

**Bid Tabulation - Student Accident Insurance
2013-2014**

	The Brokerage Store, Inc. Texas Value Plan	The Brokerage Store, Inc. Star Plan	Texas	The Brokerage Store, Inc. Budget Plan	Texas	Texas Kids First Star III	Lone	Texas Student Resources Premier Plan	Texas Student Resources Premier Plus Plan
Company Information:									
Type of company	Corporation	Corporation		Corporation		Corporation		Corporation	Corporation
Company Official	Jeff Johnson	Jeff Johnson		Jeff Johnson		Mel Thomas		J. Kent Holbert	J. Kent Holbert
Year started in business	1975	1975		1975		1999		1995	1995
Number of years administering student accident insurance in Texas	20+	20+		20+		12		18	18
Carrier	Columbian Life	Columbian Life		Columbian Life		Fidelity Security Life, Inc.		Mutual of Omaha	Mutual of Omaha
Best Rating	A-	A-		A-		A-		A+	A+
Catastrophic Carrier	Zurich American	Zurich American		Zurich American				Mutual of Omaha	Mutual of Omaha
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		Waxahachie ISD Dickinson ISD		Richardson ISD Irving ISD	Richardson ISD Irving ISD
Two former Texas districts of comparable size	Harlandale ISD Cypress Fairbanks ISD	Harlandale ISD Cypress Fairbanks ISD		Harlandale ISD Cypress Fairbanks ISD		Texas City ISD Ferris ISD		Grand Prairie ISD Midlothian ISD	Grand Prairie ISD Midlothian ISD
Premiums									
Class I - UIL Athletic									
K - 6									
7-12	\$118,000	\$88,500		\$81,200		\$167,330		\$136,375 (\$0 ded) / \$125,465 (\$100 ded)	\$170,470(\$0 ded) / \$ 156,835 (\$100 ded)
Employees	n/a	n/a		n/a		n/a		n/a	n/a
Class II - At School									
K-6	\$25/\$115 UIL	\$25/\$115 UIL		\$25/\$115 UIL		\$30		\$64/\$94	\$64/\$94
7-12	\$25/\$115 UIL	\$25/\$115 UIL		\$25/\$115 UIL		\$30		\$64/\$94	\$64/\$94
Employees	n/a	n/a		n/a		n/a		n/a	n/a
Class III - 24 Hour									
K-6	\$105/\$195 UIL	\$105/\$195 UIL		\$105/\$195 UIL		\$80		\$128/\$196	\$128/\$196
7-12	\$105/\$195 UIL	\$105/\$195 UIL		\$105/\$195 UIL		\$80		\$128/\$196	\$128/\$196
Employees	n/a	n/a		n/a		n/a		n/a	n/a
Extended Dental									
LIMITS									
Class I - UIL Athletic									
Policy Limit Per Accident	\$25,000	\$25,000		\$25,000		\$25,000		\$25,000	\$25,000
Optional Additional Limit	n/a	n/a		n/a		n/a		n/a	n/a
Class II - At School									
Policy Limit Per Accident	\$25,000	\$25,000		\$25,000		\$25,000		\$25,000	\$25,000
Optional Additional Limit	n/a	n/a		n/a		n/a		n/a	n/a
Class III - 24 Hour									
Policy Limit Per Accident	\$25,000	\$25,000		\$25,000		\$25,000		\$25,000	\$25,000
Optional Additional Limit	n/a	n/a		n/a		n/a		n/a	n/a
Catastrophic Coverage	\$ 6273-Catastrophic only	\$ 6273-Catastrophic only		\$ 6273-Catastrophic only		\$7,014		\$6,511	\$6,511
Limits of Coverage	\$7,500,000 Medical	\$7,500,000 Medical		\$7,500,000 Medical		\$7,500,000		\$7,500,000	\$7,500,000
Maximum Benefit Period-Deductible	\$25,000.00 Deductible-exp to satisfy ded incurred within 2 years after accident	\$25,000.00 Deductible-exp to satisfy ded incurred within 2 years after accident		\$25,000.00 Deductible-exp to satisfy ded incurred within 2 years after accident				\$25,000 (24 month ded establishment period)	\$25,000 (24 month ded establishment period)
Catastrophic Cash Benefit:	\$ 2868.00-Optional	\$ 2868.00-Optional		\$ 2868.00-Optional					
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	\$10,000 Death/\$20,000 Dismemberment	\$10,000 Death/\$20,000 Dismemberment		\$10,000 Death/\$20,000 Dismemberment				\$10,000 Death/\$10,000 Dismemberment	\$10,000 Death/\$10,000 Dismemberment
Catastrophic Coverage: Football	UIL only	UIL only		UIL only				included in class 3	included in class 3
Catastrophic Coverage: All Other Sports	UIL only	UIL only		UIL only				included in class 3 (EXCL. CHEER CAMP)	included in class 3 (EXCL. CHEER CAMP)
Total Cost to the District	\$127,141 \$ 124,273 without optional benefit	\$97,641 \$ 94,773 without optional benefit		\$90,341 \$ 87,473 without optional benefit <i>no additional quote information provided</i>		\$174,344		\$142,886 (\$0 ded) / \$131,976 (\$100 ded)	\$176,981 (\$0 ded) / \$163,346 (\$100 ded)

**Bid Tabulation - Student Accident Insurance
2013-2014**

	Wilson Sports Ins.	Texas Monarch Management Premier Plus Plan	Texas Monarch Management Premier
Company Information:			
Type of company	LLC	Corporation	Corporation
Company Official	John E. Wilson	Greg T. White	Greg T. White
Year started in business	2009	1990	1990
Number of years administering student accident insurance in Texas	5	23	23
Carrier	Hartford	Axis Insurance Company	Axis Insurance Company
Best Rating	A	A	A
Catastrophic Carrier	National Union Fire	Axis Insurance Company	Axis Insurance Company
Best Rating	A+	A	A
Two current Texas districts of comparable size	Texarkana ISD Midway ISD	Tyler ISD Goose Creek ISD	Tyler ISD Goose Creek ISD
Two former Texas districts of comparable size	Denton ISD Pharr Valley ISD	Brownsboro ISD Longview ISD	Brownsboro ISD Longview ISD
Premiums			
Class I - UIL Athletic			
K - 6			
7-12	\$150,000	\$263,468	\$237,138
Employees	n/a	n/a	n/a
Class II - At School			
K-6	\$40	\$93 Premier/\$64 Economy	\$93 Premier/\$64 Economy
7-12	\$40	\$93 Premier/\$64 Economy	\$93 Premier/\$64 Economy
Employees	n/a	n/a	n/a
Class III - 24 Hour			
K-6	\$125	\$195 Premier/\$127 Economy	\$195 Premier/\$127 Economy
7-12	\$125	\$195 Premier/\$127 Economy	\$195 Premier/\$127 Economy
Employees	n/a	n/a	n/a
Extended Dental	\$8	\$9	\$9
		Football (10-12) \$ 288 premier / \$ \$187 Economy Football(Spring)9-12 \$116 Premier/\$75 Economy	Football (10-12) \$ 288 premier / \$ \$187 Economy Football(Spring)9-12 \$116 Premier/\$75 Economy
LIMITS			
Class I - UIL Athletic			
Policy Limit Per Accident	\$25,000	\$25,000	\$25,000
Optional Additional Limit	n/a	\$6,000,000	\$6,000,000
Class II - At School			
Policy Limit Per Accident	\$25,000	\$25,000	\$25,000
Optional Additional Limit	n/a	n/a	n/a
Class III - 24 Hour			
Policy Limit Per Accident	\$25,000	\$25,000	\$25,000
Optional Additional Limit	n/a	n/a	n/a
Catastrophic Coverage			
Limits of Coverage	\$6,300 \$6,000,000	\$8,298 \$6,000,000	\$8,298 \$6,000,000
Maximum Benefit Period-Deductible	\$25,000 (2 yr ded incurable period)	\$25,000 (within 2 years)/ 10 year benefit period	\$25,000 (within 2 years)/ 10 year benefit period
Catastrophic Cash Benefit:			
Maximum Benefit Amount		\$500,000	\$500,000
Lump Sum Payment After 6 Months		\$100,000	\$100,000
Benefit Amount		\$40,000	\$40,000
Maximum Benefit Period		10 years	10 years
AD & D	\$10,000 Death/\$20,000 Dismemberment	\$10,000	\$10,000
Catastrophic Coverage: Football	included (with school faculty supv)	included in class III	included in class III
Catastrophic Coverage: All Other Sports	included (with school faculty supv)	included in class III	included in class III
Total Cost to the District	\$156,300	\$271,766	\$245,436

Questions - 2013-2014

Schedule of Benefits	The Brokerage Store Value Plan			The Brokerage Store Texas Star Plan			The Brokerage Store Texas Budget Plan			Texas Kids First Lone Star III			Texas Student Resources Premier Plan		
	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	Y	Semi Private	0	Y	Semi Private	0				Y	Semi Private	0	Y	S-P Rate	\$0/ \$100*
2 Misc. hospital expense limit	Y	\$5000 max per injury	0	Y	\$ 250/day \$2500 max	0				Y	\$2,500	0	Y	\$5,000	
3 Emergency room - max	Y	Facility \$300	0	Y	Facility \$200	0				Y	\$210	0	Y	\$150	
4 Outpatient emergency room - max	Y	Dr. \$ 150 U&C max	0	Y	Dr. \$ 120 U&C max	0				Y	\$210	0	Y	\$150	
5 Outpatient surgery - max	Y	Surgeon \$3000 U&C max	0	Y	Surgeon \$1500 max	0				Y	\$1,500	0	Y	\$3,750	
6 Operating room - max	Y	Facility \$2000	0	Y	Facility \$1500	0				Y	\$1,500	0	Y	\$1,500	
7 Ambulance - max	Y	\$1,000	0	Y	\$500	0				Y	\$1,000	0	Y	100% U&C	
8 Anesthesiologist - max	Y	25% of surgeon	0	Y	25% of surgeon	0				Y	25% of surgeon	0	Y	25% surg allw	
9 Imaging: no fracture - max	Y	Xray \$250 + \$50 reading	0	Y	Xray \$175 + \$25 reading	0				Y	\$180 / \$25 for reading	0	Y	\$500	
10 Imaging: fracture - max	Y	Xray \$250 + \$50 reading	0	Y	Xray \$175 + \$25 reading	0				Y	\$180 / \$25 for reading	0	Y	\$500	
11 Imaging: MRI	Y	\$750 + \$50 reading	0	Y	\$575 + \$25 reading	0				Y	\$ 580 / \$25 for reading	0	Y	\$500	
12 CAT Scan	Y	\$750 + \$ 50 reading	0	Y	\$575 + \$25 reading	0				Y	\$ 580 / \$ 25 for reading	0	Y	\$500	
13 Outpatient x-ray services	Y	\$ 250 / \$ 50 reading	0	Y	\$ 175 / \$ 25 reading	0				Y	\$ 180 / \$ 25 for freading	0	Y	\$200 +\$25	
14 Home health care - max	Y	U&C Nurse services	0	Y	U&C Nurse services	0				NO	n/a		Y	n/a	
15 Private duty nursing - max	Y	U&C Nurse services	0	Y	U&C Nurse services	0				Y	U&C	0	Y	\$400	
16 Outpatient laboratory - max	Y	\$100	0	Y	\$50	0				Y	\$50	0	Y	\$50	
17 Laboratory	Y	\$100	0	Y	\$50	0				Y	\$50	0	Y	Hosp Misc \$5000	
18 Supplies	Y	\$100	0	Y	\$100	0				NO	n/a		Y	\$5000 misc	
19 Braces (including body)	Y	DME Post surgical \$500 - 100% paid thru Don Joy	0	Y	DME Post surgical \$500 - 100% paid thru Don Joy	0				Y	\$500	0	Y	\$500	
20 Surgeon's fee - max	Y	U&C to \$3000 max	0	Y	\$ 1500 max	0				Y	\$1,500	0	Y	\$3,750	
21 Asst. surgeon's - max	Y	25% of surgeon's fees	0	Y	25% of surgeon's fees	0				Y	25% of surgeon	0	Y	25%	
22 Diagnostic surgery - max	NO	n/a		NO	n/a					Y	\$1,500		Y	n/a	
23 Non surgical physician fee	Y	\$50/visit, 10 max*	0	Y	\$40/visit, 10 max*	0				Y	\$45 per day/ 10 day max	0	Y	\$40	
24 Accident medical indemnity	NO	n/a		NO	n/a					NO	n/a		Y	\$25,000	
25 Accidental death benefit	Y	\$2000/\$10,000 base cat	0	Y	\$2000/\$10,000 base cat	0				Y	\$20,000	0	Y	\$2,000	
26 Loss of both hands, feet, or eyes	Y	\$10,000 / \$20,000 base & cat	0	Y	\$10,000 / \$20,000 base & cat	0				Y	\$20,000	0	Y	\$10,000	
27 Loss of either hand, foot, or sight of either eye	Y	\$2000/\$10,000 base & cat	0	Y	\$2000/\$10,000 base & cat	0				Y	\$10,000	0	Y	\$5,000	
28 Loss of thumb and index finger	Y	\$ 10,000 cat	0	Y	\$ 10,000 cat	0				Y	\$500	0	Y	\$500	
29 Physical therapy - max	Y	\$50/visit, 5 max	0	Y	\$50/visit, 5 max	0				Y	\$175	0	Y	\$25 / visit	
30 Dental expenses	Y	\$1000 max per injury	0	Y	\$500 max per injury	0				Y	\$1,000	0	Y	\$250 / tooth	
31 Eyeglasses/hearing aids - max	Y	\$200	0	Y	\$100	0				Y	\$100	0	Y	100% U&C	
32 Heat Exhaustion	Y	INCLUDED	0	Y	INCLUDED	0				Y	plan limits * due to medical records	0	Y	\$25,000	
33 Outpatient prescription drugs - max	Y	\$50	0	Y	\$25	0					\$30		Y	100% U&C	
34 Injury by motor vehicle - max	Y	\$1,000	0	Y	\$1,000	0					\$5,000		Y	\$5,000	
35 Length of processing time per claim		6 working days-complete, clean claim			6 working days-complete, clean claim						14 days			5 days (after all documents received)	
36 Claim reporting restrictions		within 180 days		Y	within 180 days						90 days			Request claim be submitted within 90 days	
37 Other Comments:		*Concussion benefit \$ 80.00 per visit, two visits max			*Concussion benefit \$ 60.00 per visit, two visits max			no questions answered for this plan			* covers heat stroke to our limits * Sample policy indicates that Interscholastic football (from August - December) is excluded unless added by rider.			90 day requirement can be waived. Network discounts through First Health, MultiPlan, HealthSmart, TRPN - see schedule of benefits *\$0 ded or \$100 ded options available	

Questions - 2013-2014

Schedule of Benefits	Texas Student Resources, Inc. Premier Plan Plus			Wilson Sports Insurance			Texas Monarch Management Premier Plus Plan			Texas Monarch Management Premier Plan		
	Yes/No	Coverage	Deductible	Yes/No	Coverage	Deductible	Yes/No	Coverage	Deductible	Yes/No	Coverage	Deductible
1 Hospital room & board - daily limit	Y	S-P Rate	\$0/ \$100*	Y	Semi-Private	\$100*	Y	Semi-Private	0	Y	Semi-Private	0
2 Misc. hospital expense limit	Y	\$5,000		Y	\$270 day/\$5000 max	"	Y	\$750 day 1/\$250 per day/\$5000 max	0	Y	\$250 per day/\$5000 max	0
3 Emergency room - max	Y	\$350		Y	\$150	"	Y	Physician U&C / \$100 max	0		Physician N/A	
4 Outpatient emergency room - max	Y	\$350		Y	\$150	"	Y	100% U&C/\$250 max	0	Y	100% U&C/\$150 max	0
5 Outpatient surgery - max	Y	\$4,500		Y	75% \$3600	"	Y	\$2,000	0	Y	\$1,250	0
6 Operating room - max	Y	\$2,000		Y	75% \$3600	"						
7 Ambulance - max	Y	100% U&C		Y	U&C	"		U&C - first trip	0	Y	U&C - first trip	0
8 Anesthesiologist - max	Y	25% surg allw		Y	25%	"	Y	25% of surgeon's allowance	0	Y	25% of surgeon's allowance	0
9 Imaging: no fracture - max	Y	\$750		Y	\$200 plus \$50	"	Y	100% U&C / \$200 max	0	Y	100% U&C / \$200 max	0
10 Imaging: fracture - max	Y	\$750 + \$50		Y	\$200 plus \$50	"	Y	100% U&C / \$200 max	0	Y	100% U&C / \$200 max	0
11 Imaging: MRI	Y	\$750 + \$50		Y	\$500 plus \$50	"	Y	100% / \$750 max	0	Y	100% / \$500 max	0
12 CAT Scan	Y	\$750 + \$50		Y	\$ 500 plus \$50	"	Y	100% / \$750 max	0	Y	100% / \$500 max	0
13 Outpatient x-ray services	Y	\$200 + \$50		Y	\$200 plus \$50	"	Y	100% U&C / \$200 max	0	Y	100% U&C / \$200 max	0
14 Home health care - max	Y	n/a		Y	10 visits / \$50 per visit	"						
15 Private duty nursing - max	Y	\$100% U&C		Y	\$400	"	Y	RN(inpatient only) 100% U&C	0	Y	RN(inpatient) 100% U&C/\$400 max	0
16 Outpatient laboratory - max	Y	\$50		Y	\$50	"	Y	100% U&C // \$50 max	0	Y	100% U&C // \$50 max	0
17 Laboratory	Y	Hosp Misc \$5000		Y	\$50	"						
18 Supplies	Y	\$5000 misc		Y	75% \$ 3600	"						
19 Braces (including body)	Y	\$500		Y	\$500	"	Y	100% U&C / \$ 500 max	0	Y	100% U&C / \$ 300 max	0
20 Surgeon's fee - max	Y	\$4,500		Y	\$1,600	"	Y	90% U&C / \$4500 max	0	Y	75% U&C / \$3750 max	0
21 Asst. surgeon's - max	Y	25%		Y	25%	"	Y	25% of surgeon's allowance	0	Y	25% of surgeon's allowance	0
22 Diagnostic surgery - max	Y	n/a		Y	\$500	"	Y		0	Y		0
23 Non surgical physician fee	Y	\$40		Y	\$ 40 / visit	"	Y	100% U&C / \$40 visit max	0	Y	100% U&C / \$40 visit max	0
24 Accident medical indemnity	Y	\$25,000		Y	v	"	Y		0	Y		0
25 Accidental death benefit	Y	\$2,000		Y	\$10,000	"	Y	\$10,000	0	Y	\$10,000	0
26 Loss of both hands, feet, or eyes	Y	\$10,000		Y	\$10,000	"	Y	\$10,000	0	Y	\$10,000	0
27 Loss of either hand, foot, or sight of either eye	Y	\$5,000		Y	\$10,000	"	Y	\$10,000	0	Y	\$10,000	0
28 Loss of thumb and index finger	Y	\$500		Y	\$10,000	"	Y	\$500	0	Y	\$500	0
29 Physical therapy - max	Y	\$25 / visit		Y	\$20 per visit / \$100 max	"	Y	\$50 per visit / \$500 max	0	Y	\$20 per visit / \$100 max	0
30 Dental expenses	Y	100% U&C		Y	U&C up to \$7000	"	Y	100% U&C	0	Y	100% U&C/ \$250 per tooth	0
31 Eyeglasses/hearing aids - max	Y	100% U&C		Y	U&C	"	Y	100% U&C	0	Y	100% U&C	0
32 Heat Exhaustion	Y	\$25,000		Y	\$25,000	"	Y	included	0	Y	included	0
33 Outpatient prescription drugs - max	Y	100% U&C		Y	U&C	"	Y	100% U&C	0	Y	100% U&C	0
34 Injury by motor vehicle - max	Y	\$5,000		Y	\$5,000	"	Y	\$5,000	0	Y	\$5,000	0
35 Length of processing time per claim	5 days (after all documents received)			10 days			7 days-clean claim			7 days-clean claim		
36 Claim reporting restrictions	Request claim be submitted within 90 days			90 days			none			none		
37 Other Comments:	90 day requirement can be waived. Network discounts through First Health, MultiPlan, HealthSmart, TRPN - see schedule of benefits *\$0 ded or \$100 ded options available			*\$100 ded is one time cost to parent heat stroke, heat exhaustion or heat related injuries are covered. Field trips and summer workouts are covered.			Consult legally binding benefits brochure per TDI guidelines *Concussions covered/baseline testing NOT included. Deferred Surgical paid w/in 2 yrs under surgical benefit max.			Consult legally binding benefits brochure per TDI guidelines *Concussions covered/baseline testing NOT included. Deferred Surgical paid w/in 2 yrs under surgical benefit max.		