

PHARR-SAN JUAN-ALAMO ISD
 Voluntary Disability Insurance RFP # 18-19-024
 Proposal Tabulations
 Effective Date: May 1, 2019
 Review Date: March 28, 2019

General	Current		RECOMMENDATION		RECOMMENDATION	
			Renewal A (2)		Renewal B (2)	
PSJA ISD Number	CIGNA		CIGNA		CIGNA	
Insurance Company	A/XV; Stable		A/XV; Stable		A/XV; Stable	
A.M. Best Rating	Thomas Lavelle, Dallas, TX		Ashley Sheble		Ashley Sheble	
Company Representative	CIGNA		CIGNA		CIGNA	
Claim Administrator	Bethlehem, PA		Phoenix, AZ		Phoenix, AZ	
Claim Payment Office	Bob Trevino Insurance Group		Bob Trevino Insurance Group		Bob Trevino Insurance Group	
Agent Name			Yvonne Ortegon, Highlander Financial,		Yvonne Ortegon, Highlander Financial,	
Agent Location	Pharr, TX		Pharr, TX Weslaco, TX Woodlands, TX		Pharr, TX Weslaco, TX Woodlands, TX	
Agent Commission	10% / \$157,226		10% / \$163,605		10% / \$157,226	
Benefits	Plan A	Plan B	Plan A	Plan B	Plan A	Plan B
Benefit Period Maximum - Accident	SSNRA	SSNRA	SSNRA	SSNRA	SSNRA	SSNRA
Benefit Period Maximum - Sickness	SSNRA	5 Years	SSNRA	5 Years	SSNRA	5 Years
Elimination Period	6 Elections: 0/3 to 180/180		6 Elections: 0/3 to 180/180		6 Elections: 0/3 to 180/180	
Monthly Benefit Election	\$100		\$100		\$100	
Minimum Monthly Benefits	\$200		\$200		\$200	
Maximum Benefits-Percent of Monthly Earnings	66.7% to 8,000		66.7% to 8,000		66.7% to 8,000	
Benefit Offset-Minimum Benefit	25% of Benefit		25% of Benefit		25% of Benefit	
Preexisting Condition Exclusion	Yes; 3/12		Yes; 3/12		Yes; 3/12	
Own Occupation Period	24 Months		24 Months		24 Months	
Mental Illness Period	24 Months		24 Months		24 Months	
First Day Hospital Benefit	Yes		Yes		Yes	
Survivor Benefit	Yes		Yes		Yes	
Guarantee Issue - New Employee	Yes		Yes		Yes	
Family Care Expense Benefit (FCEB)	Yes		Yes		Yes	
Workers Compensation Exclusion	Yes		Yes		Yes	
Rates/Annual Premium						
Rate Basis - Per \$100 Benefit	Monthly		Monthly		Monthly	
Elim.	Nbr.	Volume	Nbr.	Volume		
A/S	---Plan A---		---Plan B---			
			Rate Per \$100 Benefit	Rate Per \$100 Benefit	Rate Per \$100 Benefit	
			Plan A Rate	Plan B Rate	Plan A Rate	Plan B Rate
0/3	1,440	\$ 26,129	37	\$ 666	\$ 2.51	\$ 2.24
14/14	880	\$ 18,623	31	\$ 595	\$ 1.96	\$ 1.72
30/30	620	\$ 14,397	24	\$ 483	\$ 1.65	\$ 1.50
60/60	39	\$ 1,232	2	\$ 39	\$ 1.08	\$.95
90/90	17	\$ 378	2	\$ 69	\$.93	\$.83
180/180	6	\$ 213	1	\$ 26	\$.70	\$.63
	3,002	\$ 60,972	97	\$ 1,878	\$ 127,671	\$ 3,350
	3,099	Total Annual			\$ 132,852	\$ 3,485
		Increase (Decrease)			\$ 1,636,054	\$ 1,572,259
		Percent			\$ 63,796	\$ -
					4.1%	0.0%
Rate Guarantee	3 Years		3 Years		3 Years	
Comments:					Rates Based on Package to Include Critical Illness.	

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General						
PSJA ISD Number	3A (Current Benefits)		3B (Alternate Benefits)		4	
Insurance Company	American United Life		American United Life		Sun Life Assurance	
A.M. Best Rating	A+, Stable		A+, Stable		A+/XV, Stable	
Company Representative	Richard Bendixon		Richard Bendixon		Matt Hershberger	
Claim Administrator	One America		One America		Sun Life	
Claim Payment Office	South Portland, ME		South Portland, ME		Portsmouth, NH	
Agent Name	Carruth & Associates Financial Benefits Services Texas Insurance Services		Carruth & Associates Financial Benefits Services Texas Insurance Services		Bob Trevino Insurance Group	
Agent Location	McAllen, TX Richardson, TX Harlingen, TX		McAllen, TX Richardson, TX Harlingen, TX		Pharr, TX	
Agent Commission	TBD		TBD		10% / \$220,116	
Benefits	Plan A	Plan B	Plan A	Plan B	Plan A	Plan B
Benefit Period Maximum - Accident	SSFRA	SSFRA	SSFRA	SSFRA	SSNRA	SSNRA
Benefit Period Maximum - Sickness	SSFRA	5 Years	SSFRA	5 Years	SSNRA	5 Years
Elimination Period	6 Elections: 0/3 to 180/180		6 Elections: 0/3 to 180/180		6 Elections: 0/3 to 180/180	
Monthly Benefit Election	\$100		\$100		\$100	
Minimum Monthly Benefits	\$200		\$200		\$200	
Maximum Benefits-Percent of Monthly Earnings	66.7% to 8,000		40%, 50% or 60% to \$8,000		66.7% to 8,000	
Benefit Offset-Minimum Benefit	25% of Benefit		25% of Benefit		25% of Benefit	
Preexisting Condition Exclusion	Yes; 3/12		Yes; 3/12		Yes; 3/12	
Own Occupation Period	24 Months		24 Months		24 Months	
Mental Illness Period	24 Months		24 Months		24 Months	
First Day Hospital Benefit	Yes		Yes		Yes	
Survivor Benefit	Yes		Yes		Yes	
Guarantee Issue - New Employee	Yes		Yes		Yes	
Family Care Expense Benefit (FCEB)	Yes		Yes		Yes	
Workers Compensation Exclusion	Yes		Yes		Yes	
Rates/Annual Premium						
Rate Basis - Per \$100 Benefit						
Elim.	Nbr.	Volume	Nbr.	Volume	Rate Per \$100 Benefit	
A/S	----Plan A----		----Plan B----		Plan A Rate	Plan B Rate
0/3	1,440	\$ 26,129	37	\$ 666	\$ 3.77	\$ 3.66
14/14	880	\$ 18,623	31	\$ 595	\$ 2.94	\$ 2.58
30/30	620	\$ 14,397	24	\$ 483	\$ 2.48	\$ 2.25
60/60	39	\$ 1,232	2	\$ 39	\$ 1.62	\$ 1.43
90/90	17	\$ 378	2	\$ 69	\$ 1.40	\$ 1.25
180/180	6	\$ 213	1	\$ 26	\$ 1.05	\$.95
	3,002	\$ 60,972	97	\$ 1,878	\$ 191,711	\$ 5,226
	3,099	Total Annual			\$ 2,363,248	\$ 1,941,892
		Increase (Decrease)			\$ 790,989	\$ 369,634
		Percent			50.3%	23.5%
Rate Guarantee	3 Years		3 Years		3 Years	
Comments:	Proposal Submitted by One America Includes 3 Sessions EAP Services.		Rates Based on 60% of Monthly Earnings; Proposal Submitted by One America includes 3 Sessions EAP Services.		Includes 3 Session EAP Services.	

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General					
PSJA ISD Number	5		6		
Insurance Company	Hartford		UNUM		
A.M. Best Rating	A/XV; Stable		A/XIV; Stable		
Company Representative	Troy Davis; Jeff Revell		Aaron Shisler		
Claim Administrator	Hartford		UNUM		
Claim Payment Office	Sacramento, CA		Chattanooga, TN		
Agent Name	Bob Trevino Insurance Group Financial Benefit Services Puro Aseguro		Bob Trevino Insurance Group Tamez Insurance Agency Carruth & Associates Puro Aseguro Financial Benefit Services Texas Insurance Center Newkirk & Newkirk Highlander Financial Service Lone Star Insurance Yvonne Ortegon		
Agent Location	Pharr, TX Richardson, TX Pharr, TX		Pharr, TX Weslaco, TX McAllen, TX Pharr, TX Richardson, TX Harlingen, TX McAllen, TX Woodlands, TX McAllen, TX Weslaco TX		
Agent Commission	10% / \$193,473		TBD		
Benefits	Plan A	Plan B	Plan A	Plan B	
Benefit Period Maximum - Accident	SSNRA	SSNRA	SSADEA	SSADEA	
Benefit Period Maximum - Sickness	SSNRA	5 Years	SSADEA	5 Years	
Elimination Period	6 Elections: 0/3 to 180/180		6 Elections: 0/3 to 180/180		
Monthly Benefit Election	\$100		\$100		
Minimum Monthly Benefits	\$200		\$200		
Maximum Benefits-Percent of Monthly Earnings	66.7% to 8,000		66.7% to 8,000		
Benefit Offset-Minimum Benefit	25% of Benefit		25% of Benefit		
Preexisting Condition Exclusion	Yes; 3/12		Yes; 3/12		
Own Occupation Period	24 Months		24 Months		
Mental Illness Period	24 Months		24 Months		
First Day Hospital Benefit	Yes		Yes		
Survivor Benefit	Yes		Yes		
Guarantee Issue - New Employee	Yes		Yes		
Family Care Expense Benefit (FCEB)	Yes		Yes		
Workers Compensation Exclusion	Yes		Yes		
Rates/Annual Premium					
Rate Basis - Per \$100 Benefit					
Elim.	Nbr	Volume	Nbr	Volume	
ΔS	---Plan A---		---Plan B---		
0/3	1,440	\$ 26,129	37	\$ 666	\$ 3.09 \$ 2.76
14/14	880	\$ 18,623	31	\$ 595	\$ 2.41 \$ 2.12
30/30	620	\$ 14,397	24	\$ 483	\$ 2.03 \$ 1.85
60/60	39	\$ 1,232	2	\$ 39	\$ 1.33 \$ 1.17
90/90	17	\$ 378	2	\$ 69	\$ 1.14 \$ 1.02
180/180	6	\$ 213	1	\$ 26	\$.86 \$.77
	3,002	\$ 60,972	97	\$ 1,878	\$ 157,099 \$ 4,129
	3,099	Total Annual			\$ 1,934,733 \$ 2,247,952
		Increase (Decrease)			\$ 362,474 \$ 675,693
		Percent			23.1% 43.0%
Rate Guarantee	3 Years		3 Years		
Comments:					