

**Bid Tabulation - Student Accident Insurance
2008-2009**

	BENE-MARC, Inc. - Premier Plan	Gentry Financial Group, LLC The Brokerage Store, Inc	Alamo Insurance Group - Base Plan	Alamo Insurance Group - Plan 2
Company Information:				
Type of company	Corporation	Corporation	Corporation	Corporation
Company Official	John Wilson	Jack Donald Gentry	Pat McMahan	Pat McMahan
Year started in business	1974	1974	1998	1998
Number of years administering student accident insurance in Texas	33	12	8	8
Carrier	Hartford	Columbian Life Insurance Co	Bollinger/Monumental Life	Bollinger/Monumental Life
Best Rating	A+	A-	A+	A+
Catastrophic Carrier	AIG	AIG	AIG	AIG
Best Rating	A+	A	A	A
Two current Texas districts of comparable size	Fort Worth ISD Mesquite ISD	Longview ISD Cypress Fairbanks ISD	Abilene ISD Donna ISD	Abilene ISD Donna ISD
Two former Texas districts of comparable size	Bowie ISD Wills Point ISD	Athens ISD Chapel Hill ISD	Rio Grande City ISD Hays ISD	Rio Grande City ISD Hays ISD
Premiums				
Class I - UIL Athletic				
K - 6			\$25000 - 2 year benefit	\$5,000,000 - 10 year benefit
7-12	\$70,560	\$74,500	\$95,000	\$99,180
Employees	N/A	N/A	N/A	N/A
Class II - At School				
K-6	\$40	\$25	\$13	\$13
7-12	\$40	\$25	\$13	\$13
Employees	N/A	\$25	N/A	N/A
At School: Football: Fall & Spring Training	N/A	N/A	covered under compulsory	covered under compulsory
At School: Spring Training Only	N/A	N/A	N/A	N/A
Class III - 24 Hour				
K-6	\$125	\$80	\$64	\$64
7-12	\$125	\$80	\$64	\$64
Employees	N/A	\$80	N/A	N/A
24 Hour: Football: Fall & Spring Training	N/A	N/A	covered under compulsory	covered under compulsory
24 Hour: Spring Training Only	N/A	N/A	N/A	N/A
Extended Dental	\$8			
Catastrophic Coverage	\$5,440	\$5,703	\$5,703	Included
Limits of Coverage	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000 - Bollinger policy has internal limits
Maximum Benefit Period-Deductible	10 years		10 years	
AD & D				
Catastrophic Cash Benefit:			\$2,609	
Maximum Benefit Amount			\$500,000	
Lump Sum Payment After 6 Months			\$100,000	
Benefit Amount			\$40,000 /year	
Maximum Benefit Period			10 years	
All Other Sports: Catastrophic Coverage			same as above	same as above
Limits of Coverage				
LIMITS				
Class I - UIL Athletic				
Policy Limit Per Accident	\$25,000	\$25,000	\$25,000	\$5,000,000
Optional Additional Limit	N/A	N/A	\$5,000,000	\$5,000,000
Class II - At School				
Policy Limit Per Accident	\$25,000	\$25,000	\$500,000	\$500,000
Optional Additional Limit	N/A	N/A	N/A	N/A
Class III - 24 Hour				
Policy Limit Per Accident	\$25,000	\$25,000	\$500,000	\$500,000
Optional Additional Limit	N/A	N/A	N/A	N/A
Catastrophic Coverage: Football				
Catastrophic Coverage: All Other Sports				
Total Cost to the District	\$76,000	\$80,203	\$100,703	\$99,180

**Bid Tabulation - Student Accident Insurance
2008-2009**

	Jon Crook, CLU, ChFC Economy Plan	Jon Crook, CLU, ChFC Basic Plan	Jon Crook, CLU, ChFC Deluxe Plan	Texas Monarch - Premier Plan	Texas Kids First
Company Information:					
Type of company	Sole Proprietor	Sole Proprietor	Sole Proprietor	Corporation	Corporation
Company Official	Jon Crook	Jon Crook	Jon Crook	Kent Holbert	Mel Thomas
Year started in business	1971	1971	1971	1991	
Number of years administering student accident insurance in Texas	15	15	15	17	26
Carrier	Markel Insurance Co	Markel Insurance Co	Markel Insurance Co	United Health Care	Fidelity Security Life
Best Rating	A	A	A	A	A-
Catastrophic Carrier	Markel Insurance Co	Markel Insurance Co	Markel Insurance Co	Mutual of Omaha	
Best Rating	A	A	A	A+	
Two current Texas districts of comparable size	Plano ISD Burleson ISD	Plano ISD Burleson ISD	Plano ISD Burleson ISD	Houston ISD Rio Grande City ISD	Lewisville ISD Frisco ISD
Two former Texas districts of comparable size	Eagle Mountain ISD	Eagle Mountain ISD	Eagle Mountain ISD	Roma ISD San Antonio ISD	Silsbee ISD Texas City ISD
Premiums					
Class I - UIL Athletic					
K - 6					
7-12				\$99,900	\$90,215
Employees					
Class II - At School					
K-6	\$11 (K-8)	\$23 (K-8)	\$37 (K-8)	\$79	\$80
7-12	\$22 (9-12)	\$40 (9-12)	\$67 (9-12)	\$79	\$80
Employees					\$80
At School: Football: Fall & Spring Training				\$243	\$210
At School: Spring Training Only				\$97	\$85
Class III - 24 Hour					
K-6	\$77	\$129	\$210	\$164	\$140
7-12	\$77	\$129	\$210	\$164	\$140
Employees					\$140
24 Hour: Football: Fall & Spring Training					
24 Hour: Spring Training Only					
	Football - \$58,970 UIL Sports(excluding Football) - \$13,670 UIL Non Sports - \$7,232	Football - \$82,210 UIL Sports(excluding Football) - \$25,980 UIL Non Sports - \$12,656	Football - \$147,450 UIL Sports(excluding Football) - \$42,380 UIL Non Sports - \$19,888		
Extended Dental				\$8	
Catastrophic Coverage				\$5,890	\$5,316
Limits of Coverage				\$5,000,000	\$5,000,000
Maximum Benefit Period-Deductible					
AD & D					
Catastrophic Cash Benefit:				\$9,063	
Maximum Benefit Amount				\$500,000	
Lump Sum Payment After 6 Months				\$100,000	
Benefit Amount				\$100,000	
Maximum Benefit Period				10 years	
All Other Sports: Catastrophic Coverage					Included
Limits of Coverage					\$5,000,000
LIMITS					
Class I - UIL Athletic					
Policy Limit Per Accident				\$25,000	\$25,000
Optional Additional Limit				\$5,000,000 Catastrophic	N/A
Class II - At School					
Policy Limit Per Accident				\$25,000	\$25,000
Optional Additional Limit				N/A	N/A
Class III - 24 Hour					
Policy Limit Per Accident				\$25,000	\$25,000
Optional Additional Limit				N/A	N/A
Catastrophic Coverage: Football					
Catastrophic Coverage: All Other Sports					
Total Cost to the District	\$79,872	\$120,846	\$209,718	\$105,790	\$95,531

Questions - 2008-2009

Schedule of Benefits

Gentry Rincial Group, LLC

The

BENE-MARC, Inc. - Premier Plan

Brokerage Store, Inc

	BENE-MARC, Inc. - Premier Plan			The Brokerage Store, Inc		
	Yes/No	Coverage	Deductible	Yes/No	Coverage	Deductible
1 Hospital room & board - daily limit	Y	Semi-Private Usual & Customary	0	Y	400	0
2 Misc. hospital expense limit	Y	\$5,000	0	Y	\$2,500	0
3 Emergency room - max	Y	\$150	0	Y	\$200	0
4 Outpatient emergency room - max	Y	\$150	0	Y	\$200	0
4 a Hospital outpatient Emergency Room Physician	Y		0		Not listed on Schedule of Benefits	
5 Outpatient surgery - max	Y	\$1,250	0	Y	\$1,250	0
5 a Hospital Outpatient Surgical Facility					Not listed on Schedule of Benefits	
6 Operating room - max	Y	\$1,250	0	Y	\$2,500	0
7 Ambulance - max	Y	Usual & Customary	0	Y	\$500	0
8 Anesthesiologist - max	Y	25% of Surgery Benefit Paid	0	Y	25% of Surgery Benefit Paid	0
9 Imaging: no fracture - max	Y	\$500	0	Y	\$200	0
10 Imaging: fracture - max	Y	\$500	0	Y	\$200	0
11 Imaging: MRI	Y	\$500	0	Y	\$600	0
12 CAT Scan	Y	\$500	0	Y	\$600	0
13 Outpatient x-ray services	Y	\$200	0	Y	\$200	0
14 Home health care - max	Y	\$500	0			
15 Private duty nursing - max	Y	\$400	0	Y	100% Usual & Customary	0
15 a Registered Nurse's Services					Not listed on Schedule of Benefits	
16 Outpatient laboratory - max	Y	\$1,500	0	Y	\$50	0
17 Laboratory	Y	\$20	0	Y	Included in Hospital Misc.	0
18 Supplies	Y	\$250	0	Y	Included in Hospital Misc.	0
19 Braces (including body)	Y	\$250	0	Y	\$500	0
20 Surgeon's fee - max	Y	75 % Usual & Customary	0	Y	100% in Network	0
21 Asst. surgeon's - max	Y	25% of Surgery Benefit Paid	0	Y	25% of Surgery Benefit Paid	0
22 Diagnostic surgery - max	Y	\$1,250	0	N		
23 Non surgical physician fee	Y	\$40/visit	0	Y	\$40	0
24 Accident medical indemnity	N			N		
25 Accidental death benefit	Y	\$5,000	0	Y	\$2,000	0
26 Loss of both hands, feet, or eyes	Y	\$20,000	0	Y	\$10,000	0
27 Loss of either hand, foot, or sight of either eye	Y	\$10,000	0	Y	\$2,000	0
28 Loss of thumb and index finger	Y	\$10,000	0	Y	\$2,000	0
29 Physical therapy - max	Y	\$100	0	Y	\$150	0
30 Dental expenses	Y	\$250 per tooth	0	Y	\$200 per tooth	0
31 Eyeglasses/hearing aids - max	Y	Usual & Customary	0	N		
32 Heat Exhaustion	Y	\$25,000	0	Y	Covered as any other accident	0
33 Outpatient prescription drugs - max	Y	Usual & Customary	0	Y	\$25	0
34 Injury by motor vehicle - max	Y	\$5,000	0	Y	\$1,000	0
35 Length of processing time per claim		10 days			Immediately if all information is included.	
36 Claim reporting restrictions		Must file claim within 90 days of injury			Not listed on Schedule of Benefits	
37 Other Comments:						

Questions - 2008-2009

Schedule of Benefits

	Alamo Insurance Group - Base Plan			Alamo Insurance Group - Plan 2		
	Yes/No	Coverage	Deductible	Yes/No	Coverage	Deductible
1 Hospital room & board - daily limit	Y	Usual & Customary	0	Y	Usual & Customary	0
2 Misc. hospital expense limit	Y	Usual & Customary \$5000 max	0	Y	Usual & Customary \$5000 max	0
3 Emergency room - max	Y	Usual & Customary \$300 max	0	Y	Usual & Customary \$300 max	0
4 Outpatient emergency room - max	Y	Usual & Customary \$300 max	0	Y	Usual & Customary \$300 max	0
4 a Hospital outpatient Emergency Room Physician		Not listed on Schedule of Benefits			Not listed on Schedule of Benefits	
5 Outpatient surgery - max	Y	Usual & customary \$750 max	0	Y	Usual & customary \$750 max	0
5 a Hospital Outpatient Surgical Facility		Not listed on Schedule of Benefits			Not listed on Schedule of Benefits	
6 Operating room - max	Y	Usual & Customary \$5000 max	0	Y	Usual & Customary \$5000 max	0
7 Ambulance - max	Y	Usual & Customary \$1000 max	0	Y	Usual & Customary \$1000 max	0
8 Anesthesiologist - max	Y	30% of Surgery Benefit	0	Y	30% of Surgery Benefit	0
9 Imaging: no fracture - max	Y	Usual & Customary \$200	0	Y	Usual & Customary \$200	0
10 Imaging: fracture - max	Y	Usual & Customary \$200	0	Y	Usual & Customary \$200	0
11 Imaging: MRI	Y	Usual & Customary \$750 max	0	Y	Usual & Customary \$750 max	0
12 CAT Scan	Y	Usual & Customary \$750 max	0	Y	Usual & Customary \$750 max	0
13 Outpatient x-ray services	Y	Usual & Customary \$200		Y	Usual & Customary \$200	
14 Home health care - max	Y	Usual & Customary \$75 max/visit	0	Y	Usual & Customary \$75 max/visit	0
15 Private duty nursing - max	Y	Usual & Customary \$75 max/visit	0	Y	Usual & Customary \$75 max/visit	0
15 a Registered Nurse's Services		Not listed on Schedule of Benefits	0		Not listed on Schedule of Benefits	0
16 Outpatient laboratory - max	Y	Included in X-Ray	0	Y	Included in X-Ray	0
17 Laboratory	Y	Usual & Customary	0	Y	Usual & Customary	0
18 Supplies	Y	Hospital Misc \$5000 max	0	Y	Hospital Misc \$5000 max	0
19 Braces (including body)	Y	Usual & Customary \$2500 max - ortho appl	0	Y	Usual & Customary \$2500 max - ortho appl	0
20 Surgeon's fee - max	Y	Usual & Customary \$5000 max	0	Y	Usual & Customary \$5000 max	0
21 Asst. surgeon's - max	Y	Usual & Customary 25% of Surgeon Fees	0	Y	Usual & Customary 25% of Surgeon Fees	0
22 Diagnostic surgery - max	N			N		
23 Non surgical physician fee	Y	Usual & Customary \$50/visit	0	Y	Usual & Customary \$50/visit	0
24 Accident medical indemnity	Y	AD&D up to \$20,000	0	Y	AD&D up to \$20,000	0
25 Accidental death benefit	Y	\$5000 within 100 days	0	Y	\$5000 within 100 days	0
26 Loss of both hands, feet, or eyes	Y	\$20,000	0	Y	\$20,000	0
27 Loss of either hand, foot, or sight of either eye	Y	\$10,000	0	Y	\$10,000	0
28 Loss of thumb and index finger	N			N		
29 Physical therapy - max	Y	Usual & Customary \$50/visit, 10 max ben	0	Y	Usual & Customary \$50/visit, 10 max ben	0
30 Dental expenses	Y	Usual & Customary \$1000 natural tooth	0	Y	Usual & Customary \$1000 natural tooth	0
31 Eyeglasses/hearing aids - max	Y	Usual & Customary to \$800/sound	0	Y	Usual & Customary to \$800/sound	0
32 Heat Exhaustion	Y	Covered		Y	Covered	
33 Outpatient prescription drugs - max	Y	Usual & Customary	0	Y	Usual & Customary	0
34 Injury by motor vehicle - max	Y	Covered as other accident		Y	Covered as other accident	
35 Length of processing time per claim		10 working days-clean, complete claim			10 working days-clean, complete claim	
36 Claim reporting restrictions		Initial medical treatment- 30 days, reporting 90			Initial medical treatment- 30 days, reporting 90	
37 Other Comments:		see exclusion list			see exclusion list	

Questions - 2008-2009

Schedule of Benefits

	Jon Crook CLU, ChFC - Economy Plan			Jon Crook CLU, ChFC - BasicPlan			Jon Crook CLU, ChFC - Deluxe Plan		
	Yes/No	Coverage	Deductible	Yes/No	Coverage	Deductible	Yes/No	Coverage	Deductible
1 Hospital room & board - daily limit	Y	\$150/Day	0	Y	\$200/Day	0	Y	\$300/Day	0
2 Misc. hospital expense limit	Y	\$2,000	0	Y	\$3,000	0	Y	\$5,000	0
3 Emergency room - max		Not listed on Schedule of Benefits			Not listed on Schedule of Benefits			Not listed on Schedule of Benefits	
4 Outpatient emergency room - max	Y	\$50	0	Y	70% Usual & Customary to \$500	0	Y	70% Usual & Customary to \$1000	0
4 a Hospital outpatient Emergency Room Physician		Not listed on Schedule of Benefits			Not listed on Schedule of Benefits			Not listed on Schedule of Benefits	
5 Outpatient surgery - max	Y	Included in Hosp Misc	0	Y	Included in Hosp Misc	0	Y	Included in Hosp Misc	0
5 a Hospital Outpatient Surgical Facility		Not listed on Schedule of Benefits			Not listed on Schedule of Benefits			Not listed on Schedule of Benefits	
6 Operating room - max		Not listed on Schedule of Benefits			Not listed on Schedule of Benefits			Not listed on Schedule of Benefits	
7 Ambulance - max	Y	\$100	0	Y	\$150	0	Y	\$200	0
8 Anesthesiologist - max	Y	\$200	0	Y	\$250	0	Y	\$300	0
9 Imaging: no fracture - max		Not listed on Schedule of Benefits			Not listed on Schedule of Benefits			Not listed on Schedule of Benefits	
10 Imaging: fracture - max		Not listed on Schedule of Benefits			Not listed on Schedule of Benefits			Not listed on Schedule of Benefits	
11 Imaging: MRI	Y	\$250	0	Y	\$250	0	Y	\$250	0
12 CAT Scan	Y	\$250	0	Y	\$250	0	Y	\$250	0
13 Outpatient x-ray services	Y	\$25	0	Y	\$50	0	Y	\$100	0
14 Home health care - max		Not listed on Schedule of Benefits			Not listed on Schedule of Benefits			Not listed on Schedule of Benefits	
15 Private duty nursing - max		Not listed on Schedule of Benefits			Not listed on Schedule of Benefits			Not listed on Schedule of Benefits	
15 a Registered Nurse's Services	Y	\$70/day	0	Y	Usual & Customary	0	Y	Usual & Customary	0
16 Outpatient laboratory - max		Not listed on Schedule of Benefits			Not listed on Schedule of Benefits			Not listed on Schedule of Benefits	
17 Laboratory		Not listed on Schedule of Benefits			Not listed on Schedule of Benefits			Not listed on Schedule of Benefits	
18 Supplies		Not listed on Schedule of Benefits			Not listed on Schedule of Benefits			Not listed on Schedule of Benefits	
19 Braces (including body)		Not listed on Schedule of Benefits			Not listed on Schedule of Benefits			Not listed on Schedule of Benefits	
20 Surgeon's fee - max	Y	50% U & C to \$1,000	0	Y	50 % U & C up to \$1,250	0	Y	75% U & C to \$1,500	0
21 Asst. surgeon's - max	Y	\$200	0	Y	\$250	0	Y	\$300	0
22 Diagnostic surgery - max		Not listed on Schedule of Benefits			Not listed on Schedule of Benefits			Not listed on Schedule of Benefits	
23 Non surgical physician fee		Not listed on Schedule of Benefits			Not listed on Schedule of Benefits			Not listed on Schedule of Benefits	
24 Accident medical indemnity		Not listed on Schedule of Benefits			Not listed on Schedule of Benefits			Not listed on Schedule of Benefits	
25 Accidental death benefit	Y	\$5,000	0	Y	\$5,000	0	Y	\$5,000	0
26 Loss of both hands, feet, or eyes	Y	\$10,000	0	Y	\$10,000	0	Y	\$10,000	0
27 Loss of either hand, foot, or sight of either eye	Y	\$5,000	0	Y	\$5,000	0	Y	\$5,000	0
28 Loss of thumb and index finger		Not listed on Schedule of Benefits			Not listed on Schedule of Benefits			Not listed on Schedule of Benefits	
29 Physical therapy - max	Y	Outpatient - \$10/visit, 5 visit max	0	Y	Outpatient - \$25/visit, 5 visit max	0	Y	Outpatient - \$30/visit, 5 visit max	0
30 Dental expenses	Y	\$150/tooth \$600 max	0	Y	\$200/tooth	0	Y	\$300/tooth	0
31 Eyeglasses/hearing aids - max		Not listed on Schedule of Benefits			Not listed on Schedule of Benefits			Not listed on Schedule of Benefits	
32 Heat Exhaustion		Not listed on Schedule of Benefits			Not listed on Schedule of Benefits			Not listed on Schedule of Benefits	
33 Outpatient prescription drugs - max	Y	\$25	0	Y	\$25	0	Y	\$25	0
34 Injury by motor vehicle - max		Not listed on Schedule of Benefits			Not listed on Schedule of Benefits			Not listed on Schedule of Benefits	
35 Length of processing time per claim		10-14 Days			10-14 Days			10-14 Days	
36 Claim reporting restrictions		Within 30 days of Accident			Within 30 days of Accident			Within 30 days of Accident	
37 Other Comments:		Not listed on Schedule of Benefits			Not listed on Schedule of Benefits			Not listed on Schedule of Benefits	

Questions - 2008-2009

Schedule of Benefits

	Texas Monarch Premier Plan			Texas Kids First		
	Yes/No	Coverage	Deductible	Yes/No	Coverage	Deductible
1 Hospital room & board - daily limit	Y	Semi-private	0	Y	Semi-private	0
2 Misc. hospital expense limit	Y	\$5,000	0	Y	\$5,000	0
3 Emergency room - max	Y	\$150	0	Y	\$150	0
4 Outpatient emergency room - max	Y	\$150	0	Y	\$150	0
4 a Hospital outpatient Emergency Room Physician		Not listed on Schedule of Benefits			Not listed on Schedule of Benefits	
5 Outpatient surgery - max	Y	\$1,250	0	Y	\$3,000	0
5 a Hospital Outpatient Surgical Facility		Not listed on Schedule of Benefits			Not listed on Schedule of Benefits	
6 Operating room - max	Y	Included in above	0	Y	\$1,250	0
7 Ambulance - max	Y	First trip to the hospital	0	Y	U & C - First trip to the hospital	0
8 Anesthesiologist - max	Y	25% of Surgery Benefit	0	Y	25% of Surgery Benefit	0
9 Imaging: no fracture - max	Y	included in MRI	0	Y	\$200	0
10 Imaging: fracture - max	Y	included in MRI	0	Y	\$200	0
11 Imaging: MRI	Y	\$500	0	Y	\$500	0
12 CAT Scan	Y	\$500	0	Y	\$500	0
13 Outpatient x-ray services	Y	\$200	0	Y	\$200	0
14 Home health care - max	N			N		
15 Private duty nursing - max	Y	400	0	Y	400	0
15 a Registered Nurse's Services		Not listed on Schedule of Benefits			Not listed on Schedule of Benefits	
16 Outpatient laboratory - max	Y	\$50	0	Y	\$50	0
17 Laboratory	Y	\$50	0	Y	\$50	0
18 Supplies	Y	Included in hospital misc	0	Y	Included in medical emergency	0
19 Braces (including body)	Y	\$300	0	Y	\$450	0
20 Surgeon's fee - max	Y	75% of Usual & customary \$3750	0	Y	\$3,000	0
21 Asst. surgeon's - max	Y	25% surgeon allowance	0	Y	25% surgeon allowance	0
22 Diagnostic surgery - max	N			Y	\$3,000	0
23 Non surgical physician fee	Y	\$40	0	Y	\$40/ day	0
24 Accident medical indemnity	N			N		
25 Accidental death benefit	Y	\$2,000	0	Y	\$2,000	0
26 Loss of both hands, feet, or eyes	Y	\$10,000	0	Y	\$10,000	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	\$500	0	Y	\$500	0
29 Physical therapy - max	Y	\$20/visit \$100 max	0	Y	\$175	0
30 Dental expenses	Y	\$250/tooth	0	Y	\$5,000	0
31 Eyeglasses/hearing aids - max	Y	Usual & Customary	0	Y	Usual & Customary	0
32 Heat Exhaustion	Y	Paid as any accident	0	Y	\$25,000	0
33 Outpatient prescription drugs - max	Y	Usual & Customary	0	Y	Usual & Customary	0
34 Injury by motor vehicle - max	Y	\$5,000	0	Y	\$5,000	0
35 Length of processing time per claim		Less than 15 days for clean claim			Fifteen days with completed claim form.	
36 Claim reporting restrictions		None			Within 90 days of injury	
37 Other Comments:		See detailed description of the UHCSR Claims and Customer Service Depts. @ Tab 4 of Response			See enclosed brochure for more detail and policy exclusions & limitations	