

**United Independent School District
Student Extra Curricular Insurance - RFP 072-2011**

General						
Plan Type	Texas Value Plan	Texas U&C Plan	United Plan	Premier Plus Plan	Matching Current Plan	
Insurance Company	Columbian Life Insurance Company	Columbian Life Insurance Company	Hartford Insurance Company	AXIS Global Accident & Health	AXIS Global Accident & Health	Gerber Life Insurance Company
AM Best Rating	A-	A-	A	A	A	A
Claims Administrator	Student Assurance Services	Student Assurance Services	George Zinger & Lorraine Edwards	Preferred Care Inc.	Preferred Care Inc.	Adimistrative Concepts, Inc.
Address	P.O. Box 196; Stillwater, MN	P.O. Box 196; Stillwater, MN	N/A	1300 Virginia Drive; Suite 315; Fort Washington, PA 19034	1301 Virginia Drive; Suite 315; Fort Washington, PA 19034	994 Old Eagle School Road;Wayne, PA 19087-1802
Agent/Agency	The Brokerage Store,Inc / Laurel Insurance Agency	The Brokerage Store,Inc / Laurel Insurance Agency	Wilson Sports Insurance	Alamo Insurance Group / Mike Gilpin & Wayne Malzone	Alamo Insurance Group / Mike Gilpin & Wayne Malzone	Key & Piskuran Insurance Agency / Larry Gallemore
Address	4091 De Zavala Rd #3;San Antonio, Tx 78249	4091 De Zavala Rd #3;San Antonio, Tx 78249	103 SE 1st St;Ste.204;Mineral Wells, Tx 76067	3201 Cherry Ridge St. Suite D405; San Antonio Tx 78230	3202 Cherry Ridge St. Suite D405; San Antonio Tx 78230	2313 Roosevelt Drive; Suite A; Arlington, Tx 76016
Basic						
Maximum Benefit	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000
First Treatment by Dr.	180 days	180 days	90 Days	90 Days	90 Days	90 Days
Benefit Period	1 Year	1 Year	1 Year	1 Year	1 Year	1 Year
Room & Board	Semi-Private Room Charges	Semi-Private Room Charges	Semi-Private Room Rate	Semi-Private Room Rate	100% U&C	Semi-Private Room Charges
Misc.	First Day up to \$1,000; Thereafter up to \$500 per Day; max \$5,000	U&C, max \$10,000	up to \$275/day; max \$5,000	100% UC up to \$750/1st day; \$250/day thereafter; max \$5,000/Hospital Stay	100% U&C	up to \$1,000/1st day, thereafter up to \$500/day; max \$5,000
RN	100% of U&C Charges	U&C Charges	up to \$400 per injury-Private Duty	100% U&C per Hospital Stay	100& U&C per Hospital Stay	100% of U&C charges
Physician	\$50/visit; 10 max	U&C	up to \$40/visit	100% U&C; up to \$40/visit	100% U&C/visit; up to 5 visits	\$50/1st Day; \$40 to 10 visits
Surgeon	U&C up to \$3,000	U&C up to \$5,000 per injury	75%of U&C; max \$3,600 per injury	90% U&C; max \$4,500	100% U&C; up to 5 visits	up to \$2,000
Outpatient Surgery Misc	U&C up to \$2,000	U&C up to \$3,500	up to \$1,600 per injury	up to \$2,000 per covered injury	100% U&C; up to \$3,500	up to \$2,000
Physical Therapy	\$50/visit; 10 max	\$50/visit; 10 max	up to \$50 for First Visit,\$25 per visit thereafter maximum \$25-Outpatient	\$25/visit; max \$250	\$50/visit; max \$1,000	\$50/visit; up to 5 visits
Medical Emergency	U&C up to \$300	U&C up to \$500	up to \$175	100% U&C; \$200/covered injury	100% U&C; up to \$150	80% up to \$300
X-Ray	U&C up to \$250;\$50 reading	U&C up to \$300;\$50 reading	up to \$200; \$50/reading	(Out-Patient) 100% U&C up to \$200 per covered Injury	100% U&C up to \$300 per covered injury	80% up to \$300
Diagnostic Imaging	U&Cup to \$750;\$50 reading	U&C up to \$1,200/injury; \$50 reading	up to \$500/injury; \$50/reading	100% U&C; up to \$750/covered injury	100% U&C; up to \$1,200	80% up to \$800
Lab	U&C up to \$100	U&C up to \$150	up to \$50 per injury	100% U&C; up to \$50/covered injury	100% U&C	80% up to \$300
RX	\$50 per Injury	U&C	(take home drugs) U&C	100% U&C	100% U&C	up to \$25
Ambulance	\$1,000 per injury (Air or Ground)	up to \$1,000/injury (Air or Ground)	Initial Trip to Hospital	1st trip to Hospital; U&C	1st trip to Hospital; U&C	up to \$1,000/injury (Air or Ground)
Orthopedic Appliances	U&C up to \$500	\$500 max	up to \$500/injury	(inpatient) N/A; (outpatient) 100% U&C up to \$500/injury	(inpatient)100%U&C; max \$1,200 (outpatient) 100% U&C; up to \$600	\$500 Maximum
Asst Surgeon Expense	25% of Surgery Allowance	25% of Surgery Allowance	25% of Surgery Allowance	25% of Surgery Allowance	25% of Surgery Allowance	20% of Surgery Allowance
Anesthesia Expense	25% of Surgery Allowance	25% of Surgery Allowance	25% of Surgery Allowance	25% of Surgery Allowance	25% of Surgery Allowance	25% of Surgery Allowance
Dental	\$1,000 per injury	U&C,up to \$5,000 per injury	U&C Up to \$7,000	100% U & C	\$200 / tooth	up to \$200 per tooth
AD&D Benefit	\$2,000-\$10,000	\$2,000-\$10,000	\$10,000-\$20,000	\$10,000-\$20,000	\$2,000-\$10,000	\$2,000-\$10,000
Motor Vehicle Injury	\$1,000 Max. as scheduled above	\$5,000 Max. as scheduled above	No Coverage	up to \$5,000 per covered injury	up to \$5,000 per covered injury	up to \$1,000 max as scheduled above
Catastrophic						
Insurance Company	Zurich American Insurance Company	Zurich American Insurance Company	Mutual of Omaha	National Union Fire Insurance Co.	National Union Fire Insurance Co.	Gerber Life Insurance Company
AM Best Rating	A	A	A+	A	A	A
Maximum Medical	\$6,000,000 and/or \$500,000 Cash Benefit	\$6,000,000 and/or \$500,000 Cash Benefit	\$5,000,000	\$6,000,000 / \$500,000 Cash Benefit	\$6,000,000 / \$500,000 Cash Benefit	\$6,000,000
AD&D Benefit	\$5,000-\$20,000	\$5,000-\$20,000	\$10,000-\$20,000	\$10,000-\$20,000	\$10,000-\$20,000	\$10,000.00
Deductible	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000
Deductible Period	2 Years	2 Years	2 Years	2 Years	2 Years	2 Years
Benefit Period	10 Years	10 Years	10 Years	10 Years	10 Years	10 Years
Annual Premium						
Basic	\$282,150	\$313,500	\$298,950	\$347,853	\$364,153	\$406,600
Catastrophic	\$7,829(Cat only)/\$3,605(Cash Benefit) or \$11,434	\$7,829(Cat only)/\$3,605(Cash Benefit) or \$11,434	\$7,088	\$8,305.00 (Cat Only) \$4,105.00 Cash Benefit of \$500,000.00 or \$12,410.00 for (Cat and Cash Benefit)	\$8,305.00 (Cat Only) \$4,105.00 Cash Benefit of \$500,000.00 or \$12,410.00 for (Cat and Cash Benefit)	\$12,293
TOTAL	\$293,584	\$324,934	\$306,038	\$360,263	\$376,563	\$418,893
Rate Guarantee						
Rate Guarantee	2 Years fixed + 3 neg.	2 Years fixed + 3 neg.	1 Year fixed+ 4 neg.	1 Year fixed+ 4 neg.	1 Year fixed+ 4 neg.	1 Year fixed+ 4 neg.