MEMO

TO: BOARD MEMBERS

FROM: Brad Hawkins, Chief Operations Officer

DATE: May 7, 2019

RE: Student Insurance

The attached bids were received from Roberts Insurance on May 3, 2019. Based on the bids received I am recommending K & K Insurance Plan 4.5 underwritten by AXIS Insurance for $170,789.40.

ROBERTS
Insurance & Investments

May 1, 2019

Roberts Insurance would like to thank you for the opportunity to provide quotes for your Student Accident Insurance bid. 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 continued support, we now insure over 140 districts throughout the state.

For the 2019/20 school year, we are pleased to offer Christian County Schools the following options through K&K Insurance, underwritten by the following companies, including a $7.5 million Catastrophic policy with Zurich American Insurance Company:

Company	Students Covered	Plan 3 100% of Usual & Customary with a $1000 Limit on Physical Therapy	Plan 4 Scheduled Benefit	Plan 4.5 Scheduled Benefit	Plan 5 Scheduled Benefit
Nationwide Life	All Students	$293,158.40	$250,639.40	$208,119.40	$179,773.40
	Athletes Only (Does Not Include Catastrophic)	$226,770.00	$192,755.00	$158,739.00	$136,062.00
AXIS Insurance	All Students	$278,185.40	$211,063.40	$170,789.40	$148,147.40
	Athletes Only (Does Not Include Catastrophic)	$214,792.00	$166,141.00	$132,913.00	$116,144.00

Additionally, we have obtained additional options that also include the $7.5M Catastrophic coverage with Zurich American Insurance Company:

Company	Students Covered	Plan 3 100% of Usual & Customary with a $1000 Limit on Physical Therapy	Plan 4 Scheduled Benefit	Plan 4B Scheduled Benefit	Plan 5 Scheduled Benefit
Berkley Accident & Health	All Students	(Renewal) $362,178.40	$323,013.40	$291,681.40	$273,158.40
	Athletes Only (Does Not Include Catastrophic)	$299,386.00	$266,121.00	$239,509.00	$223,776.00

If you have any questions, please contact us by phone at 859-623-7684 or toll-free at 1-877-757-2581. We can also reached by email:

Joe Roberts: joe@bobrobertsins.com
Bob Roberts: bob@bobrobertsins.com
John Roberts: john@bobrobertsins.com

We appreciate the opportunity to handle your insurance needs again during the upcoming school year. We look forward to hearing from you!

BASE COVERAGE	K&K Plan 3 & BERKLEY Plan 3	K&K Plan 4 & BERKLEY Plan 4	K&K Plan 4.5 & BERKLEY Plan 4B	K&K Plan 5 & BERKLEY Plan 5
Maximum Benefit per Insured per Injury	$25,000	$25,000	$25,000	$25,000
Base Benefit Period	2 years	2 years	2 years	2 years
First Expense Incurred Within	180 days	180 days	180 days	180 days
Room & Board (Inpatient)	100% U&C	100% U&C	$1,000 Max/day	$150 Max/day
Hospital Misc Expenses (Inpatient)	100% U&C	$5,000 Max	$2,500 Max (Inpatient, Outpatient, & Day Surgery Combined)	$600 Max/day
Hospital Misc Expenses (Outpatient)	100% U&C	$1,000 Max	$2,500 Max (Inpatient, Outpatient, & Day Surgery Combined)	100% U&C
Day Surgery Miscellaneous	100% U&C	$5,000 Max	$2,500 Max (Inpatient, Outpatient, & Day Surgery Combined)	$1,000 Max
Registered Nurse Services	100% U&C	100% U&C	75% of U&C	75% of U&C
Emergency Room Services	100% U&C	100% U&C	$300 Max if rendered within 72 hours of Accident	$150 Max if rendered within 72 hours of Accident
Physician Non-Surgical Services	100% U&C	100% U&C	$100 Max/1st visit; $75 each sub visit; 10 visit Max	$40 Max/1st visit; $25 each sub visit; 1 visit/day
Physician Surgical Services (Inpatient or Outpatient)	100% U&C	100% U&C	$2,500 Max	$1,000 Max; Primary Procedure only
Consultant Physician (Requested & Approved)	100% U&C	100% U&C	$200 Max	$200 Max
Assistant Surgeon	100% U&C	100% U&C	30% of Physician Surgical Max	20% of Physician Surgical Max
Anesthetist Services (Not including supervision)	100% U&C	100% U&C	30% of Physician Surgical Max	20% of Physician Surgical Max
X-rays	100% U&C	$500 Max - Combined with Diagnostic Imaging	$500 Max (Inpatient or Outpatient)	$200 Max for outpatient only
Diagnostic Imaging (MRIs & CAT Scans)	100% U&C	$500 Max - Combined with X-rays	$500 Max (Inpatient or Outpatient)	$300 Max for outpatient only
Laboratory Services	100% U&C	100% U&C	$100 for outpatient only	$50 for outpatient only
Combined Ground & Air Ambulance Services	100% U&C	100% U&C	$1,000 Max/Injury	$300 Max
Orthopedic Appliances	100% U&C	$500 Max	$250 Max	$75 Max
Physical Therapy - Outpatient Only	$1,000 Max/Injury	$40/visit, Max $400	$50 Max/visit; 10 visit Max	$30 Max/1st visit; $20 each sub visit, 5 visit Max; 1
Prescription Drugs	100% U&C	$100/injury	$100 Max	$75 Max
Dental	100% U&C	$500/tooth/injury	$500/tooth/injury	100% U&C

CATASTROPHIC COVERAGE				
Accidental Death	$10,000.00	$10,000.00	$10,000.00	$10,000.00
Accidental Dismemberment	$20,000 Max	$20,000 Max	$20,000 Max	$20,000 Max
Deductible*	$25,000	$25,000	$25,000	$25,000
Catastrophic Benefit Period	10 years	10 years	10 years	10 years
Catastrophic Maximum Benefit	$7,500,000 Max	$7,500,000 Max	$7,500,000 Max	$7,500,000 Max
*Catastrophic deductible satified by Base Coverage				
NOTE: These policies contains some benefits that are scheduled. This comparison represents a summary of benefits. Please refer to the actual policy for a complete description of limitations and benefits.				