

RFP #1904-13 Student Accident Insurance

Proposal Response Form

Company Information:

Company Name:
 Phone Number (Agent/Broker):
 Address:
 Phone Number:
 Email Address:
 Primary Business:
 Type of Company (corp., partnership, etc.):
 Year started in business:
 Number of years administering Student Accident Insurance in Texas:

Student Insurance Plans
 469-579-4715
 PO Box 1447, Frisco, Texas 75034
 469-579-4139 Fax: 469-579-4482
johnd@studentinsuranceplans.com
 Student Accident/Athletic Insurance
 Limited Liability Corporation
 2013
 25+
 Catlin Insurance Company
 A

Health Special Risk, Inc. / Texas Student Resources
 (903) 886-6943 (903) 461-5256
 P.O. Box 581 1134 Main St., Commerce, TX 75429
 (903) 886-6943 Fax: 903-886-6947
Kent@diversified-insurance.net
 Student Accident Insurance and Special Risk Insurance Corporation
 1988
 31
 Liberty Mutual Insurance
 A "Excellent"

The Brokerage Store, Inc.
 800-366-4810
 4091 DeZavala Road, STE#3 San Antonio, TX. 78249
 800-366-4810 Fax Number: 210-366-1388
jcorvanjohnson@yahoo.com
 Student athletic accident insurance
 S Corp.
 1974
 25+
 National Guardian Life/ Zurich
 A-/A

Carrier:

Best Rating:

Part I: Premiums

K-6:

7 - 12:

Employees:

	Class I UIL Athletic		Class II At School		Class III 24 Hour	
	Standard	Elite	Standard	Elite	Standard	Elite
K-6:	\$ 35.00	\$ 50.00	\$ 75	\$ 100		
7 - 12:	\$ 95,000	\$ 35.00 \$ 50.00	\$ 125	\$ 150		
managers/trainers included	N/A		N/A			

	Class I UIL Athletic	Class II At School	Class III 24 Hour
		\$99,360	\$54 / \$80
	N/A	N/A	N/A

	Class I UIL Athletic	Class II At School	Class III 24 Hour
		\$98,800	\$25/\$105
	N/A		

Catastrophic Coverage:

Limits of Coverage:

\$7475.00 Base additional \$3,077.00 for cash benefit
 Base

\$7,988.00
 \$10,000,000

\$5995 Medical/ \$2769 Cat Cash
 Base \$25,000 Cat \$10,000,000

- Accident Medical Expense (AME) Benefit Amount - \$7,500,000
 - o \$25,000 Deductible; First treatment within 180 days; 10 Year Benefit
- Accidental Death & Dismemberment (AD&D)
 - o \$10,000 Death, \$20,000 Dismemberment
- Heart or Circulatory Malfunction Benefit
 - o \$10,000 maximum benefit
- Catastrophic Cash Benefit (Maximum Benefit Amount \$500,000)
 - o \$100,000 max lump sum; \$6,666.66 max monthly benefit; 60 month

Part II: Limits

Policy Limit Per Accident:

Optional Additional Limit:

Class I UIL Athletic	Class II At School	Class III 24 Hour	
\$25,000	\$25,000	\$25,000	\$5,000
N/A	N/A	N/A	

Class I UIL Athletic	Class II At School	Class III 24 Hour
\$25,000	\$25,000	\$25,000
\$30,000		

Class I UIL Athletic	Class II At School	Class III 24 Hour
\$25,000	\$25,000	\$25,000

Student Insurance Plans

Health Special Risk

The Brokerage Store

Part III: Questions

Hospital room & board - daily limit

Misc. hospital expense limit

Emergency room - maximum

Outpatient emergency room - maximum

Outpatient surgery - maximum

Operating room - maximum

Ambulance - maximum

Anesthesiologist - maximum

Imaging: no fracture - maximum

Imaging: fracture - maximum

Imaging: MRI

CAT scan

Outpatient x-ray services

Home health care - maximum

Private duty nursing - maximum

	Yes	No	Amount of Coverage	Deductible
Hospital room & board - daily limit	X		100% of U&C	0
Misc. hospital expense limit	X		up to \$300 per day; \$5000 per accident	0
Emergency room - maximum	X		up to \$150 per accident	0
Outpatient emergency room - maximum	X		up to \$150 per accident	0
Outpatient surgery - maximum	X		up to \$1,500 per accident (facility charge)	0
Operating room - maximum	X		Inpatient - Hosp Misc; Outpatient-facility charge	0
Ambulance - maximum	X		100% U&C	0
Anesthesiologist - maximum	X		25% surgeon allowance	0
Imaging: no fracture - maximum	X		paid as either x-rays or MRI/Cat Scan - dependent on services received	0
Imaging: fracture - maximum	X		paid as either x-rays or MRI/Cat Scan - dependent on services received	0
Imaging: MRI	X		up to \$525, includes reading	0
CAT scan	X		up to \$525, includes reading	0
Outpatient x-ray services	X		up to \$235, includes reading	0
Home health care - maximum	X		100% of U&C	0
Private duty nursing - maximum	X		up to \$400 per accident	0

	Yes	No	Amount of Coverage	Deductible
	X		100% U&C	\$ -0-
	X		100% U&C to \$5,000	\$ -0-
	X		100 % U&C to \$200	\$ -0-
	X		\$100% U&C to \$200	\$ -0-
	X		100% U&C to \$3,750	\$ -0-
	X		100% U&C to \$1,500	\$ -0-
	X		100% U&C Ground/Air	\$ -0-
	X		25% of surgery allowance	\$ -0-
	X		100% U&C to \$525	\$ -0-
	X		100% U&C to \$525	\$ -0-
	X		100% U&C to \$525	\$ -0-
	X		100% U&C to \$525	\$ -0-
	X		100% U&C to 225	\$ -0-
		X		\$ -0-
	X		Up to \$400	\$ -0-

Part III: Questions

	Yes	No	Amount of Coverage	Deductible
	Y		Semi Private	\$0
	Y		\$5,000	
	Y		\$300 Facility	
	Y		\$150 ER Dr	
	Y		\$3,000	
	Y		\$2,000	
	Y		\$1,000	
	Y		25% of surgeon	
	Y		\$250 + \$50 read	
	Y		\$250+ \$50 read	
	Y		\$750+ \$50 read	
	Y		\$750 +\$50 read	
	Y		\$250+\$50 read	
		N		
	Y		U&C	

RFP #1904-13 Student Accident Insurance

	Student Insurance Plans		
Outpatient laboratory - maximum	X	up to \$60 per accident	0
Laboratory	X	up to \$60 per accident	0
Supplies	X	must be prescribed and then paid as prescription	0
Braces (including body)	X	up to \$600 per accident	0
Surgeon's fees - maximum	X	75% of U&C up to \$3,750	0
Assistant surgeons - maximum	X	25% of surgeon fee	0
Diagnostic surgery - maximum	X	Paid as any other surgery	0
Non-Surgical physician fee	X	up to \$40 per visit	0
Accident medical indemnity	X	5000	0
Accidental death benefit	X	5000	0
Loss of both hands, feet, or eyes	X	5000	0
Loss of either hand, foot, or sight of either eye	X	5000	0
Loss of thumb and index finger	X	5000	0
Physical therapy - maximum	X	up to \$150 per accident / 5 treatments limited to one per day	0
Dental expenses	X	up to \$300 per tooth	0
Eyeglasses/hearing aids - maximum	X	100% of U&C	0
Heat Exhaustion	X	100% of U&C	0
Concussion	X	up to \$50 per test - not to exceed 3 tests	0
Outpatient prescription drugs - maximum	X	100% of U&C	0
Injury by motor vehicle - maximum	X	5000	0
Length of processing time per claim in Days:		5-7 busiess days	

Claim reporting instructions:

- The accident form must be submitted within 90 days from the date of injury to Student Insurance Plans BY THE PARENT OR GUARDIAN DO NOT WAIT FOR BILLS TO SUBMIT THE ACCIDENT FORM. DO NOT EXPECT THE PROVIDER TO FILE THIS FOR YOU.
 - Treatment must commence within 90 days of injury. Treatment will be covered for 1
 - All payments will be made to the providers of service (Hospital, Physician and others), unless accompanied by a paid receipt.
 - Mail all ITEMIZED bills showing diagnosis, dates of treatment and charges to Student from the primary insurance carrier within 90 days of treatment or payment by the primary insurance carrier
 - Full Excess coverage - benefits are payable for covered expenses that are not payable by another Health Care Plan
- FAILURE TO FOLLOW PRIMARY CARRIER'S GUIDELINES WILL RESULT IN DENIAL OF BENEFITS
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- ADDITIONAL CLAIM FORM IS NECESSARY.

Other Comments:

Expanded Medical - U&C up to \$500
 Post Injury Concussion Testing - 100% U&C up to \$75 per visit, up to 5 visits.
 Coverage **includes** Cheerleader, Band and Drill Team Summer Camps
 Includes PK-12 Day Field Trips, 100% U&C up to \$25,000 per injury
Two year Rate Guarantee: 2019-20; 2020-21.
 Optional Premier Elite Plan:
 Increased maximum benefit to \$30,000 per injury;
 Increased AD&D Benefit to \$20,000.

	Health Special Risk		
	X	U&C up to \$75	\$ -0-
	X	In Hospital U&C to \$5,000	\$ -0-
	X	In Hospital U&C to \$5,000	\$ -0-
	X	U&C up to \$600	\$ -0-
	X	100% U&C up to \$3,750	\$ -0-
	X	25% of surgery allowance	\$ -0-
	X		\$ -0-
	X	\$50 in hospital/\$40 outpatient	\$ -0-
	X	Policy Maximum \$25,000	\$ -0-
	X	\$10,000	\$ -0-
	X	\$10,000	\$ -0-
		\$5,000	\$ -0-
		\$2,500	\$ -0-
		100% U&C up to 5 treatments, up to \$150 1 visit/day	\$ -0-
		100% U&C up to \$250 per tooth, \$25,000 maximum	\$ -0-
		100% UC	\$ -0-
		100% U&C up to \$25,000	\$ -0-
		100% U&C up to \$25,000 + Post Injury Testing	\$ -0-
		100% U&C	\$ -0-
		\$5,000	\$ -0-
3-5 business days after receiving			

Claims forms provided. Submit Claim Form and

itemized bills, and EOB's if primary insurance is

provided.
 with English and Spanish Speaking representatives.

Agent available to assist.
 Claims may be submitted electronically, faxed or by

mail.

Claims paid locally by Health Special Risk, Inc. in

Carrollton, Texas

Additional Benefits

Tutoring Benefit - if a student misses school due to a covered injury, benefits include \$50 for 2 missed days; \$500 for 10 or more missed days.

(after 5 days confinement)

	The Brokerage Store		
Y		\$100 max	
Y		\$100 max	
Y		\$100 DME max	
Y		\$500 max	
Y		\$3000 U&C	
Y		25% of surgeon	
	N		
Y		\$50/visit \$80 concussion	
Y		\$500,000 Cat Cash	
Y		\$2000+\$10,000 Cat	
Y		\$10,000 + \$20,000 Cat	
Y		\$2000+\$10,000 Cat	
Y		\$2000 +\$10,000	
Y		\$50/visit 5 max	
Y		\$1000 max	
Y		\$200 max Glasses- NO hearing aid cov	
Y		same as accident	
Y		\$80/visit, 2 max	
Y		\$50	
Y		\$1,000	
Y		ten days, clean complete claim	

Online asap, within 90 days is standard,

Parents complete and mail/email full form in asap