

Student Athletic Insurance RFP #18-020

	Texas Insurance Service Center Inc.	Texas Insurance Service Center Inc.	Gilbert J. Ortiz	Gilbert J. Ortiz	Health Special Risk, Inc.	Health Special Risk, Inc.
	Texas Value Plan, Option I - Current	Texas Star, Option II	Lone Star Advantage 3	Lone Star	Option I - Premier Plus Plan	Option II - Premier Plan
Policy Maximun/Deductible	\$25,000	\$25,000	\$30,000/Zero	\$30,000/Zero	\$25,000/\$0.00	\$25,000/\$0.00
HOSPITAL SERVICES:						
Daily R&B	Semi Private Room Rate	Semi Private Room Rate	Private Rate	Private Daily Room Rate	100% U&C	100% U&C
Intensive Care R&B	1.5 X Semi-Private Room	1.5 X Semi-Private Room	Private Rate	Private Daily Room Rate	1.5 x semi-private rate	1.5 x semi-private rate
Emergency Room	U&C to \$300	U&C to \$200	U&C to \$310	U&C up to \$175	\$350	\$210
Misc. Services	U&C to \$1,000 1st day; \$500 there	\$500/1st day \$250 there	U&C, \$1,100/1st day:\$500	U&C up to \$250 per day	\$800 1st day/\$300 day	\$300/day \$5,000 Max
	after; \$5,000 max	after \$2,500 max	thereafter, \$5,000 max	\$5,000 max		
Surgery	U&C to \$3,000	U&C to \$1,500	U&C up to \$3,000	U&C up to \$3,500	90% U&C up to \$4,500	75% U&C up to \$3,570
Physician Visits	\$50/visit 10 visits	\$40/visit 10 visits max	U&C \$55 per day/\$10 visit max	U&C up to \$40 per day	\$50/\$40/Visit	\$50/\$40/Visit
Anesthesiologist	25% of surgeon allow	25% of surgeon allow	25% of surgery benefit	25% of surgeon's benefit	25% Surgery Allowance	25% Surgery Allowance
Assistant Surgeon	25% of surgeon allow	25% of surgeon allow	25% of surgery benefit	25% of surgeon's benefit	25% Surgery Allowance	25% Surgery Allowance
Inpatient Hospital Care and Service			U&C, \$1,100/1st day:\$500	U&C up to \$250 per day	Up to \$5,000 Max	Up to \$5,000 Max
			thereafter, \$5,000 max	\$5,000 max		
Radiology	\$250/x-ray \$50/reading	U&C to \$175 + \$25 reading	U&C up to \$225 and \$50 for reading	U&C up to \$200 & \$50 for reading	\$300	\$235
Diagnostic Imaging	\$750; \$50/reading	U&C to \$575 + \$25 reading	U&C up to \$780 and \$50 for reading	U&C up to \$500 & \$50 for reading	\$800	\$525
Nurse Service	U&C	U&C	U&C	U&C	100% U&C	\$400 Maximum
Dental Treatment	U&C \$1,000 max	U&C \$500	U&C up to \$1,250	U&C up to \$5,000	100% U&C	Up to \$300/tooth
Professional Ambulance Service	\$1,000 per injury	U&C \$500 per injury	U&C up to \$1,250	U&C up to \$5,000	100% U&C	100% U&C
Physiotherapy	\$50/visit 10 visit max	\$30/visit 5 max	\$55 per visit/ 5 visits max	\$50 1st day/\$25 per visit/8 visits max	Up to \$300/Accident	Up to \$150/Accident
Orthopedic Appliances	Covered in full with don joy \$500	Covered in full with don joy \$500	U&C up to \$500/covered in full Donjo	U&C up to \$500 & \$50 for reading	\$600 Max	\$600 Max
Eyeglasses	\$200 per injury	\$100 per injury	U&C up to \$210	U&C	100% U&C	100% U&C
Heat Exhaustion/Heat Stoke	Same as any other accident	Same as any other accident	Covered for heat stroke only	Covered for heat stroke only	100% U&C	100 U&C
No balance due to parent	Included/Network	Included/Network	Included/Network			
Catastrophic Coverage Maximum	\$7,500,000	\$7,500,000	\$10,000,000	\$10,000,000	\$7,500,000	\$7,500,000
Maximum Benefit Period	10 Years	10 Years	10 Years	10 Years	10 Years	10 Years
Accidental Death Benefit Amount	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000.00	\$10,000
Accidental Death & Dismemberment	\$20,000	\$20,000	\$20,000	\$20,000	\$10,000.00	\$10,000
AM Best Rating	A- Excellent	A- Excellent	A- Excellent	A-Excellent		
Individual Voluntary Plans						
School Time Plan	Non-UIL \$25 UIL \$115	Non-UIL \$25 UIL \$115	\$30	\$30	\$49	\$72
Around-the-Clock Plan	Non-UIL \$105 UIL \$195	Non-UIL \$105 UIL \$195	\$80	\$80	\$98	\$150
Optional Extended Dental	Non-UIL \$9 UIL \$9	Non-UIL \$9 UIL \$9	n/a	n/a	\$7	\$7
Total	\$53,500	\$37,450	\$52,485	\$47,505	\$57,500	\$45,900
Catastrophic Injury Coverage	\$1,560	\$1,560	\$2,268	\$2,268	\$1,608	\$1,608
TOTAL PREMIUM	\$55,060	\$39,010	\$54,753	\$49,773	\$59,108	\$47,508