	\$10,000	0	Υ	\$2,000	0
Υ	\$10,000	0	Υ	\$20,000	0	Υ	\$10,000	0
Υ	\$5,000	0	Υ	\$20,000	0	Υ	\$5,000	0
Υ	\$2,500	0	Υ	\$10,000	0	Υ	\$500	0
Υ	up to \$20 per visit, maximum \$100 per injury	0	Υ	\$50 first visit, \$25 thereafter to \$225	0	Υ	\$20 per visit \$100 max	0
Υ	\$250 per tooth (of sound natural teeth)	0	Υ	usual & customary to \$7000	0	Υ	\$250 per tooth	0
	usual & customary if medical			. ,				
Υ	treatment is also received for covered injury	0	Υ	usual & customary	0	Y	usual & customary	0
Y	paid as any other accident	0	Y	\$25.000	0	Y	paid as any accident	0
	usual & customary for take home						, ,	
Y	drugs	0	Υ	usual & customary	0	Υ	usual & customary	0
Y	up to policy maximum clean claims are processed within	0	Υ	\$5,000	0	Υ	\$5,000	0
	5 - 7 days			10 days			10-15 days for clean claim	
	must file claim within 90 days of injury			90 days from date of injyry			claim must be filed in 90 days of the accident	
	we are quoting current plan benefits "as-is" with no deviations						See Mandatory brochure for full listing of benefits under the Premier Plan Tab 2. See enclosed information on claims process under Tab 5	

Questions - 2011-2012

Schedule of Benefits

1	Hospital ro	റന്ന &	board	- dail	v limit

- 2 Misc. hospital expense limit
- 3 Emergency room max
- 4 Outpatient emergency room max
- 5 Outpatient surgery max
- 6 Operating room max
- 7 Ambulance max
- 8 Anesthesiologist max
- 9 Imaging: no fracture max
- 10 Imaging: fracture max
- 11 Imaging: MRI
- 12 CAT Scan
- 13 Outpatient x-ray services
- 14 Home health care max
- 15 Private duty nursing max
- 16 Outpatient laboratory max
- 17 Laboratory
- 18 Supplies
- 19 Braces (including body)
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- 21 Asst. surgeon's max
- 22 Diagnostic surgery max
- 23 Non surgical physician fee
- 24 Accident medical indemnity
- 25 Accidental death benefit
- 26 Loss of both hands, feet, or eyes
- 27 Loss of either hand, foot, or sight of either eye
- 28 Loss of thumb and index finger
- 29 Physical therapy max
- 30 Dental expenses
- 31 Eyeglasses/hearing aids max
- 32 Heat Exhaustion
- 33 Outpatient prescription drugs max
- 34 Injury by motor vehicle max
- 35 Length of processing time per claim
- 36 Claim reporting restrictions
- 37 Other Comments:

Texas Kids First Lone Star Plan		Texas Kids First Lone Star Plan 2				Academit Benefits of Texas				
Yes/No	Coverage	Deductible	Yes/No	Coverage	Deductible	Yes/No	Coverage	Deductible		
Y	semi-private room rate	0	Y	semi-private room rate	0	Yes	\$25,000	0		
	oom piwato room rato			Som pivato room rate			Ψ20,000			
Υ	up to \$250/day, \$5,000 max	0	Υ	up to \$250/day, \$5,000 max	0	Yes		0		
Υ	\$175/max	0	Υ	\$175/max	0	Yes		0		
Υ	\$175/max	0	Y	\$175/max	0	Yes		0		
Υ	75%/usual & customary up to \$3,500	0	Υ	75%/usual & customary up to \$2,000	0	Yes		0		
Υ	usual & customary up to \$1,500	0	Υ	usual & customary up to \$2,000	0	Yes		0		
Υ	usual & customary	0	Υ	usual & customary up to \$1,000	0	Yes	\$2,500	none		
Υ	25% of surgery benefit	0	Y	25% of surgery benefit	0	Yes		0		
Υ	(x-ray) usual & customary up to \$200; \$50 for reading	0	Υ	(x-ray) usual & customary up to \$200; \$50 for reading	0	Yes	All benefits	0		
	(x-ray) usual & customary up to	_		(x-ray) usual & customary up to	_		exactly match			
Y	\$200; \$50 for reading usual & customary up to \$500; \$50	0	Y	\$200; \$50 for reading usual & customary up to \$500; \$50	0	Yes		0		
Υ	for reading	0	Υ	for reading	0	Yes	current plan as	0		
Υ	usual & customary up to \$500; \$50 for reading	0	Υ	usual & customary up to \$500; \$50 for reading	0	Yes	quoted. Must	0		
	usual & customary up to \$200; \$50			usual & customary up to \$200; \$50			•			
Υ	for reading	0	Y	for reading	0	Yes	provide us with	0		
N	(N	(_	Yes	these please.			
Y Y	(regitered nurse) usual & customary usual & customary up to \$50	0	Y	(regitered nurse) usual & customary usual & customary up to \$50	0	Yes Yes	tilece piedee.	0		
Y	usual & customary up to \$50	0	Y	usual & customary up to \$50	0	Yes		0		
Υ	included in hospital misc.	0	Υ	included in hospital misc.	0	Yes				
Υ	usual & customary	0	Υ	usual & customary	0	Yes		0		
Υ	75% usual & customary up to \$3,500	0	Υ	75% usual & customary up to \$2,000	0	Yes		0		
Υ	25% surgeon allowance	0	Υ	25% surgeon allowance	0	Yes		0		
Υ	75% usual & customary up to \$3,500	0	Υ	75% usual & customary up to \$2,500	0	Yes		0		
Υ	\$40/visit	0	Υ	\$40/visit	0	Yes		0		
Y	\$25,000		Υ	\$25,000	_	Yes				
Y Y	\$20,000 \$20,000	0	Y Y	\$20,000 \$20,000	0	Yes Yes		0		
Y	\$20,000 \$10.000	0	Y	\$20,000	0	Yes		0		
Y	\$500	0	Y	\$500	0	Yes		0		
	\$50 1st visit, \$25 thereafter - 8 visits			\$50 1st visit, \$25 thereafter - 8 visits						
Υ	total usual & customary up to \$5,000 for	0	Y	total usual & customary up to \$5,000 for	0	Yes		0		
Υ	sound and natural teeth	0	Υ	sound and natural teeth	0	Yes		0		
Υ	usual & customary as a result of injury	0	Y	usual & customary as a result of injury	0	Yes		0		
N	heat stroke is covered		N	heat stroke is covered		No	Heat Stroke - yes	0		
Υ	usual & customary	0	Υ	usual & customary	0	Yes		0		
Υ	\$5,000 if all paperwork turned in properly, up	0	Y	\$5,000 if all paperwork turned in properly, up	0	Yes		0		
	to 30 days			to 30 days		30 days				
						90 days or current plan time				
							Can go to any Doctor/Provider. Rate			
							guaranteed for two years. Benefit period 2 years on base plans.			
							Covers Coaches - Trainers			

Questions - 2011-2012

Schedule of Benefits

1	Hospital	room	&	board	-	daily limit
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- 2 Misc. hospital expense limit
- 3 Emergency room max
- 4 Outpatient emergency room max
- 5 Outpatient surgery max
- 6 Operating room max
- 7 Ambulance max
- 8 Anesthesiologist max
- 9 Imaging: no fracture max
- 10 Imaging: fracture max
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- 13 Outpatient x-ray services
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- 21 Asst. surgeon's max
- 22 Diagnostic surgery max
- 23 Non surgical physician fee
- 24 Accident medical indemnity
- 25 Accidental death benefit26 Loss of both hands, feet, or eyes
- 27 Loss of either hand, foot, or sight of either eye
- 28 Loss of thumb and index finger
- 29 Physical therapy max
- 30 Dental expenses
- 31 Eyeglasses/hearing aids max
- 32 Heat Exhaustion
- 33 Outpatient prescription drugs max
- 34 Injury by motor vehicle max
- 35 Length of processing time per claim
- 36 Claim reporting restrictions
- 37 Other Comments:

	The Brokerage Store Value Plan			The Brokerage Store Star Plan			The Brokerage Store Budget Plan	
Yes/No	Coverage	Deductible	Yes/No	Coverage	Deductible	Yes/No	Coverage	Deductible
Yes	Semi Private	0	Yes	Semi Private	0	Yes	Semi Private	0
Yes	\$5000 max	0	Yes	\$2500 max	0	Yes	\$2000 max	0
Yes	U&C to \$300	0	Yes	\$200 facility \$120 DR	0	Yes	\$100 facility \$50 DR	0
Yes	U&C to \$300	0	Yes	\$200 Facility	0	Yes	\$100 facility \$50 DR	0
	1100 1 00000			04.500		V	750/ 1100 1. 64500	
Yes Yes	U&C to \$3000 U&C to \$2000	0	Yes Yes	\$1,500 \$1,500	0	Yes Yes	75% U&C up to \$1500 \$750	0
Yes	\$1.000	none	Yes	\$500	0	Yes	\$200	0
Yes	25% of Surgeon Fees	0	Yes	25% of Surgeon Fees	0	Yes	25% of Surgeon Fees	0
Yes	xray \$300 MRI \$750/ \$50 reading	0	Yes	xray \$175 MRI \$575/ \$25reading	0	Yes	xray \$75 MRI \$25/ \$25reading	0
Yes	xray \$300 MRI \$750/ \$50 reading	0	Yes	xray \$175 MRI \$575/ \$25reading	0	Yes	xray \$75 MRI \$25/ \$25reading	0
Yes	\$750/ \$50 reading	0	Yes	\$575/ \$25 reading	0	Yes	\$250/ \$25 reading	0
Yes	\$750/ \$50 reading	0	Yes	\$575/ \$25 reading	0	Yes	\$250/ \$25 reading	0
Yes	\$250/ \$50 reading	0	Yes	\$175/ \$25 reading	0	Yes	\$75/ \$25 reading	0
Yes	U&C - Nurse services	0	Yes	U&C - Nurse services	0	Yes	U&C - Nurse services	0
Yes	U&C - Nurse services		Yes	U&C - Nurse services		Yes	U&C - Nurse services	
Yes	\$100	0	Yes	\$50	0	Yes	\$25	0
Yes	\$100	0	Yes	\$50	0	Yes	\$25	0
Yes	\$100		Yes	\$100		Yes	\$100	
Yes	DME Post Surgical - \$500- 100 paid- thru Don Joy	0	Yes	DME Post Surgical - \$500- 100 paid- thru Don Joy	0	Yes	DME Post Surgical - \$500- 100 paid- thru Don Joy	0
Yes	U&C to \$3000 max	0	Yes	\$1,500	0	Yes	75% U&C \$300 max	0
Yes	25% of Surgeon Fees	0	Yes	25% of Surgeon Fees	0	Yes	25% of Surgeon Fees	0
No	N/A		No	N/A		No	N/A	
	·			·				
Yes	\$50/visit, 10 max	0	Yes	\$40/visit, 10 max	0	Yes	\$30/visit, 10 max	0
No	N/A		No	N/A		No	N/A	
Yes	\$2000/\$10,000 base cat	0	Yes	\$2000/\$10,000 base cat	0	Yes	\$2000/\$10,000 base cat	0
Yes	\$10,000/\$20,000 base & cat	0	Yes	\$10,000/\$20,000 base & cat	0	Yes	\$10,000/\$20,000 base & cat	0
Yes	\$2000/\$10,000 base cat	0	Yes	\$2000/\$10,000 base cat	0	Yes	\$2000/\$10,000 base cat	0
Yes	\$10,000 cat	0	Yes	\$10,000 cat	0	Yes	\$10,000 cat	0
Yes	\$50/visit, 5 max	0	Yes	\$50/visit, 5 max	0	Yes	\$50/visit, 5 max	0
Yes	\$1000 max per injury	0	Yes	\$500 max per injury	0	Yes	\$150 max per injury each tooth	0
Yes	\$200	0	Yes	\$100	0	Yes	\$100	0
Yes	Included	0	Yes	Included	0	Yes	Included	0
Yes	\$50	0	Yes	\$25	0	Yes	\$25	0
Yes	\$1,000	0	Yes	\$1,000	0	Yes	\$1,000	0
	6 working days - complete clean clai	m		6 working days - complete clean clai	im		6 working days - complete clean clai	im
	within 180 days			within 180 days			within 180 days	
	Concussion benefit \$80 per visit, 2 visit max			Concussion benefit \$60 per visit, 2 visit max			Concussion benefit \$40 per visit, 2 visit max	