

PHARR-SAN JUAN-ALAMO ISD
RFP # 18-19-034
Summary of Group Vision Proposals
Proposal Received: June 24, 2019
Review Date: July 31, 2019

Proposal Number	Proposal Description	Agent	Insurance Company	Annual Cost	Increase / Decrease (\$)	Increase / Decrease (%)	Rate Guarantee	Comment
-	Current	Bob Trevino Insurance Agency	Davis Vision / HMI	\$ 243,845	-	-	-	
4	Renewal	Bob Trevino Insurance Agency	Davis Vision / HMI	\$ 285,280	\$ 41,436	17%	4 Years	Rates for enhanced plan: \$6.30 \$10.83 \$11.44 \$17.18.
2	Avesis, Inc.	Texas Insurance Service Center Puro Aseguro	Fidelity Security Life	\$ 241,808	\$ (2,037)	-1%	4 Years	
10	Mesvision / Highlander Financial	Highlander Financial	Gerber Life Insurance Co.	\$ 320,215	\$ 76,370	31%	3 Years	
1	VSP/Ameritas	Bob Trevino Puro Aseguro Lone Star Insurance Services	Ameritas Life Insurance Corp.	\$ 338,665	\$ 94,821	39%	3 Years	
7	Metropolitan Life Insurance Company	Bob Trevino Dennis Carruth Highlander Financial Services Newkirk & Newkirk Yvonne Ortegon Puro Aseguro Tamez Financial Group	Metropolitan Life Insurance Company	\$ 387,142	\$ 143,298	59%	4 Years	Second option with lower premiums and higher copays (\$20/\$20) also offered, with the following rates: \$5.84 \$10.02 \$10.60 \$15.91.
5	EyeMed	Bob Trevino	Dearborn Life Insurance Co.	\$ 415,956	\$ 172,111	71%	4 Years	
6	Eyetopia TPA, LLC	Bob Trevino Dennis Carruth Lone Star Insurance Services Puro Aseguro Tamez Financial Group Texas Insurance Providers	Prepaid Discount Plan	\$ 448,776	\$ 204,931	84%	1 Year	Rate guarantee indicated is "current year" plus 2 or 3 years, and is negotiable after 1 year.
9	VSP/Sun Life	Puro Aseguro	Sun Life Assurance of Canada	\$ 508,179	\$ 264,335	108%	2 Years	Rate guarantee may be extended an additional 24 months if loss ratio at 18 months is 62% or less.

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GENERAL	Current	Renewal & BAFO
Proposal Number		4
Proposals Submission Name	Davis Vision / HMI	Davis Vision / HMI
Insurance Company	HM Insurance Company	HM Insurance Company
Agent Name	Bob Trevino Insurance Agency	Bob Trevino Insurance Agency
Agent Location	Pharr, TX	Pharr, TX
Reference Clients	City of Dallas City of McAllen Brownsville ISD	City of Dallas City of McAllen Brownsville ISD
VISION IN-NETWORK BENEFITS		
Frequency (Number Months)		
Eye Examination	12 Months	12 Months
Spectacle Lenses	12 Months	12 Months
Contact Lenses	12 Months	12 Months
Frames	24 Months	24 Months
Copay Amount		
Exam	\$10	\$10
Spectacle Lenses	\$15; Waived @ Vision Works	\$15; Waived @ Vision Works
Contact Lenses	None	None
Frames	None	None
Benefits After Copay		
Exam	No Cost	No Cost
Frames	\$100, or \$150 + 20% Discount	\$100, or \$150 + 20% Discount
Spectacle Lenses		
Single	No Cost After Copay	No Cost After Copay
Bifocal	No Cost After Copay	No Cost After Copay
Trifocal	No Cost After Copay	No Cost After Copay
Polycarbonate	Children- No Cost; Adults \$30 Copay	Children- No Cost; Adults \$30 Copay
Progressive	\$50, \$90, or \$140 Copay	\$50, \$90, or \$140 Copay
Scratch Resistant	No Cost After Copay	No Cost After Copay
Anti-Reflective	\$35, \$48 or \$60 Copay	\$35, \$48 or \$60 Copay
Ultra Violet	\$12 Copay	\$12 Copay
Plastic	No Cost	No Cost
Photochromatic	\$65 Copay	\$65 Copay
Contact Lenses		
Evaluation	15% Discount or No Cost	15% Discount or No Cost
Fitting	15% Discount or No Cost	15% Discount or No Cost
Follow-Up Care	15% Discount or No Cost	15% Discount or No Cost
Disposable Contact Allowance	8 Boxes or \$125 + 15% Discount	8 Boxes or \$125 + 15% Discount
Additional Frame Discount	20% Discount	20% Discount
Laser Vision Allowance	40% - 60% Discount	40% - 60% Discount
VISION PREMIUM	Rate Amount	Rate Amount
Employee	1,251 \$ 4.60 \$ 69,055	5.38 \$ 80,765
Employee & Spouse	284 \$ 7.90 \$ 26,923	9.25 \$ 31,524
Employee & Children	462 \$ 8.35 \$ 46,292	9.77 \$ 54,165
Employee & Family	675 \$ 12.54 \$ 101,574	14.67 \$ 118,827
Annual Total	2,672 \$ 243,845	\$ 285,280
Increase (Decrease)		\$ 41,436
Percent		17%
RATE GUARANTEE	4 Years	4 Years
COMMENTS		Rates for enhanced plan: \$6.30 \$10.83 \$11.44 \$17.18.

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GENERAL	BAFO		BAFO		
Proposal Number	1		2		
Proposals Submission Name	VSP Ameritas		Avesis, Inc.		
Insurance Company	Ameritas Life Insurance Corp.		Fidelity Security Life		
Agent Name	Bob Trevino Puro Aseguro Lone Star Insurance Services		Texas Insurance Service Center Puro Aseguro		
Agent Location	Pharr, TX Pharr, TX McAllen, TX		Harlingen, TX Pharr, TX		
Reference Clients	TBD		McAllen ISD North East ISD Wylie ISD		
VISION IN-NETWORK BENEFITS					
Frequency (Number Months)					
Eye Examination	12 Months		12 Months		
Spectacle Lenses	12 Months		12 Months		
Contact Lenses	12 Months		12 Months		
Frames	24 Months		24 Months		
Copay Amount					
Exam	\$15		\$10		
Spectacle Lenses	\$15		\$15		
Contact Lenses	None		\$15		
Frames	None		\$15		
Benefits After Copay					
Exam	No Cost		No Cost		
Frames	\$130 + 20% Discount		\$100 + 20% Discount		
Spectacle Lenses					
Single	No Cost After Copay		No Cost After Copay		
Bifocal	No Cost After Copay		No Cost After Copay		
Trifocal	No Cost After Copay		No Cost After Copay		
Polycarbonate	Children- No Cost; Adults \$33 Copay		Children- No Cost; Adults \$40-\$44 Copay		
Progressive	Up to Provider's Fee for Lined Bifocals		\$75, \$110 or \$50 Allowance + 20% Discount		
Scratch Resistant	\$17 - \$33 Copay		\$17 Copay		
Anti-Reflective	\$43 - \$85 Copay		\$45 Copay		
Ultra Violet	\$16 Copay		\$15 Copay		
Plastic	TBD		No Cost		
Photochromatic	\$31 - \$82		\$70 - \$80 Copay		
Contact Lenses					
Evaluation	TBD		No Cost		
Fitting	Member Cost Up to \$60		\$50 (Standard) or \$75 (Custom) Allowance		
Follow-Up Care	Member Cost Up to \$60		\$50 (Standard) or \$75 (Custom) Allowance		
Disposable Contact Allowance	Up to \$130		\$125 Allowance + 10% Discount		
Additional Frame Discount	20% Discount		20% Discount		
Laser Vision Allowance	TBD		TBD		
VISION PREMIUM	Number	Rate	Amount	Rate	Amount
Employee	1,251	\$ 6.44	\$ 96,677	\$ 4.56	\$ 68,455
Employee & Spouse	284	\$ 10.88	\$ 37,079	\$ 7.83	\$ 26,685
Employee & Children	462	\$ 11.48	\$ 63,645	\$ 8.28	\$ 45,904
Employee & Family	<u>675</u>	\$ 17.44	<u>\$ 141,264</u>	\$ 12.44	<u>\$ 100,764</u>
Annual Total	2,672		\$ 338,665		\$ 241,808
Increase (Decrease)			\$ 94,821		\$ (2,037)
Percent			39%		-1%
RATE GUARANTEE	3 Years		4 Years		
COMMENTS					

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GENERAL					
Proposal Number		5		6	
Proposals Submission Name		EyeMed/Dearborn		Eyetopia TPA, LLC	
Insurance Company		Dearborn Life Insurance Co.		Prepaid Discount Plan	
Agent Name		Bob Trevino		Bob Trevino, Dennis Carruth, Lone Star Insurance Services, Puro Aseguro, Tamez Financial Group, Texas Insurance Providers	
Agent Location		Pharr, TX		Pharr, TX; McAllen, TX; McAllen, TX; McAllen, TX; Weslaco, TX; Harlingen, TX	
Reference Clients		Alief ISD Mesa Unified School District Metro Nashville Public Schools		United ISD Lubbock ISD Uvalde ISD	
VISION IN-NETWORK BENEFITS					
Frequency (Number Months)					
Eye Examination		12 Months		12 Months	
Spectacle Lenses		12 Months		12 Months	
Contact Lenses		12 Months		12 Months	
Frames		24 Months		12 Months	
Copay Amount					
Exam		\$10		\$10	
Spectacle Lenses		\$15		\$20	
Contact Lenses		None		None	
Frames		None		None	
Benefits After Copay					
Exam		No Cost		No Cost	
Frames		\$100 + 20% Discount		\$130	
Spectacle Lenses					
Single		No Cost After Copay		No Cost After Copay	
Bifocal		No Cost After Copay		No Cost After Copay	
Trifocal		No Cost After Copay		No Cost After Copay	
Polycarbonate		Children- No Cost; Adults \$30 Copay		\$35 Copay	
Progressive		\$65 Copay		\$120 Allowance	
Scratch Resistant		No Cost After Copay		\$12 Copay	
Anti-Reflective		\$35 Copay		\$25 Copay	
Ultra Violet		\$12 Copay		\$12 Copay	
Plastic		TBD		CR-30 Covered	
Photochromatic		\$65 Copay		Not Available	
Contact Lenses					
Evaluation		Retinal Imaging Up to \$39		No Cost	
Fitting		Up to \$40		No Cost	
Follow-Up Care		Up to \$40		No Cost	
Disposable Contact Allowance		Up to \$125		\$150 Allowance	
Additional Frame Discount		20% Discount		Not Available	
Laser Vision Allowance		15% Off Retail or 5% Off Promotional		\$350/eye	
VISION PREMIUM	Number	Rate	Amount	Rate	Amount
Employee	1,251	\$ 7.85	\$ 117,844	\$ 8.00	\$ 120,096
Employee & Spouse	284	\$ 13.47	\$ 45,906	\$ 15.00	\$ 51,120
Employee & Children	462	\$ 14.24	\$ 78,947	\$ 15.00	\$ 83,160
Employee & Family	<u>675</u>	\$ 21.39	\$ 173,259	\$ 24.00	\$ 194,400
Annual Total	2,672		\$ 415,956		\$ 448,776
Increase (Decrease)			\$ 172,111		\$ 204,931
Percent			71%		84%
RATE GUARANTEE		4 Years		1 Year	
COMMENTS				Rate guarantee indicated is "current year" plus 2 or 3 years, and is negotiable after 1 year. Rates shown are for "Standard" plan. Rates for Gold plan also quoted.	

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GENERAL					
Proposal Number	7		9		
Proposals Submission Name	Metropolitan Life Insurance Company		VSP		
Insurance Company	Metropolitan Life Insurance Company		Sun Life Assurance of Canada		
Agent Name	Bob Trevino; Dennis Carruth; Highlander Financial Services; Newkirk & Newkirk; Yvonne Ortegon; Puro Aseguro; Tamez Financial Group		Puro Aseguro		
Agent Location	Pharr, TX; McAllen, TX; Woodlands, TX; McAllen, TX; Weslaco, TX; Pharr, TX; Weslaco, TX		Pharr, TX		
Reference Clients	El Paso ISD Alief ISD Austin ISD		Provided if Finalist		
VISION IN-NETWORK BENEFITS					
Frequency (Number Months)					
Eye Examination	12 Months		12 Months		
Spectacle Lenses	12 Months		12 Months		
Contact Lenses	12 Months		12 Months		
Frames	24 Months		24 Months		
Copay Amount					
Exam	\$10		\$10		
Spectacle Lenses	\$15		\$10		
Contact Lenses	\$15		TBD		
Frames	\$15		None		
Benefits After Copay					
Exam	No Cost		No Cost		
Frames	\$100		\$150 + 20% Discount		
Spectacle Lenses					
Single	No Cost After Copay		No Cost After Copay		
Bifocal	No Cost After Copay		No Cost After Copay		
Trifocal	No Cost After Copay		No Cost After Copay		
Polycarbonate	Children- No Cost; Adults \$31-\$35 Copay		Children- No Cost; Adults TBD		
Progressive	Standard at No Cost; Premium/Custom \$95-\$175		\$55 - \$175 Copay		
Scratch Resistant	\$17 - \$33 Copay		35% - 45% Savings		
Anti-Reflective	\$41 - \$85 Copay		35% - 45% Savings		
Ultra Violet	No Cost After Copay		35% - 45% Savings		
Plastic	\$31 - \$35 Copay		TBD		
Photochromatic	\$47 - \$82 Copay		35% - 45% Savings		
Contact Lenses					
Evaluation	\$60 Copay		15% Discount or No Cost		
Fitting	Included in Evaluation		15% Discount or No Cost		
Follow-Up Care	Included in Evaluation		TBD		
Disposable Contact Allowance	\$125 Allowance		\$150 Allowance		
Additional Frame Discount	20% Discount		20% Discount		
Laser Vision Allowance	Average 15% off regular or 5% off promotional		TBD		
VISION PREMIUM	Number	Rate	Amount	Rate	Amount
Employee	1,251	\$ 7.30	\$ 109,588	\$ 9.59	\$ 143,965
Employee & Spouse	284	\$ 12.55	\$ 42,770	\$ 16.46	\$ 56,096
Employee & Children	462	\$ 13.26	\$ 73,513	\$ 17.40	\$ 96,466
Employee & Family	675	\$ 19.91	\$ 161,271	\$ 26.13	\$ 211,653
Annual Total	2,672		\$ 387,142		\$ 508,179
Increase (Decrease)			\$ 143,298		\$ 264,335
Percent		59%		108%	
RATE GUARANTEE	4 Years		2 Years		
COMMENTS	Second option with lower premiums and higher copays (\$20/\$20) also offered, with the following rates: \$5.84 \$10.02 \$10.60 \$15.91.		Rate guarantee may be extended an additional 24 months if loss ratio at 18 months is 62% or less.		

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GENERAL		BAFO	
Proposal Number		10	
Proposals Submission Name		Mesvision / Highlander Financial	
Insurance Company		Gerber Life Insurance Co.	
Agent Name		Highlander Financial	
Agent Location		The Woodlands, TX	
Reference Clients		No public entities in Texas	
VISION IN-NETWORK BENEFITS			
Frequency (Number Months)			
Eye Examination		12 Months	
Spectacle Lenses		12 Months	
Contact Lenses		12 Months	
Frames		24 Months	
Copay Amount			
Exam		\$10	
Spectacle Lenses		\$15	
Contact Lenses		\$15	
Frames		\$15	
Benefits After Copay			
Exam		No Cost	
Frames		\$100	
Spectacle Lenses			
Single		No Cost After Copay	
Bifocal		No Cost After Copay	
Trifocal		No Cost After Copay	
Polycarbonate		Up to \$85	
Progressive		Standard at No Cost; Premium Up to \$89.50	
Scratch Resistant		Up to \$30	
Anti-Reflective		20% Discount	
Ultra Violet		20% Discount	
Plastic		TBD	
Photochromatic		TBD	
Contact Lenses			
Evaluation		Contact Lenses & Services Up to \$125	
Fitting		Contact Lenses & Services Up to \$125	
Follow-Up Care		Contact Lenses & Services Up to \$125	
Disposable Contact Allowance		Contact Lenses & Services Up to \$125	
Additional Frame Discount		20% Discount	
Laser Vision Allowance		Discounts Available	
VISION PREMIUM	Number	Rate	Amount
Employee	1,251	\$ 6.18	\$ 92,774
Employee & Spouse	284	\$ 11.12	\$ 37,897
Employee & Children	462	\$ 10.90	\$ 60,430
Employee & Family	<u>675</u>	\$ 15.94	<u>\$ 129,114</u>
Annual Total	2,672		\$ 320,215
Increase (Decrease)			\$ 76,370
Percent			31%
RATE GUARANTEE		3 Years	
COMMENTS			