



FLOYD COUNTY BOARD OF EDUCATION  
Larry Hammond, Interim Superintendent  
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William Newsome, Jr., Board Chair - District 3  
Linda C. Gearheart, Vice-Chair - District 1  
Dr. Chandra Varia, Member- District 2  
Keith Smallwood, Member - District 4  
Steve Slone, Member - District 5

**Consent Agenda Item (Action Item):**

Consider and Approve Student Accident Insurance

**Applicable State or Regulations:**

KAR 160.290 General Powers and Duties of the Board  
KRS 156.160

**Fiscal/Budgetary Impact:**

Plan Option 4.5 provided for all students: \$84,076.80 for the 2024-2025 school year.  
Cost includes a 7.5 million Catastrophic Policy  
Roberts Insurance with plan options underwritten by **Zurich American Insurance Company**

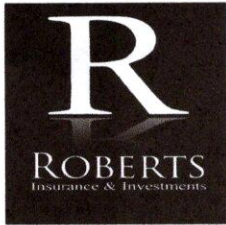
**History/Background:** We have always envisioned the protection of students and parents feasibility regarding their child's safety at school. The safety of our students is of critical importance to us and we want to protect them from injury. Even, so accidents do happen (at school and elsewhere) and required medical care can be expensive. Providing Student Accident insurance for students enrolled in Floyd County Schools will help parents reduce out-of-pocket costs particularly if the student needs surgery or hospitalization. School Accident insurance comes after other insurances pay first for example: a student is injured at a school event, their personal health insurance would pay first, then the Student Insurance would pay any additional deductibles, copays, or out-of-pocket expenses that would normally be left to the student or parent to pay.

**Recommended Action:** Approve Student Accident Insurance for all students.

**Contact Person(s):**

7/14  
\_\_\_\_\_  
Director

Larry Hammond  
\_\_\_\_\_  
Superintendent



August 8, 2024

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 160 districts throughout the state.

For the 2024/25 school year, we are pleased to offer Floyd County Schools the following plan options underwritten by **Zurich American Insurance Company**, including a \$7.5 million Catastrophic policy also with Zurich. **K&K Insurance would process the claims:**

PLAN OPTIONS	ALL STUDENTS	ATHLETES ONLY (Does Not Include Catastrophic Coverage)
Plan 1: 100% U&C	\$162,898.80	\$126,115
Plan 2: 100% of U&C w/ \$2,000 PT Limit	\$155,016.80	\$119,810
Plan 3: 100% of U&C w/ \$1,000 PT Limit	\$147,134.80	\$113,504
Plan 4: High Schedule of Benefits	\$107,723.80	\$81,975
Plan 4.5: Middle Schedule of Benefits	\$84,076.80	\$63,058
Plan 5: Low Schedule of Benefits	\$68,312.80	\$50,446

If you have any questions, please contact us by phone at 859-623-7684. We can also be reached by email:

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

We welcome the opportunity to handle your insurance needs for the upcoming school year. We look forward to hearing from you!



<b>BASE COVERAGE</b>	<b>ZURICH Plan 1</b>	<b>ZURICH Plan 2</b>	<b>ZURICH Plan 3</b>	<b>ZURICH Plan 4</b>	<b>ZURICH Plan 4.5</b>	<b>ZURICH Plan 5</b>
Maximum Benefit per Insured per Injury	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000
Base Benefit Period	2 years	2 years	2 years	2 years	2 years	2 years
First Expense Incurred Within	180 days	180 days	180 days	180 days	180 days	180 days
Accidental Death	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Room & Board (Inpatient)	100% U&C	100% U&C	100% U&C	100% U&C	\$1,000 Max/day	\$150 Max/day
Hospital Misc Expenses (Inpatient)	100% U&C	100% U&C	100% U&C	\$5,000 Max	\$2,500 Max/day	\$600 Max/day
Hospital Misc Expenses (Outpatient)	100% U&C	100% U&C	100% U&C	\$1,000 Max	100% U&C	100% U&C
Day Surgery Miscellaneous	100% U&C	100% U&C	100% U&C	\$5,000 Max	\$2,500 Max	\$1,000 Max
Registered Nurse Services	100% U&C	100% U&C	100% U&C	100% U&C	75% of U&C	75% of U&C
Emergency Room Services	100% U&C	100% U&C	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% U&C	100% U&C	\$100 Max/1st visit; \$75 each sub visit; 1 visit/day	\$40 Max/1st visit; \$25 each sub visit; 1 visit/day
Physician Surgical Services (Inpatient or Outpatient)	100% U&C	100% U&C	100% U&C	100% U&C	\$2,500 Max; Primary Procedure only	\$1,000 Max; Primary Procedure only
Consultant Physician (Requested & Approved)	100% U&C	100% U&C	100% U&C	100% U&C	\$500 Max	\$200 Max
Assistant Surgeon	100% U&C	100% U&C	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	100% U&C	100% U&C	30% of Physician Surgical Max	20% of Physician Surgical Max
X-rays	100% U&C	100% U&C	100% U&C	\$500 Max - Combined with Diagnostic Imaging	\$500 Max for outpatient only	\$200 Max for outpatient only
Diagnostic Imaging (MRIs & CAT Scans)	100% U&C	100% U&C	100% U&C	\$500 Max - Combined with X-rays	\$500 Max for outpatient only	\$300 Max for outpatient only
Laboratory Services	100% U&C	100% U&C	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	100% U&C	100% U&C	\$1,000 Max	\$300 Max
Orthopedic Appliances	100% U&C	100% U&C	100% U&C	\$500 Max	\$250 Max	\$75 Max
Physical Therapy - Outpatient Only	100% U&C	\$2,000 Max	\$1,000 Max	\$40/visit, Max \$400	\$50 per visit: Max 10 visits	\$30 Max/1st visit; \$20 each sub visit, 5 visit Max; 1 visit/day
Prescription Drugs	100% U&C	100% U&C	100% U&C	\$100/injury	\$100 Max	\$75 Max
Dental (10-year benefit period)	100% U&C	100% U&C	100% U&C	\$500/tooth/injury	\$500/tooth/injury	100% U&C

<b>CATASTROPHIC COVERAGE</b>	<b>Zurich</b>	<b>Zurich</b>	<b>Zurich</b>	<b>Zurich</b>	<b>Zurich</b>	<b>Zurich</b>
Accidental Death	\$10,000.00	\$10,000.00	\$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	\$20,000 Max	\$20,000 Max
Deductible*	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000
Catastrophic Benefit Period	10 years	10 years	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	\$7,500,000 Max	\$7,500,000 Max
*Catastrophic deductible satisfied by Base Coverage						
NOTE: These policies contain 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.						