



April 29, 2014

Ms. Denise Morgan
Elizabethtown Ind. School
219 Helm St.
Elizabethtown, KY 42701-1511

Dear Ms. Morgan:

Roberts Insurance would like to thank you for the opportunity to service the student accident needs for Elizabethtown Ind. School. Our primary focus has been, is and always will be Student Accident Insurance programs, products, and consulting. What differentiates Roberts Insurance from other agencies is our philosophy that student insurance programs should be uniquely designed for each individual institution. Our personalized service and attention to detail throughout the entire year is essential for our mutual success. As a result of your continued support, we now insure over 120 districts throughout the state.

As you are aware, we are experiencing changes to our healthcare system as a result of the Affordable Care Act (ACA). In many instances, the existence for the ACA elevates the need for Student Accident Insurance. With 30 years of experience, our agency can tailor a plan to suit your needs and help you navigate through this difficult market.

For the 2014/15 school year, we are pleased to advise that we have negotiated an increase on your Catastrophic policy and the maximum benefit has been increased to \$7.5 million. Your renewal options through K&K Insurance with Nationwide Life Insurance Company, including the Catastrophic policy with National Union Fire Insurance Company are:

- Plan 1: 100% Usual & Customary - \$36,985.60
- Plan 3: 100% Usual & Customary with a \$1,000 limit on physical therapy - \$33,456.60

We look forward to the opportunity to service your insurance needs again next school year. If you have any questions, please contact us by phone at 1-877-757-2581 or email at joe@bobrobertsins.com or john@bobrobertsins.com.

Sincerely,

Bob Roberts, C

Joe Roberts, ChFC

John Roberts, CIC

Kentucky Student Accident Plan #1

100% Reasonable Charges Plan

Eligible Persons Are: Means any person who is a registered student, teacher, and/or coach of the policyholder.

Covered Activities: This policy covers each Eligible Person during the policy period while he or she is: a) participating in school related activities; 1) sponsored by the Plan Sponsor; and 2) on the premises designated and supervised by the Policyholder; or b) traveling with a group in connection with the activities under the direct supervision of the Policyholder c) while participating as a member of a team in intramural, club or interscholastic competitive sports activities sponsored and supervised by the Policyholder.

| ACCIDENT MEDICAL EXPENSE BENEFIT | Class 1 |
|----------------------------------|---------------------------------|
| Maximum Benefit Amount: | \$25,000 per Insured per Injury |
| Deductible: | \$0 per Insured per Injury |
| Benefit Percentage: | 100% of R&C |
| Loss Period: | 26 weeks |
| Benefit Period: | 2 year |

SCHEDULE OF BENEFITS

The Policy provides benefits for loss due to a covered Injury up to the Maximum Benefit of \$25,000 for each Injury. Provided that the treatment begins within 60 days from the date of the Injury, benefits will be payable for covered Medical Expenses incurred within two years from the date of the Injury up to the maximum benefit per service as scheduled below. Covered Expenses means the Medically Necessary and Reasonable Charges for services, supplies, and treatment provided or prescribed by a Physician for which an Insured Person is required to pay. Benefits are subject to all applicable conditions, exclusions and limitations and any deductible and coinsurance provisions shown. Benefits are limited to the amounts shown for specific services or supplies.

Note: This Benefit is subject to the Exclusions and other provisions of the Policy. In addition, the following limitations apply.

R&C = Reasonable Charges

| ACCIDENTAL DEATH AND SPECIFIC LOSS BENEFIT | Class ALL |
|---|-----------|
| Aggregate Limit of Liability: | \$500,000 |
| Accidental Death Principal Sum: | \$10,000 |
| Specific Loss Principal Sum: | \$10,000 |
| <i>See the Specific Loss Benefit Provision in the Policy for any applicable benefit reduction in the Principal Sum.</i> | |

This is a brief illustration of coverage offered through the K12 Student Athletic and Accident Insurance. The Master Policy issued will be the contract and will govern and control the payment of benefits. The Policy is a non-renewable one year term policy. The policy contains an Excess Provision for mandatory coverage. No benefits are payable for expense incurred that is paid or payable by other valid and collectible insurance. The Reasonable Charge is determined by comparing charges for similar services to a national database adjusted to the geographical area where the services or procedures are performed, by reference to the 75th percentile of Ingenix schedules. The Insured Person may be responsible for the difference between the Reasonable Charge and the actual charge from the Provider.

Kentucky Student Accident Plan #3

100% Reasonable Charges Plan with \$1,000 Physical Therapy Limit

Eligible Persons Are: Means any person who is a registered student, teacher, and/or coach of the policyholder.

Covered Activities: This policy covers each Eligible Person during the policy period while he or she is: a) participating in school related activities; 1) sponsored by the Plan Sponsor; and 2) on the premises designated and supervised by the Policyholder; or b) traveling with a group in connection with the activities under the direct supervision of the Policyholder c) while participating as a member of a team in intramural, club or interscholastic competitive sports activities sponsored and supervised by the Policyholder.

| ACCIDENT MEDICAL EXPENSE BENEFIT | Class 1 |
|----------------------------------|---------------------------------|
| Maximum Benefit Amount: | \$25,000 per Insured per Injury |
| Deductible: | \$0 per Insured per Injury |
| Benefit Percentage: | 100% of R&C |
| Loss Period: | 26 weeks |
| Benefit Period: | 2 year |

SCHEDULE OF BENEFITS

The Policy provides benefits for loss due to a covered Injury up to the Maximum Benefit of \$25,000 for each Injury. Provided that the treatment begins within 60 days from the date of the Injury, benefits will be payable for covered Medical Expenses incurred within two years from the date of the Injury up to the maximum benefit per service as scheduled below. Covered Expenses means the Medically Necessary and Reasonable Charges for services, supplies, and treatment provided or prescribed by a Physician for which an Insured Person is required to pay. Benefits are subject to all applicable conditions, exclusions and limitations and any deductible and coinsurance provisions shown. Benefits are limited to the amounts shown for specific services or supplies.

Note: This Benefit is subject to the Exclusions and other provisions of the Policy. In addition, the following limitations apply. Benefits for Covered Expenses shown below are subject to the Maximum Benefit Amount, Deductible, Benefit Percentage, Loss Period, and Benefit Period shown above, unless otherwise specified. Benefits sub-limits shown below are per Insured Person per Injury, unless otherwise specified.

| Covered Expenses | Benefit Sub-Limits |
|-------------------|--------------------|
| Physical Therapy: | Maximum \$1,000 |

R&C = Reasonable Charges

| ACCIDENTAL DEATH AND SPECIFIC LOSS BENEFIT | Class ALL |
|--|-----------|
| Aggregate Limit of Liability: | \$500,000 |
| Accidental Death Principal Sum: | \$10,000 |
| Specific Loss Principal Sum: | \$10,000 |

See the Specific Loss Benefit Provision in the Policy for any applicable benefit reduction in the Principal Sum.

This is a brief illustration of coverage offered through the K12 Student Athletic and Accident Insurance. The Master Policy issued will be the contract and will govern and control the payment of benefits. The Policy is a non-renewable one year term policy. The policy contains an Excess Provision for mandatory coverage. No benefits are payable for expense incurred that is paid or payable by other valid and collectible insurance. The Reasonable Charge is determined by comparing charges for similar services to a national database adjusted to the geographical area where the services or procedures are performed, by reference to the 75th percentile of Ingenix schedules. The Insured Person may be responsible for the difference between the Reasonable Charge and the actual charge from the Provider.

Kentucky Student Accident Insurance

Catastrophic

- Underwritten through National Union Fire Insurance Company

BENEFITS

Aggregate Limit of Indemnity

All Conditions of Coverage \$7,500,000

Full Excess Coverage

ACCIDENT MEDICAL BENEFIT

Scope of Coverage Applicable to Accident Medical Benefits

- Total Maximum for all Accident Medical Benefits \$7,500,000
- Benefit Period 10 years from the date of the Covered Accident
- Catastrophic Cash Benefit- Maximum \$500,000
- Deductible \$25,000 applies to each Covered Accident (Satisfied by Base Policy)
- Deductible must be satisfied within 24 months from the date of the Covered Accident