



FLOYD COUNTY BOARD OF EDUCATION  
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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:**

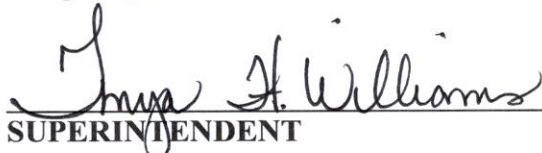
Plan Option 4.5 provided for all students: \$84,076.80 for the 2025-2026 school year.  
Cost includes a 7.5 million Catastrophic Policy.  
Roberts Insurance with plan options underwritten by Zurich American Insurance Company

**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:** Tiffany Warrix Campbell, Director of Finance

  
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DIRECTOR

  
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SUPERINTENDENT



April 23, 2025

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 2025/26 policy year, we are pleased to offer Floyd County Schools the following renewal options through **Zurich American Insurance Company**, including a \$7.5 million Catastrophic policy also with Zurich. **K&K Insurance** will continue to process the claims:

**ALL STUDENTS**

- **(RENEWAL) Plan 4.5: Scheduled Benefit (Middle Option) - \$84,076.80**
- **Plan 5: Scheduled Benefit (Low Option) - \$71,228.80**

Additionally, we have obtained a second set of quotes from **Zurich American Insurance Company** for your consideration. No Catastrophic coverage would be in place with this option. K&K Insurance would continue to process the claims:

**ATHLETES ONLY**

- **Plan 4.5: Scheduled Benefit (Middle Option) - \$63,055.00**
- **Plan 5: Scheduled Benefit (Low Option) - \$52,779.00**

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

# Kentucky Student Accident Plan #4.5

## Middle 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 180 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 \$1,000 per day
Hospital Miscellaneous Expense: (including general nursing care and pre-admission testing performed within 3 working days prior to admission)	Maximum \$2,500 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 \$300 if rendered within 72 hours of Injury

#### Physician Services

Physician Non-Surgical Services:	Maximum \$100 for the first visit, and \$75 for each subsequent visit, limited to one visit per day
Physician Surgical Services, Inpatient or Outpatient:	Maximum \$2,500 (limited to primary procedure per surgery)
Anesthetist Services: (not including supervision of an anesthetist)	30% of Physician Surgical Maximum
Assistant Surgeon:	30% of Physician Surgical Maximum
Outpatient Surgical Room: (including supplies, drugs and services in connection with scheduled outpatient day surgery)	Maximum \$2,500

Dental Services:	Maximum \$2,500 per injury
X-Ray Services:	Maximum \$500 for Outpatient
Diagnostic Imaging Services:	Maximum \$500 for Outpatient
Laboratory Services:	Maximum \$100 for Outpatient
Combined Ground and Air Ambulance Services:	Maximum \$1,000
Orthopedic Braces and Appliances:	Maximum \$250
Outpatient Physical Therapy:	\$50 per visit, up to a maximum 10 visits
Prescription Drugs:	Maximum \$100

**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 attack 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