February 9, 2021

Roberts Insurance would like to thank you for the opportunity to provide quotes for your Student Accident Insurance. 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 2021/22 school year, we are pleased to offer Bellevue Independent Schools the following renewal through K&K Insurance, underwritten by Zurich American Insurance Company, including a $7.5 million Catastrophic policy also with Zurich American Insurance Company:

- **Plan 5: Scheduled Benefit - $8,803.40**

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:

Bob Roberts: bob@bobrobertsins.com
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We appreciate the opportunity to handle your insurance needs again during the upcoming school year. We look forward to hearing from you!

Kentucky Student Accident Plan #5
Basic Option

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 / 10 year for dental

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
Inpatient Hospital Services	
Room & Board – Semi-Private or Private:	Maximum $150 per day
Hospital Miscellaneous Expense: *(including general nursing care and pre-admission testing performed within 3 working days prior to admission)*	Maximum $600 per day
Registered Nurse Services: *(private duty nursing care when ordered by a licensed Physician)*	75% of R&C
Emergency Room Services: *(including use of the emergency room and supplies)*	Maximum $150 if rendered within 72 hours of Injury
Physician Services	
Physician Non-Surgical Services:	Maximum $40 for the first visit, and $25 for each subsequent visit, limited to one visit per day
Physician Surgical Services, Inpatient or Outpatient:	Maximum $1,000 (limited to primary procedure per surgery)
Outpatient Surgical Room: *(including supplies, drugs and services in connection with scheduled outpatient day surgery)*	Maximum $1,000
Assistant Surgeon:	20% of Physician Surgical Maximum
Anesthetist Services: *(not including supervision of an anesthetist)*	20% of Physician Surgical Maximum

X-Ray Services:	Maximum $200 for Outpatient
Diagnostic Imaging Services:	Maximum $300 for Outpatient
Laboratory Services:	Maximum $50 for Outpatient
Combined Ground and Air Ambulance Services:	Maximum $300
Orthopedic Braces and Appliances:	Maximum $75
Outpatient Physical Therapy:	Maximum $30 for the first visit, and $20 for each subsequent visit for a maximum of 5 visits, limited to one visit per day
Prescription Drugs:	Maximum $75

R&C = Reasonable Charges

Felonious Assault Benefit

Benefit Percentage: 100% of the amount otherwise payable for the covered loss.
Maximum Benefit Amount: $10,000 Per Injury

Felonious Assault is defined as a physical attack by another person resulting in bodily harm. A physical attach is any lawful or unlawful use of force or violence with the intent to cause bodily injury. The physical attack must be considered a felony or misdemeanor in the jurisdiction in which it occurs. See full policy language for further description of coverage.

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.

Catastrophic Summary of Benefits

Underwritten by Zurich American Insurance Company

Accident Medical Benefits

- Maximum Benefit Amount: $7.5 million
- Deductible: $25,000
- Corridor Deductible
- Benefit Period: 10 years
- Deductible must be satisfied within two years from the date of the Covered Accident

Catastrophe Cash Benefit

- Maximum Benefit Amount: $500,000
- Initial Lump Sum Benefit Amount: $104,000
- Monthly Benefit Amount: $3,300 payable for up to 120 months

Heart Failure Benefit

- Benefit Amount- $10,000

Seat Belt/Air Bag Benefit

- Maximum Benefit Amount- $5,000 each

Accidental Death Benefit

- Benefit Amount- $10,000

Accidental Dismemberment Benefit

- Maximum Benefit Amount- $20,000