

Tabulation - CSP 1976-08						
Item	Texas Kids First	Texas Monarch Management	GM-Southwest	Alamo Insurance Group	Bene-Marc, Inc.	Iwancin & Associates
Response to Questionnaire		Complete	Complete			
Insurance Company	Fidelity Security Life Insurance Co.	United HealthCare	Nationwide Life Insurance Co.	Monumental Life Insurance Co.	Hartford Insurance Co.	No Bid
AM Best Rating	A-	A	A+	A+	A+	
Price						
UIL	\$219,415.00	\$229,120.00	\$248,900.00	\$248,309.00	\$249,713.00	
U&C Percentile	75th	no response	75th	Not Indicated	85th	
Maximum Benefit Period	52 weeks from date of injury	52 weeks from date of injury	52 weeks from date of injury	24 months from date of injury		
Catastrophic	\$14,100.00	\$19,709.00	\$14,400.00	\$20,742.00	\$11,137.00	
Maximum Benefit	\$5,000,000.00	\$5,000,000.00	\$5,000,000.00	\$5,000,000.00		
Maximum Benefit Period	2 year incurral period, 10 year benefit period	2 year incurral period, 10 year benefit period	2 year incurral period, 10 year benefit period	5 year benefit period		
Deductible	\$25,000.00	\$25,000.00	\$25,000.00			
Deductible Period	24 months	24 months	24 months			
Underwritten By	National Union Fire Insurance Co - An AIG Company	Mutual of Omaha	AIG			
Total Premium	\$233,515.00	\$248,829.00	\$263,300.00	\$269,051.00	\$260,850.00	
Rate Guarantee	1 year		1 year			
Type of Coverage - UIL						
Hospital - Room	Semi-Private Room Rate	Semi-Private Room Rate	Semi-Private Room Rate	\$200 per day	U&C	
Surgery - Doctor	75% of U&C	75% of U&C	75% of U&C - Ingenix	\$1,500.00	\$5,000.00	
Anesthesia	25% of surgeon's allowance	25% of surgeon's allowance	25% of surgeon's allowance	30% of surgeon's allowance	25% of surgeon's allowance	
Hospital - Miscellaneous	\$250 per day, Max of \$5,000	\$250 per day, Max of \$5,000	Up to \$750 1st day, \$250 thereafter	U&C up to \$2,000	U&C	
Out Patient Surgery Facility	\$1,250.00	\$1,250.00	\$1,250.00	U&C up to \$200	\$3,500.00	
Emergency Room	\$150.00	\$150.00	\$150.00	n/a	\$350.00	
Physician Visit	\$40.00	\$40.00	\$40.00	\$50.00	U&C up to 5 visits	
Transportation	Initial Trip to Hospital - U&C	Initial Trip to Hospital - U&C	Initial Trip to Hospital	\$500.00	Initial Trip to Hospital	
Physical Therapy	\$50 1st visit, \$25 thereafter - max of 5 visits	\$20 per visit, \$100 max	\$20 per visit, \$100 max	\$50 per visit, 5 visits max	\$50 per visit, 20 visits max	
Prescriptions	U&C	U&C	U&C	U&C	U&C	
Orthopedic Braces & DME	\$450.00	\$300.00	\$300.00	\$1,000.00	\$600.00	
Heat Exhaustion	Included	Included	Included	Included	Included	
Notes						
PPO List Included	Yes	Yes	Yes	Yes	Yes	
Sample Policies Included	Yes	Yes	Yes	Yes	No	
PPO Providers accept Plan Reimbursement as full payment	Yes			No	Yes	