

**Bid Tabulation - Student Accident Insurance
2009-2010**

	BENE-MARC, Inc.	Texas Kids First	GM-Southwest, Inc.	Jon Crook, CLU, ChFC	The Baker Agency, Inc.
Company Information:					
Type of company	Corporation	Corporation	Corporation	Sole Proprietorship	Corporation
Company Official	Ralph Dintino	Mel Thomas	John Gutschlag	Jon Crook	Phillip Baker
Year started in business	1972	1982	1984	1971	1988
Number of years administering student accident insurance in Texas	21	27	25	17+	21
Carrier	Hartford	Fidelity Security Life	Pan American Life	Markel Insurance Co.	Columbian Life Ins. Co.
Best Rating	A+	A-	A-	A	A-
Catastrophic Carrier	National Union Fire Insurance	National Union Fire Insurance	American International Group		
Best Rating	A	A+	A+		
Two current Texas districts of comparable size	Duncanville ISD Mesquite ISD	Lewisville ISD Fort Bend ISD	Hurts-Euless-Bedford ISD Carrollton-Farmers Branch ISD	Plano ISD Round Rock ISD	Sherman ISD McKinney ISD
Two former Texas districts of comparable size	Crosby ISD Forney ISD	Frisco ISD Texas City ISD	Fort Worth ISD Santa Fe ISD	Eagle Mountain-Saginaw ISD Not reported	Not reported Not reported
Premiums					
Class I - UIL Athletic					
K - 6					
7-12	\$91,728	\$89,330	\$81,000		
Employees	N/A	N/A	Coaches/Trainers Included	NA	
Class II - At School					
K-6	\$40	\$65	Plan A \$65/ Plan B \$30	Econ \$20/Basic \$37/Deluxe \$64	\$75
7-12	\$40	\$65	Plan A \$65/ Plan B \$30	Econ \$20/Basic \$37/Deluxe \$64	\$75
Employees	N/A	N/A	Plan A \$65/ Plan B \$30		\$75
At School: Football: Fall & Spring Training	\$230	\$299	Included in Blanket Coverage	Econ \$145/Basic \$225/Deluxe \$299	Grs 10-12, \$225
At School: Spring Training Only	N/A	N/A	Included in Blanket Coverage	Econ \$51/Basic \$68/Deluxe \$105	
Class III - 24 Hour					
K-6	\$125	\$130	\$130	Econ \$90/Basic \$155/Deluxe \$229	\$160
7-12	\$125	\$130	\$130	Econ \$90/Basic \$155/Deluxe \$229	\$160
Employees	N/A	N/A	Plan A \$135/ Plan B \$75		\$160
24 Hour: Football: Fall & Spring Training	N/A	N/A	Plan A \$135/ Plan B \$75		
24 Hour: Spring Training Only	N/A	N/A	Plan A \$135/ Plan B \$75		
Extended Dental					
Catastrophic Coverage	\$5,316	\$5,316	\$6,767	\$8,061	
Limits of Coverage	\$6,000,000	\$6,000,000	\$6,000,000	\$5,000,000	
Maximum Benefit Period-Deductible	10 years	10 years	10 years	10 years	
AD & D					
Catastrophic Cash Benefit:					
Maximum Benefit Amount					
Lump Sum Payment After 6 Months					
Benefit Amount					
Maximum Benefit Period					
All Other Sports: Catastrophic Coverage	Included	Included	Included	Included	
Limits of Coverage	\$6,000,000	\$6,000,000	\$6,000,000	\$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	\$25,000
Optional Additional Limit	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
Optional Additional Limit	N/A	N/A	N/A	N/A	N/A
Catastrophic Coverage: Football					
Catastrophic Coverage: All Other Sports					
Total Cost to the District	\$97,044	\$94,646	\$87,767	\$8,061	\$0

Questions - 2009-2010

Schedule of Benefits

	BENE-MARC, Inc.			Texas Kids First			GM-Southwest, Inc.		
	Yes/No	Coverage	Deductible	Yes/No	Coverage	Deductible	Yes/No	Coverage	Deductible
1 Hospital room & board - daily limit	Y	semi-private usual & customary	0	Y	\$750/day	0	Y	semi-private room rate	0
2 Misc. hospital expense limit	Y	\$250/day; \$5,000 max	0	Y	\$750/day	0	Y	up to \$250/day, \$5,000 max	0
3 Emergency room - max	Y	up to \$150/injury	0	Y	\$175/max	0	Y	up to \$150 per injury	0
4 Outpatient emergency room - max	Y	up to \$150/injury	0	Y	\$175/max	0	Y	up to \$150 per injury	0
5 Outpatient surgery - max	Y	\$1,250/injury	0	Y	75%/usual & customary up to \$3,000	0	Y	75%/usual & customary per Medical Data Research	0
6 Operating room - max	Y	\$1,250/injury	0	Y	usual & customary up to \$1,500	0	Y	usual & customary	0
7 Ambulance - max	Y	first trip to hospital	0	Y	usual & customary up to \$1,500	0	Y	initial trip to hospital (ground only)	0
8 Anesthesiologist - max	Y	25% of surgery benefit paid	0	Y	25% of surgery benefit	0	Y	25% of surgery benefit	0
9 Imaging: no fracture - max	Y	\$500 including reading	0	Y	usual & customary up to \$500; \$50 for reading	0	Y	up to \$500/injury, including reading	0
10 Imaging: fracture - max	Y	\$500 including reading	0	Y	usual & customary up to \$500; \$50 for reading	0	Y	up to \$500/injury, including reading	0
11 Imaging: MRI	Y	\$500 including reading	0	Y	usual & customary up to \$500; \$50 for reading	0	Y	up to \$500/injury, including reading	0
12 CAT Scan	Y	\$500 including reading	0	Y	usual & customary up to \$500; \$50 for reading	0	Y	up to \$500/injury, including reading	0
13 Outpatient x-ray services	Y	\$200 including reading	0	Y	usual & customary up to \$200; \$50 for reading	0	Y	up to \$200/injury, including reading	0
14 Home health care - max	Y	10 Visits/\$50 per visit	0	N			Y	10 visits/ \$50 per visit	0
15 Private duty nursing - max	Y	up to \$400/injury	0	N			Y	up to \$400 per injury	0
16 Outpatient laboratory - max	Y	\$50/injury	0	Y	usual & customary up to \$50	0	Y	up to \$50 per injury	0
17 Laboratory	Y	\$50/injury	0	Y	usual & customary up to \$50	0	Y	up to \$50 per injury	0
18 Supplies	N/A		0	N/A			Y	usual & customary	0
19 Braces (including body)	Y	\$300/injury	0	Y	usual & customary up to \$500	0	Y	orthopedic - up to \$300 per injury; durable medical equipment - up to \$150 per injury	0
20 Surgeon's fee - max	Y	75 % usual & customary	0	Y	usual & customary up to \$3,000	0	Y	75%/usual & customary per Medical Data Research	0
21 Asst. surgeon's - max	Y	25% of surgery benefit paid	0	Y	25% surgeon allowance	0	Y	25% surgeon allowance	0
22 Diagnostic surgery - max	Y	paid as normal surgery	0	Y	usual & customary up to \$3,000	0	Y	included	0
23 Non surgical physician fee	Y	\$40/visit	0	Y	\$40	0	Y	up to \$40 per visit	0
24 Accident medical indemnity	Y	included			included			included	
25 Accidental death benefit	Y	\$10,000	0	Y	\$20,000	0	Y	\$10,000	0
26 Loss of both hands, feet, or eyes	Y	\$10,000	0	Y	\$20,000	0	Y	\$10,000	0
27 Loss of either hand, foot, or sight of either eye	Y	\$10,000	0	Y	\$5,000	0	Y	\$5,000	0
28 Loss of thumb and index finger	Y	\$2,500	0	Y	\$500	0	Y	\$2,500	0
29 Physical therapy - max	Y	\$20 per visit; \$100 max	0	Y	\$50 1st visit, \$25 thereafter - 5 visits total	0	Y	up to \$20 per visit, maximum \$100 per injury	0
30 Dental expenses	Y	\$250 per tooth	0	Y	usual & customary up to \$5,000	0	Y	\$250 per tooth (of sound natural teeth)	0
31 Eyeglasses/hearing aids - max	Y	usual & customary	0	Y	usual & customary	0	Y	usual & customary if medical treatment is also received for covered injury	0
32 Heat Exhaustion	Y	paid as normal injury	0	Y	paid as any injury	0	Y	paid as any other accident	0
33 Outpatient prescription drugs - max	Y	usual & customary	0	Y	usual & customary	0	Y	usual & customary for take home drugs	0
34 Injury by motor vehicle - max	Y	\$5,000	0	Y	\$5,000	0	Y	up to policy maximum	0
35 Length of processing time per claim		with all correct information; 2-3 weeks			if all paperwork turned in properly, approximately 14 days			clean claims are processed within 5 - 7 days	
36 Claim reporting restrictions		must file claim within 90 days of injury			must file claim within 90 days of injury			must file claim within 90 days of injury	
37 Other Comments:		must see physician within 90 days of injury			must see physician within 90 days of injury			we are quoting current plan benefits "as-is" with no deviations	

Questions - 2009-2010

Schedule of Benefits

	Jon Crook, CLU, CHFC - Economy			Jon Crook, CLU, CHFC - Basic			Jon Crook, CLU, CHFC - Deluxe		
	Yes/No	Coverage	Deductible	Yes/No	Coverage	Deductible	Yes/No	Coverage	Deductible
1 Hospital room & board - daily limit	Y	\$140 per day	0	Y	\$250 per day	0	Y	100% of semi-private	0
2 Misc. hospital expense limit	Y	80% usual & customary to \$1,000 max	0	Y	80% usual & customary to \$2,400 max	0	Y	80% usual & customary	0
3 Emergency room - max	Y	not on schedule of benefits	0	Y	not on schedule of benefits	0	Y	not on schedule of benefits	0
4 Outpatient emergency room - max	Y	\$125	0	Y	\$250	0	Y	80 % usual & customary	0
5 Outpatient surgery - max	Y	\$350	0	Y	\$600	0	Y	80 % usual & customary	0
6 Operating room - max		not on schedule of benefits			not on schedule of benefits			not on schedule of benefits	
7 Ambulance - max	Y	\$150	0	Y	\$300	0	Y	80 % usual & customary	0
8 Anesthesiologist - max	Y	25% surgeon allowance	0	Y	25% surgeon allowance	0	Y	25% surgeon allowance	0
9 Imaging: no fracture - max	Y	Outpatient X-ray - \$250	0	Y	Outpatient X-ray - \$400	0	Y	80 % usual & customary	0
10 Imaging: fracture - max		not on schedule of benefits			not on schedule of benefits			not on schedule of benefits	
11 Imaging: MRI		not on schedule of benefits			not on schedule of benefits			not on schedule of benefits	
12 CAT Scan		not on schedule of benefits			not on schedule of benefits			not on schedule of benefits	
13 Outpatient x-ray services	Y	\$250	0	Y	\$400	0	Y	80 % usual & customary	0
14 Home health care - max		not on schedule of benefits			not on schedule of benefits			not on schedule of benefits	
15 Private duty nursing - max		not on schedule of benefits			not on schedule of benefits			not on schedule of benefits	
16 Outpatient laboratory - max		not on schedule of benefits			not on schedule of benefits			not on schedule of benefits	
17 Laboratory	Y		0	Y		0	Y		0
18 Supplies		not on schedule of benefits			not on schedule of benefits			not on schedule of benefits	
19 Braces (including body)	Y	\$75	0	Y	\$150	0		not on schedule of benefits	
20 Surgeon's fee - max	Y	50 % usual & customary to \$1,250	0	Y	80% usual & customary to \$1,750 max	0		not on schedule of benefits	
21 Asst. surgeon's - max	Y	25% surgeon allowance	0	Y	25% surgeon allowance	0	Y	25% surgeon allowance	0
22 Diagnostic surgery - max		not on schedule of benefits			not on schedule of benefits			not on schedule of benefits	
23 Non surgical physician fee		not on schedule of benefits			not on schedule of benefits			not on schedule of benefits	
24 Accident medical indemnity		not on schedule of benefits			not on schedule of benefits			not on schedule of benefits	
25 Accidental death benefit	Y	\$3,500	0	Y	\$3,500	0	Y	\$5,000	0
26 Loss of both hands, feet, or eyes		not on schedule of benefits			not on schedule of benefits			not on schedule of benefits	
27 Loss of either hand, foot, or sight of either eye		not on schedule of benefits			not on schedule of benefits			not on schedule of benefits	
28 Loss of thumb and index finger		not on schedule of benefits			not on schedule of benefits			not on schedule of benefits	
29 Physical therapy - max	Y	\$10 per visit, 10 visit max	0	Y	\$20 per visit, 10 visit max	0	Y	80 % usual & customary; 10 visit max	0
30 Dental expenses	Y	\$150 per tooth	0	Y	\$300 per tooth	0	Y	\$5,000	0
31 Eyeglasses/hearing aids - max	Y	\$75	0	Y	\$100	0	Y	\$500	0
32 Heat Exhaustion	Y	covered as nay other accident	0	Y	covered as nay other accident	0	Y	covered as nay other accident	0
33 Outpatient prescription drugs - max		not on schedule of benefits			not on schedule of benefits			not on schedule of benefits	
34 Injury by motor vehicle - max	Y	\$2,500	0	Y	\$2,500	0	Y	\$5,000	0
35 Length of processing time per claim		not on schedule of benefits			not on schedule of benefits			not on schedule of benefits	
36 Claim reporting restrictions		not on schedule of benefits			not on schedule of benefits			not on schedule of benefits	
37 Other Comments:									

Questions - 2009-2010

Schedule of Benefits

The Baker Agency, Inc.

	Yes/No	Coverage	Deductible
1 Hospital room & board - daily limit	Y	semi-private room charges	0
2 Misc. hospital expense limit	Y	1st day up to \$1,000, thereafter up to \$5,000 per day, max \$5,000	0
3 Emergency room - max		not on schedule of benefits	
4 Outpatient emergency room - max	Y	usual & customary up to \$300	0
5 Outpatient surgery - max	Y	usual & customary up to \$2,000	0
6 Operating room - max	Y		0
7 Ambulance - max	Y	\$1,000 per injury (air or ground)	0
8 Anesthesiologist - max	Y	25% surgeon allowance	0
9 Imaging: no fracture - max		included in hospital misc. benefit	
10 Imaging: fracture - max		included in hospital misc. benefit	
11 Imaging: MRI	Y	usual & customary up to \$300	0
12 CAT Scan	Y	usual & customary up to \$800	0
13 Outpatient x-ray services	Y	usual & customary up to \$300	0
14 Home health care - max		not on schedule of benefits	
15 Private duty nursing - max		not on schedule of benefits	
16 Outpatient laboratory - max	Y	usual & customary up to \$100	0
17 Laboratory	Y	included in hospital misc. benefit	0
18 Supplies	Y	out-patient - usual & customary up to \$2,000	0
		usual & customary up to \$500 maximum	0
19 Braces (including body)	Y	usual and customary up to \$2,500 per injury	0
20 Surgeon's fee - max	Y	25% surgeon allowance	0
21 Asst. surgeon's - max		not on schedule of benefits	
22 Diagnostic surgery - max	Y	1st day up to \$50, additional visits up to \$40, maximum 10 visits	0
23 Non surgical physician fee		not on schedule of benefits	
24 Accident medical indemnity	Y	\$2,000	0
25 Accidental death benefit	Y	\$10,000 double dismemberment	0
26 Loss of both hands, feet, or eyes	Y	\$2,000 single dismemberment	0
27 Loss of either hand, foot, or sight of either eye		not on schedule of benefits	
28 Loss of thumb and index finger	Y	\$50 per visit; maximum 5 visits	0
29 Physical therapy - max	Y	\$200 per tooth	0
30 Dental expenses	Y	\$200 per injury	0
31 Eyeglasses/hearing aids - max	Y	covered as nay other accident	0
32 Heat Exhaustion	Y	\$50 per injury	0
33 Outpatient prescription drugs - max	Y	up to \$1,000 max	0
34 Injury by motor vehicle - max			
35 Length of processing time per claim			
36 Claim reporting restrictions			
37 Other Comments:			