



March 1, 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 Hardin County Schools the following renewal through **Berkley Accident & Health**, including a \$7.5 million Catastrophic policy with Zurich American Insurance Company:

- **Plan 4B: Scheduled Benefit - \$66,797.20**

We have also secured a quote with **Liberty Mutual**, including the \$7.5M Catastrophic coverage with Zurich American Insurance Company:

- **Scheduled Benefit- \$67,277.20**

Finally, we have also obtained quotes from K&K Insurance, including the \$7.5M Catastrophic coverage with Zurich American Insurance Company for your consideration:

**Plan 4.5: Scheduled Benefit**

- |   |                 |                     |
|---|-----------------|---------------------|
| • | <b>Zurich</b>   | <b>\$107,991.20</b> |
| • | <b>Hartford</b> | <b>\$110,744.20</b> |
| • | <b>AXIS</b>     | <b>\$116,191.20</b> |

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 be reached by email:

Bob Roberts:	bob@bobrobertsins.com
Joe Roberts:	joe@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!

# KENTUCKY K-12 STUDENT ACCIDENT INSURANCE

## BASIC OPTION – PLAN 4B



### CLASSES OF ELIGIBLE PERSONS

**OPTION 1:** All registered students, teachers and coaches of the Policyholder.

**OPTION 2:** All registered student athletes of the Policyholder.

### COVERED ACTIVITIES

#### OPTION 1: SCHOOL & SPORTS COVERAGE

The 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; or C) while participating as a member of a team in intramural, club or interscholastic competitive sports activities sponsored and supervised by the Policyholder.

#### OPTION 2: SPORTS COVERAGE

The policy covers each eligible person during the policy period while he or she is: A) participating as a member of a team in intramural, club or interscholastic competitive sports activities sponsored and supervised by the Policyholder 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.

ACCIDENT BENEFITS	LIMITS
Accidental Death and Dismemberment (AD&D)	Principal Sum: \$10,000 <ul style="list-style-type: none"><li>Time Period for Loss: 180 days</li></ul>
Aggregate Limit of Liability per Covered Accident	\$500,000 benefit maximum (Applies to AD&D benefits only)
Accident Medical and Dental Expense	Accident Medical Expense: \$25,000 <ul style="list-style-type: none"><li>Co-Insurance: 100%</li><li>Deductible: \$0 Corridor</li><li>Terms of Payment: Full Excess</li><li>Loss Period (first Covered Accident Expenses must be incurred within): 180 days from the date of the Covered Accident</li><li>Benefit Period: 104 weeks</li></ul> Deferred Treatment Expense Benefits <ul style="list-style-type: none"><li>Deferred Dental Expenses: \$25,000</li><li>Benefit Period: to age 28</li></ul>

COVERED MEDICAL EXPENSE SUB-LIMITS	
Hospital Room & Board	\$1,000 per day per Covered Accident
Ancillary Hospital Expenses	\$2,500 per Covered Accident
Registered Nurse Services	75% of Usual & Customary
Emergency Room	\$300 if rendered within 72 hours of the Covered Accident
Physician Non-Surgical Visits	\$100 for the first visit, \$75 for each subsequent visit up to a maximum of 10 visits per Covered Accident
Physician Second Opinion (Surgical)	\$500 per Covered Accident
Physician Surgical Expenses	\$2,500 per Covered Accident
Assistant Surgeon	30% of the surgeon's expense per Covered Accident
Anesthesia and its Administration	30% of the surgeon's expense per Covered Accident
Outpatient Laboratory Tests	\$100 including costs for reading per Covered Accident
Physiotherapy	\$50 per visit up to a maximum of 10 visits per Covered Accident
X-Ray Expenses	\$500 including costs for reading per Covered Accident
Diagnostic Imaging (MRI/CT/CAT)	\$500 including costs for reading per Covered Accident
Ambulance	\$1,000 per air and ground ambulance per Covered Accident

<b>Durable Medical Equipment</b>	\$250 per Covered Accident
<b>Prescription Drugs</b>	\$100 per Covered Accident
<b>ADDITIONAL BENEFITS</b>	<b>LIMITS</b>
<b>Bereavement and Trauma Counseling</b>	Benefit Amount: \$150 per session Maximum Number of Sessions: 10 sessions Maximum Benefit per Covered Accident: \$1,500
<b>Coma</b>	1% of the Principal Sum for the first 11 months, subject to 100% of the Principal Sum amount
<b>Felonious Assault and Violent Crime</b>	Accidental Death and Dismemberment Benefit 100% multiplied by the portion of the Principal Sum applicable to the Covered Loss
<b>Home Alteration and Vehicle Modification</b>	20% of the Principal Sum subject to a maximum of \$2,000

Any Deductibles, Benefit Periods, and Benefit Maximums apply on a per Covered Person, per Covered Accident basis. 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.

### IMPORTANT INFORMATION

This is a brief description of coverage provided under policy form series AH51051-KY, and rider series AH-51209 and AH-51207-KY, underwritten by Berkley Life and Health Insurance Company (domiciled in Iowa - California Certificate of Authority #08527) and/or StarNet Insurance Company (domiciled in Iowa - California Certificate of Authority #6978) 2445 Kuser Road, Suite 201, Hamilton Square, NJ 08690 and is subject to the terms, conditions, limitations and exclusions of the policy. Please see the policy for complete details. Coverage terms, conditions, limitations and exclusions may vary or may not be available in all states.

The insurance described in this document provides limited benefits. Limited benefit plans are insurance products with reduced benefits intended to supplement comprehensive health insurance plans. This insurance is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential coverage as set forth under the Patient Protection and Affordable Care Act.

Coverage does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from offering or providing insurance.

Insurance coverage offered by Berkley Accident and Health is underwritten by Berkley Life and Health Insurance Company and/or StarNet Insurance Company, both member companies of W. R. Berkley Corporation and both rated A+ (Superior) by A.M. Best.  
For complete details, please contact us at [SpecialRiskSolutions@BerkleyAH.com](mailto:SpecialRiskSolutions@BerkleyAH.com).

#### VISIT OUR WEBSITES:

Company Website: [www.BerkleyAH.com](http://www.BerkleyAH.com) • Corporate Website: [www.Berkley.com](http://www.Berkley.com)  
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# **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