

HIDALGO COUNTY

Department Of Budget & Management

VOLUNTARY PRODUCTS

Type of Product	Current Vendor	Proposed Vendor	
Dental	Humana	Ameritas Humana	
Combined Short/Long Term Disability	Unum	Unum Life Ins. Co Lincoln Fin. Group	
Cancer	Transamerica	Med Life Humana AFLAC	
Whole Life Plan	Tansamerica	TX life ins. Co Colonial Life Unum Life Ins.	
Vision Plan	VSP	Davis Vision Superior Vision Ameritas Vision Care for Life	Eyetopia vision Care Avesis Inc. Eyemed Vision
Critical Illness Plan	Transamerica	Voya Med. Life Colonial Life Unum Life	Allstate Benefits Humana Lincoln AFLAC
Accident Plan	Transamerica	Voya Med. Life Colonial Life Unum Life	Allstate Benefits Humana Lincoln AFLAC

HIDALGO COUNTY-GRID

SECTION 125-VOLUNTARY INSURANCE PRODUCTS & COBRA ADMINISTRATION SERVICES

RFP No.: 2015-221-09-10-SMA

ACCIDENTAL PLAN								
PARTICIPANTS	EVALUATORS					TOTAL	AVG	RANKING
	1	2	3	4	5			
1. VOYA	89	98	96	73	84	440	88.00	
2. MET LIFE	85	98	97	74	82	436	87.20	
3. COLONIAL LIFE	89	99	98	90	84	460	92.00	
4. UNUM	88	94	91	88	86	447	89.40	
5. ALLSTATE BENEFITS	86	100	100	83	76	445	89.00	
6. HUMANA	78	99	99	91	85	452	90.40	
7. LINCOLN FINANCIAL GROUP	83	98	98	75	86	440	88.00	
8. AFLAC	90	98	95	88	88	459	91.80	



**HIDALGO COUNTY
VOLUNTARY INSURANCE - ACCIDENT**

CARRIER	CURRENT: TRANSAMERICA		#3 NOYA		#6 METLIFE		#8 COLOMBIA LIFE		#9 UNUM		#13 ALLSTATE		#19 HUMANA		#20 LINCOLN		#21 AFLAC	
	ALAMO INSURANCE GROUP	FLA 93	FLA 93	FLA 93	FLA 93	FLA 93	FLA 93	FLA 93	FLA 93	FLA 93	FLA 93	FLA 93	FLA 93	FLA 93	FLA 93	FLA 93	FLA 93	FLA 93
AGREEMENT	11.83	18.05	8.86	11.16	8.37	18.41	8.39	18.44	18.48	18.48	11.76	11.76	3.71	18.67	12.48	18.67	10.17	20.34
PERMANENT	35.54	36.54	37.58	25.44	37.00	31.20	16.32	25.70	33.34	33.34	24.77	40.77	20.34	40.77	21.90	37.00	37.74	35.47
UP	18.42	25.04	15.14	21.83	15.09	28.56	14.89	21.18	30.49	30.49	19.39	28.74	14.38	28.74	15.10	24.96	15.17	36.31
ON AND OFF JOB COVERAGE	11.76	39.68	21.76	34.72	13.24	43.53	21.81	34.44	45.34	45.34	39.48	39.48	27.01	34.08	31.81	39.48	22.79	45.34
ACCIDENTAL DEATH BENEFIT	IE \$20,000 - \$80,000	\$40,000 - \$170,000	\$40,000	\$40,000	\$25,000	\$50,000	\$70,000	\$25,000	\$50,000	\$50,000	\$40,000	\$40,000	\$10,000	\$40,000	\$25,000	\$75,000	\$15,000	\$50,000
COMMON CAREER ACCIDENT DEATH	CH 50%	50%	\$4,000	\$12,000	\$4,000	\$10,000	\$4,000	\$5,000					\$5,000	\$10,000	\$7,500	\$11,500	\$7,500	\$5,000
	IE \$40,000	\$170,000	\$4,000	\$12,000	\$75,000	\$150,000	\$40,000	\$100,000	\$150,000	\$150,000	\$100,000	\$100,000	\$40,000	\$130,000	\$7,500	\$11,500	\$7,500	\$5,000
RETIREMENT	IE \$1,000 - \$20,000	\$3,000 - \$40,000	\$900 - \$15,000	\$400 - \$17,000	\$15,000	\$30,000	\$16,000	\$30,000	\$750 - \$15,000	\$750 - \$15,000	\$40,000	\$40,000	UP TO \$70,000	UP TO \$40,000	\$7,000	\$7,000	UP TO \$12,500	UP TO \$25,000
INITIAL HOSPITAL ACCIDENT	IE \$750	\$1,050	\$400	\$1,000	NON-ACU \$500 ACU \$1,000	NON-ACU \$1,000 ACU \$1,000	NON-ACU \$500 ACU \$750	NON-ACU \$2,000 ACU \$1,500	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
WILLIAMS BENEFIT		NONE	NONE	NONE	\$100/DAY	\$200/DAY	MA	MA	\$50 PER EMPLOYED PER CALENDAR YEAR	\$50	\$25	MA	MA	MA	MA	MA	\$25	\$50
PORTABILITY		MA	INCLUDED	INCLUDED	YES	YES	YES	YES	INCLUDED	YES	YES	YES	YES	INCLUDED	INCLUDED	INCLUDED	YES	YES

HIDALGO COUNTY-GRID

SECTION 125-VOLUNTARY INSURANCE PRODUCTS & COBRA ADMINISTRATION SERVICES

RFP No.: 2015-221-09-10-SMA

CANCER PLAN								
PARTICIPANTS	EVALUATORS					TOTAL	AVG	RANKING
	1	2	3	4	5			
1. MET LIFE	83	99	95	71	85	433	86.60	
2. HUMANA	94	100	100	86	90	470	94.00	
3. AFLAC	91	99	99	88	80	457	91.40	



HIDALGO COUNTY

VOLUNTARY INSURANCE - CANCER

CARRIER	CURRENT: TRANSAMERICA		#6 METLIFE		#19 HUMANA		#21 AFLAC
AGENT	ALAMO INSURANCE		GALLAGHER BENEFIT SERVICES		ALAMO INSURANCE		ALAMO INSURANCE
	GL GROUP	GL GROUP	LOW	HIGH	LOW	HIGH	LOW
	LOW	HIGH	LOW	HIGH	LOW	HIGH	LOW
PREMIUM	TIER	AGE	OTHER				
	E	NA					
	E/S						
	E/C						
	E/F						
	E	35-39					
	E	65-69					
	E/S	35-39	NON-SMOKING	NA	NA	NA	NA
	E/C	65-69					
	E/F	35-39					
E/F	65-69						
PLAN	BENEFIT PAID PER TREATMENT/SERVICE		\$30,000 (LUMP SUM)		BENEFIT PAID PER TREATMENT/SERVICE		BENEFIT PAID PER TREATMENT/SERVICE
INITIAL DIAGNOSIS	\$2,000	\$3,000	FULL: 100% PARTIAL: 25%	\$2,500	\$5,000	\$6,000 - \$12,000 PER COVERED PERSON	
HOSPITAL CONFINEMENT	NA	\$100/DAY; UP TO 90 DAYS		\$100	\$200	\$200 TO \$500	
EXTENDED BENEFITS	NA	\$200		\$300	\$600	\$150 A DAY, UP TO 30 DAYS A YEAR	
BONE MARROW OR STEM CELL			BENEFITS ARE A LUMP SUM	\$15,000		\$40 TO \$10,000	
CHEMO/RADIATION	\$5,000	\$10,000				UP TO \$900; VARIES	
NEW/EXPERIMENTAL TREATMENT						\$125 TO \$500; VARIES	
HEALTH SCREENING	\$100			\$100		\$100	
WAIVER OF PREMIUM	YES		NA		AFTER 60 DAYS	YES	
PORTABILITY	YES		YES		YES	YES	
PRE EXISTING CONDITIONS	12 MONTHS		3 MONTHS PRIOR, FOR FIRST 6 MONTHS		12 MONTHS		NONE; REQUIRED TO BE CANCER FREE FIVE YEARS

HIDALGO COUNTY-GRID

SECTION 125-VOLUNTARY INSURANCE PRODUCTS & COBRA ADMINISTRATION SERVICES

RFP No.: 2015-221-09-10-SMA

COMBINED SHORT & LONG TERM DISABILITY								
PARTICIPANTS	EVALUATORS					TOTAL	AVG	RANKING
	1	2	3	4	5			
1. LINCOLN FINANCIAL GROUP	85	99	98	75	88	445	89.00	
2. UNUM	96	100	100	88	92	476	95.20	



HIDALGO COUNTY

VOLUNTARY INSURANCE - DISABILITY

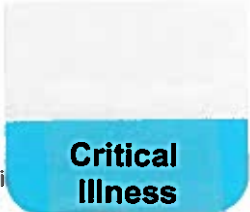
CARRIER	CURRENT: UNUM						#9 UNUM						#20 LINCOLN FINANCIAL GROUP														
	ALAMO INSURANCE						ALAMO INSURANCE						GALLAGHER BENEFITS SERVICES														
AGENT																											
ELIMINATION PERIODS	7/7		14/14		30/30		60/60		90/90		180/180		0/3		7/7		14/14		30/30		60/60		90/90		180/180		
ACCIDENT/ILLNESS (DAYS)																											
AGE																											
SALARY																											
PREMIUM EXAMPLES (MONTHLY)	30-34	\$25,000	41.25	33.75	21.39	12.78	8.75	5.97																			
		\$40,000	66.02	54.02	34.23	20.45	14.00	9.56	42.50	34.73	22.09	13.20	9.03	6.11	43.06	35.42	22.50							9.31	7.08		
		\$80,000	132.02	108.01	68.45	40.89	28.00	19.11	68.02	55.58	35.35	21.12	14.45	9.78	68.91	56.69	36.01							14.89	11.34		
		\$25,000	100.42	96.40	94.73	76.12	50.42	39.86	136.02	111.13	70.68	42.23	28.89	19.56	137.80	113.35	72.01							29.78	22.67		
	65-69	\$40,000	180.72	154.28	151.61	121.82	80.69	63.80	103.48	99.31	97.51	78.34	51.95	41.11	105.01	100.70	99.17						52.78	40.84			
	\$80,000	321.37	308.48	303.15	243.59	161.35	127.57	165.61	158.94	156.05	125.38	89.14	65.80	168.06	161.17	158.72							84.47	65.36			
									331.15	317.82	312.04	250.70	166.24	131.57	336.04	322.26	317.37						168.91	130.68			
BENEFIT LENGTH MAXIMUM	UNTIL AGE 65 (SSNRA)																										
MIN. MONTHLY BENEFIT AVAILABLE (ANNUAL COMP/12)	\$200																										
MAX. MONTHLY BENEFIT AVAILABLE (ANNUAL COMP/12)	66 2/3% BENEFIT UP TO \$6,000																										
1ST DAY HOSPITALIZATION BENEFIT	INCLUDED																										
PARTIAL DISABILITY BENEFIT	INCLUDED																										
RETURN TO WORK BENEFIT	INCLUDED																										
WORKPLACE/ACCOMMODATION BENEFIT	INCLUDED																										
SURVIVOR BENEFIT	INCLUDED																										
ONLINE CLAIMS TRACKING	INCLUDED																										
PREGNANCY BENEFIT	INCLUDED																										
WAIVER OF PREMIUM	INCLUDED																										
PORTABILITY	INCLUDED																										
PRE-EXISTING CONDITIONS	3 MONTHS PRIOR, FOR FIRST 12 MONTHS						3 MONTHS PRIOR, FOR FIRST 12 MONTHS						3 MONTHS PRIOR, FOR FIRST 12 MONTHS														

HIDALGO COUNTY-GRID

SECTION 125-VOLUNTARY INSURANCE PRODUCTS & COBRA ADMINISTRATION SERVICES

RFP No.: 2015-221-09-10-SMA

CRITICAL ILLNESS PLAN								
PARTICIPANTS	EVALUATORS					TOTAL	AVG	RANKING
	1	2	3	4	5			
1. VOYA	86	94	94	72	84	430	86.00	
2. MET LIFE	82	96	97	69	78	422	84.40	
3. COLONIAL LIFE	90	97	96	88	82	453	90.60	
4. UNUM	86	96	95	81	88	446	89.20	
5. ALLSTATE BENEFITS	85	100	100	88	76	449	89.80	
6. HUMANA	75	97	96	86	85	439	87.80	
7. LINCOLN FINANCIAL GROUP	84	98	98	78	83	441	88.20	
8. AFLAC	93	98	99	89	90	469	93.80	



HIDALGO COUNTY

VOLUNTARY INSURANCE - CRITICAL ILLNESS

CARRIER	AGENCY	CURRENT TRANSAMERICA ALAMO INSURANCE CO. GROUP		#3 VOYA BOB TRIVIRO		#4 MATURE GALLAGHER BENEFIT SERVICES		#5 COLONIAL LIFE BOB TRIVIRO		#6 UNUM ALAMO INSURANCE		#7 ALLSTATE ALAMO INSURANCE BROWN & BROWN		#19 HUMANA GALLAGHER BENEFIT SERVICES		#20 LINCOLN GALLAGHER BENEFIT SERVICES		#27 PACIFIC ALAMO INSURANCE		
		LOW	HIGH	LOW	HIGH	LOW	HIGH	LOW	HIGH	LOW	HIGH	LOW	HIGH	LOW	HIGH	LOW	HIGH	LOW	HIGH	LOW
	E	8.30	10.65	7.20	8.80	13.70	35.40	12.56	18.00	12.56	18.00	4.83	6.82	5.10	6.74	5.47	6.21	5.19	7.04	
	E/S	12.35	15.15	14.80	17.40	38.55	71.10	25.12	36.00	25.12	36.00	7.87	10.56	6.55	11.01	8.21	13.48	6.54	11.31	
	E/C	9.15	11.35	19.00	22.65	22.65	45.30	17.32	18.01	17.32	18.01	4.83	6.82	6.15	8.10	7.00	9.74	5.19	7.04	
	E/F	12.35	15.15	26.60	31.35	40.50	81.00	25.12	36.00	25.12	36.00	7.87	10.56	8.60	12.17	9.74	15.21	8.54	11.31	
	S	5,000	7,500	10,000	15,000	15,000	30,000	5,000	7,500	5,000	7,500	10,000	15,000	10,000	15,000	10,000	15,000	10,000	15,000	
	C	5,000	7,500	10,000	15,000	15,000	30,000	2,500	3,750	2,500	3,750	5,000	7,500	2,500	3,750	5,000	7,500	5,000	7,500	
	INITIAL DIAGNOSIS																			
	CONCOMITANT ARTERY BYPASS																			
	HEART ATTACK																			
	MYOBLASTIC CANCER																			
	MAJOR ORGAN TRANSPLANT																			
	RENAL FAILURE																			
	STROKE																			
	HEALTH SCREENING																			
	PORTABILITY																			
	RECURRANCE OF A DIAGNOSIS																			
	PRE EXISTING CONDITIONS																			

HIDALGO COUNTY-GRID

SECTION 125-VOLUNTARY INSURANCE PRODUCTS & COBRA ADMINISTRATION SERVICES

RFP No.: 2015-221-09-10-SMA

DENTAL PLAN								
PARTICIPANTS	EVALUATORS					TOTAL	AVG	RANKING
	1	2	3	4	5			
1. AMERITAS	98	100	98	84	92	472	94.40	
2. HUMANA	90	99	100	91	85	465	93.00	



Hidalgo County

VOLUNTARY INSURANCE - DENTAL

CARRIER	CURRENT: HUMANA		#7 AMERITAS		#19 HUMANA		
	AGENT	GL GROUP	ALAMO INSURANCE		GALLAGHER BENEFITS SERVICES		
PREMIUMS	TIER	PLAN	LOW	HIGH	OPTION 1	OPTION 2	OPTION 3
	PREMIUMS	E	27.91	23.36	31.32	21.34	10.18
E/C		47.03	41.00	54.56	35.95	17.15	46.01
E/S		48.63	40.68	54.60	37.17	17.74	47.58
CALENDAR YEAR DEDUCTIBLE	E/F	80.07	69.68	92.64	61.20	29.20	78.34
		INDIVIDUAL \$25 FAMILY \$75	INDIVIDUAL \$50 FAMILY \$150	INDIVIDUAL \$25 FAMILY \$75	INDIVIDUAL \$50 FAMILY \$150		INDIVIDUAL \$25 FAMILY \$75
CALENDAR YEAR MAXIMUM BENEFIT		\$1,500	\$1,000	\$1,500	\$1,000		\$1,500
PREVENTATIVE SERVICES		100% NO DEDUCTIBLE	100%	100%	100% NO DEDUCTIBLE		100% NO DEDUCTIBLE
BASIC SERVICES		80% AFTER DEDUCTIBLE	80%	80%	50% AFTER DEDUCTIBLE	80% AFTER DEDUCTIBLE	50% AFTER DEDUCTIBLE
MAJOR SERVICES		50% AFTER DEDUCTIBLE	50%	50%	50% AFTER DEDUCTIBLE	0%	50% AFTER DEDUCTIBLE
ORTHODONTIA		ADULT/CHILD: 50% (NO DEDUCTIBLE) UP TO \$1,000	CHILD ONLY: 50% UP TO \$1,000	ADULT/CHILD: 50% UP TO \$1,500	ADULT/CHILD: 50% (NO DEDUCTIBLE) UP TO \$1,000	NOT COVERED	ADULT/CHILD: 50% (NO DEDUCTIBLE) UP TO \$1,000
WAITING PERIOD		12 MONTHS; MAY QUALIFY TO BE WAIVED	NONE	NONE	12-MONTH; MAY BE QUALIFY TO BE WAIVED	NONE	12-MONTH; MAY BE QUALIFY TO BE WAIVED

HIDALGO COUNTY-GRID

SECTION 125-VOLUNTARY INSURANCE PRODUCTS & COBRA ADMINISTRATION SERVICES

RFP No.: 2015-221-09-10-SMA

VISION PLAN								
PARTICIPANTS	EVALUATORS					TOTAL	AVG	RANKING
	1	2	3	4	5			
1. DAVIS VISION	87	99	98	98	87	469	93.80	
2. SUPERIOR VISION	88	98	100	87	85	458	91.60	
3. AMERITAS LIFE INS. GROUP	82	96	94	84	88	444	88.80	
4. VISION CARE FOR LIFE (VSP)	81	96	94	77	81	429	85.80	
5. EYETOPIA VISION CARE INC.	58	97	99	60	66	380	76.00	
6. AVESIS INC.	95	100	95	94	90	474	94.80	
7. EYEMED VISION	79	96	95	84	81	435	87.00	



HIDALGO COUNTY
VOLUNTARY PRODUCT - VISION

CARRIER	CURRENT: VSP	#2 DAVIS VISION	#4 SUPERIOR VISION	#7 AMERITAS	#12 VSP	#14 EYETOPIA	#15 AVESIS	#18 EYEMED										
									AGENT	ALAMO INSURANCE	GALLAGHER BENEFIT SERVICES	BOB TREVIÑO	BROWN & BROWN ALAMO INSURANCE	ALAMO INSURANCE	GALLAGHER BENEFIT SERVICES	ALAMO INSURANCE	GALLAGHER BENEFIT SERVICES	
PREMIUMS	TIER	PLAN I	PLAN II	LOW	HIGH	LOW	HIGH	LOW	HIGH	LOW	HIGH	LOW	HIGH					
														LOW	HIGH	LOW	HIGH	LOW
EXAMINATION COPAY		\$0		\$0		\$10		\$20		\$10		\$5		\$0		\$0		\$0
LENSES AND/OR FRAMES CO-PAY		\$0		\$0		\$25		\$10		\$10		\$10		\$0		\$0		\$0
FRAME ALLOWANCE		\$150		UP TO \$150 TO \$200 RETAIL		\$130 RETAIL		\$150 RETAIL		\$120 RETAIL		\$150 RETAIL		\$50 WHOLESALE (\$100-\$150 RETAIL VALUE)		\$150 RETAIL		\$150 RETAIL
STANDARD SINGLE VISION LENSES		\$0		\$0		\$25		\$10		\$25		\$10		\$0		\$0		\$0
STANDARD BIFOCAL LENSES		\$0		\$0		\$25		\$10		\$25		\$10		\$0		\$0		\$0
STANDARD TRIFOCAL LENSES		\$0		\$0		\$25		\$10		\$25		\$10		\$0		\$0		\$0
STANDARD LENTICULAR LENSES		NA		\$0		\$25		\$10		\$25		\$10		\$0		\$0		\$0
CONTACT LENSES - MEDICALLY NECESSARY		NA		PAID IN FULL AFTER PRIOR APPROVAL		COVERED IN FULL		COVERED IN FULL UP TO \$150		\$400 ALLOWANCE (NO COPAY)		COVERED		PAID IN FULL		PAID IN FULL (NO COPAY)		PAID IN FULL (NO COPAY)
LASIK BENEFIT		5% TO 15% DISCOUNT		5% TO 25% DISCOUNT		15% DISCOUNT		5% TO 15% DISCOUNT		\$500 PER EYE		\$350 PER EYE		UP TO 25% DISCOUNT PLUS \$150 ALLOWANCE		5% TO 15% DISCOUNT		5% TO 15% DISCOUNT

HIDALGO COUNTY-GRID

SECTION 125-VOLUNTARY INSURANCE PRODUCTS & COBRA ADMINISTRATION SERVICES

RFP No.: 2015-221-09-10-SMA

WHOLE LIFE PLAN								
PARTICIPANTS	EVALUATORS					TOTAL	AVG	RANKING
	1	2	3	4	5			
1. COLONIAL LIFE	85	100	100	89	84	458	91.60	
2. TEXAS LIFE INS. CO.	97	99	99	90	91	476	95.20	
3. UNUM	81	97	96	82	87	443	88.60	



HIDALGO COUNTY

VOLUNTARY INSURANCE - WHOLE LIFE

CARRIER	#5 TEXAS LIFE INSURANCE		#8 COLONIAL LIFE		#9 UNUM	
AGENT	ALAMO INSURANCE		BOB TREVINO		ALAMO INSURANCE	
BENEFIT AMOUNT	\$10,000.00	\$25,000.00	\$10,000.00	\$25,000.00	\$10,000.00	\$25,000.00
TYPE	NON-SMOKER		NON-SMOKER		NON-SMOKER	
ISSUE AGE: 25	\$9.80	\$20.00	NA	\$20.56	NA	NA
ISSUE AGE: 35	\$14.00	\$30.50	\$13.81	\$30.02	NA	NA
ISSUE AGE: 45	\$23.70	\$54.75	\$20.23	\$46.08	\$18.72	\$18.72
ISSUE AGE: 55	\$34.40	\$81.50	\$32.83	\$77.58	\$35.75	\$35.75
PLAN	SOLUTIONS Series 121		WHOLE LIFE 1000		CLASS 1	
GUARANTEED PREMIUM	GUARANTEED NO INCREASE		RATES CAN BE INCREASED; CONDITIONS APPLY		GUARANTEED NO INCREASE	
ACCELERATED DEATH BENEFIT	92.6% OF THE DEATH BENEFIT MINUS \$150 PROCESSING FEE; LIFE EXPECTANCY OF 12 MONTHS OR LESS		75% OF THE DEATH BENEFIT; MAXIMUM OF \$150,000 MINUS \$200 ADMIN. FEE; LIFE EXPECTANCY OF 12 MONTHS OR LESS		NA	
PORTABILITY	YES		YES		YES	
PAID UP FEATURE	YES; CONDITIONS APPLY		YES; CONDITIONS APPLY		YES; CONDITIONS APPLY	

PREMIUMS WERE ONLY PROVIDED FOR A BENEFIT OF \$10,000