

Bid Tabulation - Student Accident Insurance  
2011-2012

	GM-Southwest, Inc.	Wilson Sports Insurance Services	Scarborough, Medlin & Associates/ Monarch Management	Texas Kids First Lone Star Plan	Texas Kids First Lone Star Plan 2
<b>Company Information:</b>					
Type of company	Corporation	LLC	Partnership	Corporation	Corporation
Company Official	John Gutschlag	John Wilson	Mark Nordstrom	Mel Thomas	Mel Thomas
Year started in business	Incorporated in 1993	1997	1991	1982	1982
Number of years administering student accident insurance in Texas	18	14	20	29	29
Carrier	Pan American Life	Hartford	AXIS Insurance Comapany	Fidelity Security Life	Fidelity Security Life
Best Rating	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+		A	A
Two current Texas districts of comparable size	Frisco ISD Carrollton-Farmers Branch ISD	Lindale ISD Texarkana ISD	Spring Branch Pharr Asan Juan Alamo	Lamar CISD Eagle - Mt Saginaw IDS	Lamar CISD Eagle - Mt Saginaw IDS
Two former Texas districts of comparable size	Katy ISD Aldine ISD	Denton ISD Mesquite ISD	Rio Grande City Edcouch Elsa	Ft Bend ISD Mineral Wells ISD	Ft Bend ISD Mineral Wells ISD
<b>Premiums</b>					
<b>Class I - UIL Athletic</b>					
K - 6					
7-12	\$140,000	\$91,200	\$182,400	\$111,175	\$104,950
Employees	Coaches/Trainers Included	NA	N/A	N/A	N/A
<b>Class II - At School</b>					
K-6	Plan A \$29/ Plan B \$22	\$40	\$93	\$30 no athletics	\$30 no athletics
7-12	Plan A \$29/ Plan B \$22	\$40	\$93	\$30 no athletics/ \$90 athletics	\$30 no athletics/ \$90 athletics
Employees	Plan A \$29/ Plan B \$22	\$40	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
<b>Class III - 24 Hour</b>					
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
<b>Catastrophic Coverage</b>	\$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
Maximum Benefit Period-Deductible	\$25,000 Deductible 2 yr deductible	\$25,000 Deductible 2 yr deductible	\$25,000	\$25,000	\$25,000
AD & D	incurable period \$10,000/\$20,000	incurable period \$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		not indicated		not indicated	not indicated
Benefit Amount	\$6,000,000				
Maximum Benefit Period	\$10	10 years	52 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
<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	\$0	not indicated	not indicated	\$6,000,000	\$6,000,000
<b>Class II - At School</b>					
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
<b>Class III - 24 Hour</b>					
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
<b>Catastrophic Coverage: Football</b>		<b>included</b>		<b>included</b>	<b>included</b>
<b>Catastrophic Coverage: All Other Sports</b>		<b>included</b>		<b>\$8,312 includes football</b>	<b>\$8,312 includes football</b>
<b>Total Cost to the District</b>	<b>\$147,440</b>	<b>\$96,516</b>	<b>\$200,005</b>	<b>\$119,487</b>	<b>\$113,262</b>

	Academic Benefits of Texas	The Brokerage Store Value Plan	The Brokerage Store Star Plan	The Brokerage Store Budget Plan
<b>Company Information:</b>				
Type of company	Corporation LLC	Corporation	Corporation	Corporation
Company Official	Jack Coleman Jr	Jeff Johnson	Jeff Johnson	Jeff Johnson
Year started in business	2007	1985	1985	1985
Number of years administering student accident insurance in Texas	1	25+	25+	25+
Carrier	Lloyd of London	Columbian Life	Columbian Life	Columbian Life
Best Rating	A+	A-	A-	A-
Catastrophic Carrier	Zuich American Insurance Com	Zurich American Insurance Company	Zurich American Insurance Company	Zurich American Insurance Company
Best Rating	not indicated	A	A	A
Two current Texas districts of comparable size	none	Alamo Heights ISD Cypress Fairbankss ISD	Alamo Heights ISD Cypress Fairbankss ISD	Alamo Heights ISD Cypress Fairbankss ISD
Two former Texas districts of comparable size	none	East Central ISD Harlandale ISD	East Central ISD Harlandale ISD	East Central ISD Harlandale ISD
<b>Premiums</b>				
<b>Class I - UIL Athletic</b>				
K - 6				
7-12	\$86,400	\$112,550	\$78,800	\$63,000
Employees	N/A	N/A	N/A	N/A
<b>Class II - At School</b>				
K-6	\$30 no athletics/ \$90 athletics	\$20/\$95 UIL	\$20/\$95 UIL	\$20/\$95 UIL
7-12	matches current plan	\$20/\$95 UIL	\$20/\$95 UIL	\$20/\$95 UIL
Employees	N/A	N/A	N/A	N/A
At School: Football: Fall & Spring Training	\$325	\$280	\$280	\$280
At School: Spring Training Only	Included	Included	Included	Included
<b>Class III - 24 Hour</b>				
K-6	\$80 no athletics/ \$180 atheltics	\$90/\$165 UIL	\$90/\$165 UIL	\$90/\$165 UIL
7-12	not indicated	\$90/\$165 UIL	\$90/\$165 UIL	\$90/\$165 UIL
Employees	N/A	N/A	N/A	N/A
24 Hour: Football: Fall & Spring Training	not indicated	N/A	N/A	N/A
24 Hour: Spring Training Only	not indicated	N/A	N/A	N/A
Extended Dental	not indicated	\$9	\$9	\$9
<b>Catastrophic Coverage</b>	\$8,312	\$8,312	\$8,312	\$8,312
Limits of Coverage	\$6,000,000	\$6,000,000	\$6,000,000	\$6,000,000
Maximum Benefit Period-Deductible		\$25,000 Deductible 2 yr dectuctible incurable period	\$25,000 Deductible 2 yr dectuctible incurable period	\$25,000 Deductible 2 yr dectuctible incurable period
AD & D	\$10,000 Death/ \$20,000 Dismemberment	\$10,000 Death/ \$20,000 Dismemberment	\$10,000 Death/ \$20,000 Dismemberment	\$10,000 Death/ \$20,000 Dismemberment
<b>Catastrophic Cash Benefit:</b>				
Maximum Benefit Amount	\$500,000	\$500,000	\$500,000	\$500,000
Lump Sum Payment After 6 Months	not indicated	\$100,000	\$100,000	\$100,000
Benefit Amount		\$40,000/yr	\$40,000/yr	\$40,000/yr
Maximum Benefit Period	not indicated	10 years	10 years	10 years
All Other Sports: Catastrophic Coverage		\$8,312	\$8,312	\$8,312
Limits of Coverage	\$6,000,000	\$6,000,000	\$6,000,000	\$6,000,000
<b>LIMITS</b>				
<b>Class I - UIL Athletic</b>				
Policy Limit Per Accident	\$6,000,000	\$25,000	\$25,000 base	\$25,000 base
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
Optional Additional Limit	\$6,000,000	N/A	N/A	N/A
<b>Class III - 24 Hour</b>				
Policy Limit Per Accident	\$25,000	\$25,000	\$25,000	\$25,000
Optional Additional Limit	\$6,000,000	N/A	N/A	N/A
<b>Catastrophic Coverage: Football</b>		<b>included</b>	<b>included</b>	<b>included</b>
<b>Catastrophic Coverage: All Other Sports</b>		<b>\$8,312 includes football</b>	<b>\$8,312 includes football</b>	<b>\$8,312 includes football</b>
<b>Total Cost to the District</b>	<b>\$94,712</b>	<b>\$120,862</b>	<b>\$87,112</b>	<b>\$71,312</b>

Questions - 2011-2012

Schedule of Benefits

- 1 Hospital room & board - daily 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)
- 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 Services			Scarborough, Medlin & Associates/ Monarch Management		
Yes/No	Coverage	Deductible	Yes/No	Coverage	Deductible	Yes/No	Coverage	Deductible
Y	semi-private room rate	0	Y	usual & customary	0	Y	semi private	0
Y	up to \$250/day, \$5,000 max	0	Y	\$1,600	0	Y	\$250/day \$5000 max	0
Y	up to \$150 per injury	0	Y	\$175	0	Y	\$150	0
Y	up to \$150 per injury	0	Y	\$175	0	Y	\$150	0
Y	75%/usual & customary per Medical Data Research	0	Y	75% usual & customary up to \$3600	0	Y	\$1,250	0
Y	usual & customary	0	Y	\$1,600	0	Y	included in above	
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	up to \$500/injury, including reading	0	Y	\$500; \$50 reading	0	Y	included in MRI	0
Y	up to \$500/injury, including reading	0	Y	\$500; \$50 reading	0	Y	included in MRI	0
Y	up to \$500/injury, including reading	0	Y	\$500; \$50 reading	0	Y	\$500	0
Y	up to \$500/injury, including reading	0	Y	\$500; \$50 reading	0	Y	included in MRI	0
Y	up to \$200/injury, including reading	0	Y	\$200; \$50 reading	0	Y	\$200	0
Y	10 visits/ \$50 per visit	0	Y	\$50 per visit	0	No		
Y	up to \$400 per injury	0	Y	usual & customary	0	Y	\$400	0
Y	up to \$50 per injury	0	Y	usual & customary \$60	0	Y	\$50	0
Y	up to \$50 per injury	0	Y	usual & customary \$60	0	Y	\$50	0
Y	usual & customary	0	Y	usual & customary	0	Y	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	0	Y	75% usual & customary up to \$3600	0	Y	75% usual & customary max \$3750	0
Y	25% surgeon's allowance	0	Y	25%	0	Y	25% surgeon allowance	0
Y	included	0	Y	\$500	0	No		0
Y	up to \$40 per visit	0	Y	\$40 per visit	0	Y	\$40	0
Y	included		Y	\$1,600	0	No		0
Y	\$10,000	0	Y	\$10,000	0	Y	\$2,000	0
Y	\$10,000	0	Y	\$20,000	0	Y	\$10,000	0
Y	\$5,000	0	Y	\$20,000	0	Y	\$5,000	0
Y	\$2,500	0	Y	\$10,000	0	Y	\$500	0
Y	up to \$20 per visit, maximum \$100 per injury	0	Y	\$50 first visit, \$25 thereafter to \$225	0	Y	\$20 per visit \$100 max	0
Y	\$250 per tooth (of sound natural teeth)	0	Y	usual & customary to \$7000	0	Y	\$250 per tooth	0
Y	usual & customary if medical treatment is also received for covered injury	0	Y	usual & customary	0	Y	usual & customary	0
Y	paid as any other accident	0	Y	\$25,000	0	Y	paid as any accident	0
Y	usual & customary for take home drugs	0	Y	usual & customary	0	Y	usual & customary	0
Y	up to policy maximum	0	Y	\$5,000	0	Y	\$5,000	0
	clean claims are processed within 5 - 7 days			10 days			10-15 days for clean claim	
	must file claim within 90 days of injury			90 days from date of injury			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

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- 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	
Y	up to \$250/day, \$5,000 max	0	Y	up to \$250/day, \$5,000 max	0	Yes		0	
Y	\$175/max	0	Y	\$175/max	0	Yes		0	
Y	\$175/max	0	Y	\$175/max	0	Yes		0	
Y	75%/usual & customary up to \$3,500	0	Y	75%/usual & customary up to \$2,000	0	Yes		0	
Y	usual & customary up to \$1,500	0	Y	usual & customary up to \$2,000	0	Yes		0	
Y	usual & customary	0	Y	usual & customary up to \$1,000	0	Yes	\$2,500	none	
Y	25% of surgery benefit	0	Y	25% of surgery benefit	0	Yes	All benefits exactly match current plan as quoted. Must provide us with these please.	0	
Y	(x-ray) usual & customary up to \$200; \$50 for reading	0	Y	(x-ray) usual & customary up to \$200; \$50 for reading	0	Yes		0	
Y	(x-ray) usual & customary up to \$200; \$50 for reading	0	Y	(x-ray) usual & customary up to \$200; \$50 for reading	0	Yes		0	
Y	usual & customary up to \$500; \$50 for reading	0	Y	usual & customary up to \$500; \$50 for reading	0	Yes		0	
Y	usual & customary up to \$500; \$50 for reading	0	Y	usual & customary up to \$500; \$50 for reading	0	Yes		0	
Y	usual & customary up to \$200; \$50 for reading	0	Y	usual & customary up to \$200; \$50 for reading	0	Yes		0	
N			N			Yes			
Y	(registered nurse) usual & customary	0	Y	(registered nurse) usual & customary	0	Yes			
Y	usual & customary up to \$50	0	Y	usual & customary up to \$50	0	Yes			0
Y	usual & customary up to \$50	0	Y	usual & customary up to \$50	0	Yes			0
Y	included in hospital misc.	0	Y	included in hospital misc.	0	Yes			
Y	usual & customary	0	Y	usual & customary	0	Yes		0	
Y	75% usual & customary up to \$3,500	0	Y	75% usual & customary up to \$2,000	0	Yes		0	
Y	25% surgeon allowance	0	Y	25% surgeon allowance	0	Yes		0	
Y	75% usual & customary up to \$3,500	0	Y	75% usual & customary up to \$2,500	0	Yes		0	
Y	\$40/visit	0	Y	\$40/visit	0	Yes		0	
Y	\$25,000		Y	\$25,000		Yes			
Y	\$20,000	0	Y	\$20,000	0	Yes		0	
Y	\$20,000	0	Y	\$20,000	0	Yes		0	
Y	\$10,000	0	Y	\$10,000	0	Yes		0	
Y	\$500	0	Y	\$500	0	Yes		0	
Y	\$50 1st visit, \$25 thereafter - 8 visits total	0	Y	\$50 1st visit, \$25 thereafter - 8 visits total	0	Yes		0	
Y	usual & customary up to \$5,000 for sound and natural teeth	0	Y	usual & customary up to \$5,000 for sound and natural teeth	0	Yes		0	
Y	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	
Y	usual & customary	0	Y	usual & customary	0	Yes		0	
Y	\$5,000	0	Y	\$5,000	0	Yes		0	
	if all paperwork turned in properly, up to 30 days			if all paperwork turned in properly, up 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
- 2 Misc. hospital expense limit
- 3 Emergency room - max
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- 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:

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
Yes	U&C to \$3000	0	Yes	\$1,500	0	Yes	75% U&C up to \$1500	0
Yes	U&C to \$2000	0	Yes	\$1,500	0	Yes	\$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 claim			6 working days - complete clean claim			6 working days - complete clean claim		
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	